



# EL CAMINO COMMUNITY COLLEGE DISTRICT

Fringe Benefits Premium/Employee Contributions

## 12 MONTH EMPLOYEES – Faculty & Administrators Paid Once a Month

January 1, 2026 through December 31, 2026  
Monthly Rates for CalPERS Medical Plans

### BLUE SHIELD PPO PLANS

<b>PERS Platinum (90/10)</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
Total Premium	\$1,431.81	\$2,863.32	\$3,722.71
District Contribution	\$930.00	\$1,500.00	\$1,800.00
<b>Employee Deduction</b>	<b>\$501.81</b>	<b>\$1,363.32</b>	<b>\$1,922.71</b>

<b>PERS Gold (80/20)</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
Total Premium	\$960.03	\$1,920.06	\$2,496.08
District Contribution	\$930.00	\$1,500.00	\$1,800.00
<b>Employee Deduction</b>	<b>\$30.03</b>	<b>\$420.06</b>	<b>\$696.08</b>

### HMO PLANS

<b>Kaiser</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
Total Premium	\$969.05	\$1,938.10	\$2,519.53
District Contribution	\$930.00	\$1,500.00	\$1,800.00
<b>Employee Deduction</b>	<b>\$39.05</b>	<b>\$438.10</b>	<b>\$719.53</b>

<b>Blue Shield Access + HMO</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
Total Premium	\$917.91	\$1,835.82	\$2,386.57
District Contribution	\$917.91	\$1,500.00	\$1,800.00
<b>Employee Deduction</b>	<b>\$0.00</b>	<b>\$335.82</b>	<b>\$586.57</b>

<b>Blue Shield Trio HMO</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
Total Premium	\$852.56	\$1,705.12	\$2,216.66
District Contribution	\$852.56	\$1,500.00	\$1,800.00
<b>Employee Deduction</b>	<b>\$0.00</b>	<b>\$205.12</b>	<b>\$416.66</b>

<b>2026 District Contribution Maximums Monthly</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
	<b>\$930.00</b>	<b>\$1,500.00</b>	<b>\$1,800.00</b>



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Fringe Benefits Premium/Employee Contributions

## 12 MONTH EMPLOYEES – Faculty & Administrators Paid Once a Month

January 1, 2026 through December 31, 2026  
Medical Plans Monthly Rates

### HMO PLANS (continued)

<b>Anthem HMO Select</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
Total Premium	\$962.68	\$1,925.36	\$2,502.97
District Contribution	\$930.00	\$1,500.00	\$1,800.00
<b>Employee Deduction</b>	<b>\$32.68</b>	<b>\$425.36</b>	<b>\$702.97</b>

<b>Anthem HMO Traditional</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
Total Premium	\$1,128.53	\$2,257.06	\$2,934.18
District Contribution	\$930.00	\$1,500.00	\$1,800.00
<b>Employee Deduction</b>	<b>\$198.53</b>	<b>\$757.06</b>	<b>\$1,134.18</b>

<b>Health Net Salud y Mas HMO</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
Total Premium	\$740.11	\$1,480.22	\$1,924.29
District Contribution	\$740.11	\$1,480.22	\$1,800.00
<b>Employee Deduction</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$124.29</b>

<b>UnitedHealthcare Alliance</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
Total Premium	\$870.76	\$1,741.52	\$2,263.98
District Contribution	\$870.76	\$1,500.00	\$1,800.00
<b>Employee Deduction</b>	<b>\$0.00</b>	<b>\$241.52</b>	<b>\$463.98</b>

<b>UnitedHealthcare Harmony</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
Total Premium	\$765.51	\$1,531.02	\$1,990.33
District Contribution	\$765.51	\$1,500.00	\$1,800.00
<b>Employee Deduction</b>	<b>\$0.00</b>	<b>\$31.02</b>	<b>\$190.33</b>

<b>2026 District Contribution Maximums Monthly</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
	\$930.00	\$1,500.00	\$1,800.00