El Camino College

Fringe Benefits Premium/Employee Contributions

Semi-Monthly 12-Month Employee Deductions

Paid on the 10th & 25th

JANUARY 1, 2027 - DECEMBER 31, 2027

DENTAL PLANS (Semi-Monthly Rates)

Delta Dental PPO			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	$34.65/$34.66	$69.32/$69.32	$84.56/$84.57
DISTRICT CONTRIBUTION	$34.65/$34.66	$58.92/$58.92	$69.59/$69.59
EMPLOYEE DEDUCTION	**$0.00**	**$10.40/$10.40**	**$14.97/$14.98**
DeltaCare (PMI)			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	$10.71/$10.72	$17.68/$17.69	$26.08/$26.09
DISTRICT CONTRIBUTION	$10.71/$10.72	$17.68/$17.69	$26.08/$26.09
EMPLOYEE DEDUCTION	**$0.00/$0.00**	**$0.00/$0.00**	**$0.00/$0.00**

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

VISION PLAN (Semi-Monthly Rates)

Vision Service Plan			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	$5.83/$5.84	$11.86/$11.87	$16.85/$16.86
DISTRICT CONTRIBUTION	$5.83/$5.84	$10.05/$10.06	$12.12/$12.12
EMPLOYEE DEDUCTION	**$0.00/$0.00**	**$1.8/1.81**	**$4.73/$4.73**