



# EL CAMINO COMMUNITY COLLEGE DISTRICT

Fringe Benefits Premium/Employee Contributions

## 12 MONTH EMPLOYEES

January 1, 2024 through December 31, 2024  
 Monthly Rates for CalPERS Medical Plans

### ANTHEM BLUE CROSS PPO PLANS

<b>PERS Platinum (90/10)</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
Total Premium	\$1,131.47	\$2,262.94	\$2,941.82
District Contribution	\$930.00	\$1,500.00	\$1,800.00
<b>Employee Monthly Premium</b>	<b>\$201.47</b>	<b>\$762.94</b>	<b>\$1,141.82</b>

<b>PERS Gold (80/20)</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
Total Premium	\$785.28	\$1,570.56	\$2,041.73
District Contribution	\$785.28	\$1,500.00	\$1,800.00
<b>Employee Monthly Premium</b>	<b>\$0.00</b>	<b>\$70.56</b>	<b>\$241.73</b>

### HMO PLANS

<b>Kaiser</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
Total Premium	\$865.41	\$1,730.82	\$2,250.07
District Contribution	\$865.41	\$1,500.00	\$1,800.00
<b>Employee Monthly Premium</b>	<b>\$0.00</b>	<b>\$230.82</b>	<b>\$450.07</b>

<b>Blue Shield Access + HMO</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
Total Premium	\$756.65	\$1,513.30	\$1,967.29
District Contribution	\$756.65	\$1,500.00	\$1,800.00
<b>Employee Monthly Premium</b>	<b>\$0.00</b>	<b>\$13.30</b>	<b>\$167.29</b>

<b>Blue Shield Trio HMO</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
Total Premium	\$704.69	\$1,409.38	\$1,832.19
District Contribution	\$704.69	\$1,409.38	\$1,800.00
<b>Employee Monthly Premium</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$32.19</b>

<b>2024 District Contribution Maximums</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
	\$930.00	\$1,500.00	\$1,800.00



# EL CAMINO COMMUNITY COLLEGE DISTRICT

Fringe Benefits Premium/Employee Contributions

## 12 MONTH EMPLOYEES

January 1, 2024 through December 31, 2024  
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	\$841.13	\$1,682.26	\$2,186.94
District Contribution	\$841.13	\$1,500.00	\$1,800.00
<b>Employee Monthly Premium</b>	<b>\$0.00</b>	<b>\$182.26</b>	<b>\$386.94</b>

<b>Anthem HMO Traditional</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
Total Premium	\$1,012.67	\$2,025.34	\$2,632.94
District Contribution	\$930.00	\$1,500.00	\$1,800.00
<b>Employee Monthly Premium</b>	<b>\$82.67</b>	<b>\$525.34</b>	<b>\$832.94</b>

<b>Health Net Salud y Mas HMO</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
Total Premium	\$630.13	\$1,260.26	\$1,638.34
District Contribution	\$630.13	\$1,260.26	\$1,638.34
<b>Employee Monthly Premium</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

<b>UnitedHealthcare Alliance</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
Total Premium	\$826.44	\$1,652.88	\$2,148.74
District Contribution	\$826.44	\$1,500.00	\$1,800.00
<b>Employee Monthly Premium</b>	<b>\$0.00</b>	<b>\$152.88</b>	<b>\$348.74</b>

<b>UnitedHealthcare Harmony</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
Total Premium	\$734.76	\$1,469.52	\$1,910.38
District Contribution	\$734.76	\$1,469.52	\$1,800.00
<b>Employee Monthly Premium</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$110.38</b>

<b>2024 District Contribution Maximums</b>	<b>EMPLOYEE ONLY</b>	<b>TWO-PARTY</b>	<b>FAMILY</b>
	\$930.00	\$1,500.00	\$1,800.00