El Camino College

Fringe Benefits Premium/Employee Contributions
Semi-Monthly Rates for CalPERS Medical Plans

Semi-Monthly 12-Month Employee Deductions

Paid on the 10th and 25th

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	$774.50/$774.50	$1,549.00/$1,549.00	$2,013.70/2,013.70
DISTRICT CONTRIBUTION	$666.66/$666.67	$916.66/$916.67	$1,125.00/$1,125.00
EMPLOYEE DEDUCTION	**$107.84/$107.83**	**$632.34/$632.33**	**$888.70/$888.70**
PERS Gold (80/20)			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	$507.25/$507.25	$1,014.50/$1,014.50	$1,318.85/$1,318.85
DISTRICT CONTRIBUTION	$507.25/$507.25	$916.66/$916.66	$1,125.00/$1,125.00
EMPLOYEE DEDUCTION	**$0.00**	**$97.84/$97.84**	**$193.85/$193.85**

HMO PLANS

Kaiser			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	$505.64/$505.64	$1,011.28/$1,011.28	$1,314.66/$1,314.67
DISTRICT CONTRIBUTION	$505.64/$505.64	$916.66/$916.67	$1,125.00/$1,250.00
EMPLOYEE DEDUCTION	**$0.00**	**$94.62/$94.61**	**$189.66/$189.67**
Blue Shield Access + HMO			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	$487.59/$487.60	$975.19/$975.19	$1,267.74/$1,267.75
DISTRICT CONTRIBUTION	$487.59/$487.60	$750.00/$750.00	$1,125.00/$1,125.00
EMPLOYEE DEDUCTION	**$0.00**	**$58.53/$58.52**	**$142.74/$142.75**

HMO PLANS (Continued)

Blue Shield Trio HMO			
	EMPLOYEE ONLY	**TWO-PARTY**	**FAMILY**
TOTAL PREMIUM	$454.00/$454.01	$908.01/$908.01	$1,840.41/$1,840.42
DISTRICT CONTRIBUTION	$454.00/$454.01	$908.01/$908.01	$1,125.00/$1,125.00
EMPLOYEE DEDUCTION	**$0.00**	**$0.00**	**$55.41/$55.41**
Anthem HMO Select			
	EMPLOYEE ONLY	**TWO-PARTY**	**FAMILY**
TOTAL PREMIUM	$529.53/$529.53	$1059.06/$1,059.06	$1,376.78/$1,376.78
DISTRICT CONTRIBUTION	$529.53/$529.53	$916.66/$916.66	$1,125.00/$1,125.00
EMPLOYEE DEDUCTION	**$0.00**	**$142.40/$142.39**	**$485.72/$485.72**
Anthem HMO Traditional			
	EMPLOYEE ONLY	**TWO-PARTY**	**FAMILY**
TOTAL PREMIUM	$619.51/$619.51	$1,239.02/$1,239.02	$1,610.72/$1,610.73
DISTRICT CONTRIBUTION	$619.51/$619.51	$916.66/$916.67	$1,125.00/$1,125.00
EMPLOYEE DEDUCTION	**$0.00**	**$322.26/$322.25**	**$485.72/$485.72**
Health Net Salud y Mas HMO			
	EMPLOYEE ONLY	**TWO-PARTY**	**FAMILY**
TOTAL PREMIUM	$400.87/$400.88	$801.75/$801.75	$1,042.27/$1,042.28
DISTRICT CONTRIBUTION	$400.87/$400.88	$801.75/$801.75	$1,042.27/$1,042.28
EMPLOYEE DEDUCTION	**$0.00**	**$0.00**	**$0.00**