



EL CAMINO COMMUNITY COLLEGE DISTRICT

Fringe Benefits Premium/Employee Contributions

12 MONTH Employees

JANUARY 1, 2025 through DECEMBER 31, 2025

DENTAL PLANS Monthly Rates

DELTA DENTAL PPO	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$69.31	\$138.64	\$169.13
District Contribution	\$69.31	\$117.84	\$139.18
Employee Deduction	\$0.00	\$20.80	\$29.95

DELTACARE (PMI)	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$21.43	\$35.37	\$52.17
District Contribution	\$21.43	\$35.37	\$52.17
Employee Deduction	\$0.00	\$0.00	\$0.00

ECC pays DeltaCare (PMI) premiums. There are no employee deductions.

VISION PLAN Monthly Rates

VISION SERVICE PLAN	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$10.44	\$21.23	\$30.16
District Contribution	\$10.44	\$17.99	\$24.24
Employee Deduction	\$0.00	\$3.24	\$5.92