



## EL CAMINO COMMUNITY COLLEGE DISTRICT

Fringe Benefits Premium/Employee Contributions

### Semi-Monthly 12 MONTH Employee Deductions

Employees Paid on the 10<sup>th</sup> & 25<sup>th</sup>

JANUARY 1, 2026 through DECEMBER 31, 2026

### DENTAL PLANS Semi-Monthly Rates

<b>DELTA DENTAL PPO</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
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/\$0.00	\$10.40/\$10.40	\$14.97/\$14.98

<b>DELTACARE (PMI)</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
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

<b>VISION SERVICE PLAN</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
Total Premium	\$5.22/\$5.22	\$10.61/\$10.62	\$15.08/\$15.08
District Contribution	\$5.22/\$5.22	\$8.99/\$9.00	\$12.12/\$12.12
Employee Deduction	\$0.00/\$0.00	\$1.62/1.62	\$2.96/\$2.96