El Camino College

Fringe Benefits Premium/Employee Contributions
Monthly Rates for CalPERS Medical Plans
12-Month Employees – Faculty & Administrators
Paid Once a Month

JANUARY 1, 2027 - DECEMBER 31, 2027

2027 DISTRICT CONTRIBUTION MONTHLY MAXIMUMS	EMPLOYEE ONLY	TWO-PARTY	FAMILY
	$1,333.33	$1,833.33	$2,250.00

BLUE SHIELD PPO PLANS

PERS Platinum (90/10)			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	$1,549.00	$3,098.00	$4,027.40
DISTRICT CONTRIBUTION	$1,333.33	$1,833.33	$2,250.00
EMPLOYEE DEDUCTION	**$215.67**	**$1,264.67**	**$1,777.40**
PERS Gold (80/20)			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	$1,014.50	$2,029.00	$2,637.70
DISTRICT CONTRIBUTION	$1,014.50	$1,833.33	$2,250.00
EMPLOYEE DEDUCTION	**$0.00**	**$195.67**	**$387.70**

HMO PLANS

Kaiser			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	$1,011.28	$2,022.56	$2,629.33
DISTRICT CONTRIBUTION	$1,011.28	$1,833.33	$2,250.00
EMPLOYEE DEDUCTION	**$0.00**	**$189.23**	**$379.33**
Blue Shield Access + HMO			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	$975.19	$1,950.00	$2,535.49
DISTRICT CONTRIBUTION	$975.19	$1,833.33	$2,250.00
EMPLOYEE DEDUCTION	**$0.00**	**$117.05**	**$285.49**

HMO PLANS (Continued)

Blue Shield Trio HMO			
	EMPLOYEE ONLY	**TWO-PARTY**	**FAMILY**
TOTAL PREMIUM	$908.01	$1,816.02	$2,360.83
DISTRICT CONTRIBUTION	$908.01	$1,816.02	$2,250.00
EMPLOYEE DEDUCTION	**$0.00**	**$0.00**	**$110.83**
Anthem HMO Select			
	EMPLOYEE ONLY	**TWO-PARTY**	**FAMILY**
TOTAL PREMIUM	$1,059.06	$2,118.12	$2,573.56
DISTRICT CONTRIBUTION	$1,059.06	$1,833.33	$2,250.00
EMPLOYEE DEDUCTION	**$0.00**	**$284.79**	**$503.56**
Anthem HMO Traditional			
	EMPLOYEE ONLY	**TWO-PARTY**	**FAMILY**
TOTAL PREMIUM	$1,239.02	$2,478.04	$3,221.45
DISTRICT CONTRIBUTION	$1,239.02	$1,833.33	$2,250.00
EMPLOYEE DEDUCTION	**$0.00**	**$644.71**	**$971.45**
Health Net Salud y Mas HMO			
	EMPLOYEE ONLY	**TWO-PARTY**	**FAMILY**
TOTAL PREMIUM	$801.75	$1,603.50	$2,084.55
DISTRICT CONTRIBUTION	$801.75	$1,603.50	$2,084.55
EMPLOYEE DEDUCTION	**$0.00**	**$0.00**	**$0.00**