El Camino College

Fringe Benefits Premium/Employee Contributions

12-Month Employees – Faculty & Administrators

Paid Once a Month

JANUARY 1, 2027 - DECEMBER 31, 2027

DENTAL PLANS (Monthly Rates)

Delta Dental PPO			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	$69.31	$138.64	$169.13
DISTRICT CONTRIBUTION	$69.31	$117.84	$139.18
EMPLOYEE DEDUCTION	**$0.00**	**$20.80**	**$29.95**
DeltaCare (PMI)			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	$21.43	$35.37	$52.17
DISTRICT CONTRIBUTION	$21.43	$35.37	$52.17
EMPLOYEE DEDUCTION	**$0.00**	**$0.00**	**$0.00**

ECC pays DeltaCare (PMI) premiums. There are no employee deductions.

VISION PLAN (Monthly Rates)

Vision Service Plan			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	$11.67	$23.73	$33.71
DISTRICT CONTRIBUTION	$11.67	$20.11	$24.24
EMPLOYEE DEDUCTION	**$0.00**	**$3.62**	**$9.47**