



EL CAMINO COMMUNITY COLLEGE DISTRICT

Fringe Benefits Premium/Employee Contributions

Semi-Monthly 12 MONTH Employee Deductions Employees Paid on the 10th & 25th

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

BLUE SHIELD PPO PLANS

PERS Platinum (90/10)	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$715.90/\$715.91	\$1,431.66/\$1,431.66	\$1,861.35/\$1,861.36
District Contribution	\$465.00/\$465.00	\$750.00/\$750.00	\$900.00/\$900.00
Employee Deduction	\$250.90/\$250.91	\$681.66/\$681.66	\$961.35/\$961.36

PERS Gold (80/20)	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$480.01/\$480.02	\$960.03/\$960.03	\$1,248.04/\$1,248.04
District Contribution	\$465.00/\$465.00	\$750.00/\$750.00	\$900.00/\$900.00
Employee Deduction	\$15.01/\$15.02	\$210.03/\$210.03	\$348.04/\$348.04

HMO PLANS

Kaiser	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$484.52/\$484.53	\$969.05/\$969.05	\$1,259.76/\$1,259.77
District Contribution	\$463.26/\$463.26	\$750.00/\$750.00	\$900.00/\$900.00
Employee Deduction	\$19.52/\$19.53	\$219.05/\$219.05	\$359.76/\$359.77

Blue Shield Access + HMO	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$458.95/\$458.96	\$917.91/\$917.91	\$1,193.28/\$1,193.29
District Contribution	\$458.95/\$458.96	\$750.00/\$750.00	\$900.00/\$900.00
Employee Deduction	\$0.00/\$0.00	\$167.91/\$167.91	\$293.28/\$293.29

Blue Shield Trio HMO	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$426.28/\$426.28	\$852.56/\$852.56	\$1,108.33/\$1,108.33
District Contribution	\$426.28/\$426.28	\$750.00/\$750.00	\$900.00/\$900.00
Employee Deduction	\$0.00/\$0.00	\$102.56/\$102.56	\$208.33/\$208.33

2026 District Contribution Semi-Monthly Maximums	EMPLOYEE ONLY	TWO-PARTY	FAMILY
	\$465.00/\$465.00	\$750.00/\$750.00	\$900.00/\$900.00



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HMO PLANS (continued)

Anthem HMO Select	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$481.34/\$481.34	\$962.68/\$962.68	\$1,251.48/\$1,251.49
District Contribution	\$465.00/\$465.00	\$750.00/\$750.00	\$900.00/\$900.00
Employee Deduction	\$16.34/\$16.34	\$212.68/\$212.68	\$351.48/\$351.49

Anthem HMO Traditional	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$564.26/\$564.27	\$1,128.53/\$1,128.53	\$1,467.09/\$1,467.09
District Contribution	\$465.00/\$465.00	\$750.00/\$750.00	\$900.00/\$900.00
Employee Deduction	\$99.26/\$99.27	\$378.53/\$378.53	\$567.09/\$567.09

Health Net Salud y Mas HMO	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$370.05/\$370.06	\$740.11/\$740.11	\$962.14/\$962.15
District Contribution	\$370.05/\$370.06	\$740.11/\$740.11	\$900.00/\$900.00
Employee Deduction	\$0.00/\$0.00	\$0.00/\$0.00	\$62.14/\$62.15

UnitedHealthcare Alliance	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$435.38/\$435.38	\$870.76/\$870.76	\$1,131.99/\$1,131.99
District Contribution	\$435.38/\$435.38	\$750.00/\$750.00	\$900.00/\$900.00
Employee Deduction	\$0.00/\$0.00	\$120.76/\$120.76	\$231.99/\$231.99

UnitedHealthcare Harmony	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$382.75/\$382.76	\$765.51/\$765.51	\$995.16/\$995.17
District Contribution	\$382.75/\$382.76	\$750.00/\$750.00	\$900.00/\$900.00
Employee Deduction	\$0.00/\$0.00	\$15.51/\$15.51	\$95.16/\$95.17

2026 District Contribution Semi-Monthly Maximums	EMPLOYEE ONLY	TWO-PARTY	FAMILY
	\$465.00/\$465.00	\$750.00/\$750.00	\$900.00/\$900.00