



EL CAMINO COMMUNITY COLLEGE DISTRICT

Fringe Benefits Premium/Employee Contributions

12 MONTH EMPLOYEES

January 1, 2025 through December 31, 2025
 Monthly Rates for CalPERS Medical Plans

BLUE SHIELD PPO PLANS

PERS Platinum (90/10)	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$1,263.73	\$2,527.46	\$3,285.70
District Contribution	\$930.00	\$1,500.00	\$1,800.00
Employee Monthly Premium	\$333.73	\$1,027.46	\$1,485.70

PERS Gold (80/20)	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$868.15	\$1,736.30	\$2,257.19
District Contribution	\$868.15	\$1,500.00	\$1,800.00
Employee Monthly Premium	\$0.00	\$236.30	\$457.19

HMO PLANS

Kaiser	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$926.52	\$1,853.04	\$2,408.95
District Contribution	\$926.52	\$1,500.00	\$1,800.00
Employee Monthly Premium	\$0.00	\$353.04	\$608.95

Blue Shield Access + HMO	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$828.48	\$1,656.96	\$2,154.05
District Contribution	\$828.48	\$1,500.00	\$1,800.00
Employee Monthly Premium	\$0.00	\$156.96	\$354.05

Blue Shield Trio HMO	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$738.11	\$1,476.22	\$1,919.09
District Contribution	\$738.11	\$1,476.22	\$1,800.00
Employee Monthly Premium	\$0.00	\$0.00	\$119.09

2025 District Contribution Maximums	EMPLOYEE ONLY	TWO-PARTY	FAMILY
	\$930.00	\$1,500.00	\$1,800.00



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12 MONTH EMPLOYEES

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Medical Plans Monthly Rates

HMO PLANS (continued)

Anthem HMO Select	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$916.88	\$1,833.76	\$2,383.89
District Contribution	\$916.88	\$1,500.00	\$1,800.00
Employee Monthly Premium	\$0.00	\$333.76	\$583.89

Anthem HMO Traditional	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$1,065.46	\$2,130.92	\$2,770.20
District Contribution	\$930.00	\$1,500.00	\$1,800.00
Employee Monthly Premium	\$135.46	\$630.92	\$970.20

Health Net Salud y Mas HMO	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$714.40	\$1,428.80	\$1,857.44
District Contribution	\$714.40	\$1,428.80	\$1,800.00
Employee Monthly Premium	\$0.00	\$0.00	\$57.44

UnitedHealthcare Alliance	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$866.40	\$1,732.80	\$2,252.64
District Contribution	\$866.40	\$1,500.00	\$1,800.00
Employee Monthly Premium	\$0.00	\$232.80	\$452.64

UnitedHealthcare Harmony	EMPLOYEE ONLY	TWO-PARTY	FAMILY
Total Premium	\$756.28	\$1,512.56	\$1,966.33
District Contribution	\$756.28	\$1,500.00	\$1,800.00
Employee Monthly Premium	\$0.00	\$12.56	\$166.33

2025 District Contribution Maximums	EMPLOYEE ONLY	TWO-PARTY	FAMILY
	\$930.00	\$1,500.00	\$1,800.00