

2026 BI-WEEKLY MEDICAL RATE SCHEDULE

Aetna - HMO Narrow Network

EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
\$0.00	\$635.27	\$0.00	\$1,531.40	\$0.00	\$1,099.72	\$0.00	\$1,904.57

Aetna - HMO

EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
\$0.00	\$736.08	\$50.00	\$1,723.58	\$0.00	\$1,276.31	\$50.00	\$2,162.34

Aetna - High Deductible Health Plan (HDHP) PPO w/HSA

EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
\$385.20	\$736.08	\$967.48	\$1,723.58	\$685.95	\$1,276.31	\$1,257.57	\$2,162.34

Note: All paycheck deductions for medical are pre-tax except for state registered domestic partners (DP) and children of state registered domestic partners. In addition, premiums El Camino pays toward the cost of coverage for state registered domestic partners (DP) and children of state registered domestic partners will be treated as taxable income to you. This can be significant; please consult your tax advisor.

MEDICAL WAIVE CREDIT

Hours	FTE%	NCE, PRN, L39	SEIU-UHW
80	1	\$50.00	\$75.00
72	0.9	\$45.00	\$67.50
64	0.8	\$40.00	\$60.00
60	0.75	\$37.50	\$56.25
56	0.7	\$35.00	\$52.50
48	0.6	\$30.00	\$45.00
40	0.5	\$25.00	\$37.50

2026 BI-WEEKLY DENTAL RATE SCHEDULE

DeltaCare USA - Dental HMO

EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
\$0.00	\$7.80	\$0.00	\$13.09	\$0.00	\$13.09	\$0.00	\$19.28

MetLife - Dental PPO 1000

EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
\$16.06	\$7.80	\$34.61	\$13.09	\$35.81	\$13.09	\$53.47	\$19.28

MetLife - Dental PPO 1500

EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
\$24.07	\$7.80	\$50.63	\$13.09	\$52.24	\$13.09	\$77.89	\$19.28

MetLife - Dental PPO 2000

EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
\$27.58	\$7.80	\$57.63	\$13.09	\$59.43	\$13.09	\$88.57	\$19.28

Note: All paycheck deductions for dental are pre-tax except for state registered domestic partners (DP) and children of state registered domestic partners. In addition, premiums El Camino pays toward the cost of coverage for state registered domestic partners (DP) and children of state registered domestic partners will be treated as taxable income to you. This can be significant; please consult your tax advisor.

2026 BI-WEEKLY VISION RATE SCHEDULE

VSP - Vision PPO Standard

EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
\$0.00	\$3.60	\$0.00	\$5.72	\$0.00	\$5.84	\$0.00	\$9.87

VSP - Vision PPO Enhanced

EMPLOYEE ONLY		EE + SPOUSE/DP		EE + CHILD(REN)		EE + FAMILY	
EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays	EE Pays	ECH Pays
\$1.93	\$3.60	\$3.07	\$5.72	\$3.14	\$5.84	\$5.30	\$9.87

Note: All paycheck deductions for vision are pre-tax except for state registered domestic partners (DP) and children of state registered domestic partners. In addition, premiums El Camino pays toward the cost of coverage for state registered domestic partners (DP) and children of state registered domestic partners will be treated as taxable income to you. This can be significant; please consult your tax advisor.

2026 BI-WEEKLY VOLUNTARY LIFE INSURANCE RATE SCHEDULE

SEIU-UHW, PRN & Local 39 - up to \$490,000
Non-Contractual Employees (NCE) - up to \$450,000

Employee Voluntary Life Insurance

(This is a post-tax deduction)

	AGE	<30	30-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & above*
A	\$10,000	\$0.30	\$0.35	\$0.62	\$0.81	\$0.95	\$1.36	\$1.73	\$4.27	\$2.14
B	\$20,000	\$0.60	\$0.69	\$1.25	\$1.62	\$1.89	\$2.72	\$3.46	\$8.54	\$4.27
C	\$30,000	\$0.90	\$1.04	\$1.87	\$2.42	\$2.84	\$4.08	\$5.19	\$12.81	\$6.41
D	\$40,000	\$1.20	\$1.38	\$2.49	\$3.23	\$3.78	\$5.45	\$6.92	\$17.08	\$8.54
E	\$50,000	\$1.50	\$1.73	\$3.12	\$4.04	\$4.73	\$6.81	\$8.65	\$21.35	\$10.68
F	\$60,000	\$1.80	\$2.08	\$3.74	\$4.85	\$5.68	\$8.17	\$10.38	\$25.62	\$12.81
G	\$70,000	\$2.10	\$2.42	\$4.36	\$5.65	\$6.62	\$9.53	\$12.12	\$29.88	\$14.94
H	\$80,000	\$2.40	\$2.77	\$4.98	\$6.46	\$7.57	\$10.89	\$13.85	\$34.15	\$17.08
I	\$90,000	\$2.70	\$3.12	\$5.61	\$7.27	\$8.52	\$12.25	\$15.58	\$38.42	\$19.21
J	\$100,000	\$3.00	\$3.46	\$6.23	\$8.08	\$9.46	\$13.62	\$17.31	\$42.69	\$21.35
K	\$110,000	\$3.30	\$3.81	\$6.85	\$8.88	\$10.41	\$14.98	\$19.04	\$46.96	\$23.48
L	\$120,000	\$3.60	\$4.15	\$7.48	\$9.69	\$11.35	\$16.34	\$20.77	\$51.23	\$25.62
M	\$130,000	\$3.90	\$4.50	\$8.10	\$10.50	\$12.30	\$17.70	\$22.50	\$55.50	\$27.75
N	\$140,000	\$4.20	\$4.85	\$8.72	\$11.31	\$13.25	\$19.06	\$24.23	\$59.77	\$29.89
O	\$150,000	\$4.50	\$5.19	\$9.35	\$12.12	\$14.19	\$20.42	\$25.96	\$64.04	\$32.02
P	\$160,000	\$4.80	\$5.54	\$9.97	\$12.92	\$15.14	\$21.78	\$27.69	\$68.31	\$34.16
Q	\$170,000	\$5.10	\$5.88	\$10.59	\$13.73	\$16.08	\$23.15	\$29.42	\$72.58	\$36.29
R	\$180,000	\$5.40	\$6.23	\$11.22	\$14.54	\$17.03	\$24.51	\$31.15	\$76.85	\$38.43
S	\$190,000	\$5.70	\$6.58	\$11.84	\$15.35	\$17.98	\$25.87	\$32.88	\$81.12	\$40.56
T	\$200,000	\$6.00	\$6.92	\$12.46	\$16.15	\$18.92	\$27.23	\$34.62	\$85.38	\$42.69
U	\$210,000	\$6.30	\$7.27	\$13.08	\$16.96	\$19.87	\$28.59	\$36.35	\$89.65	\$44.83
V	\$220,000	\$6.60	\$7.62	\$13.71	\$17.77	\$20.82	\$29.95	\$38.08	\$93.92	\$46.96
W	\$230,000	\$6.90	\$7.96	\$14.33	\$18.58	\$21.76	\$31.32	\$39.81	\$98.19	\$49.10
X	\$240,000	\$7.20	\$8.31	\$14.95	\$19.38	\$22.71	\$32.68	\$41.54	\$102.46	\$51.23
Y	\$250,000	\$7.50	\$8.65	\$15.58	\$20.19	\$23.65	\$34.04	\$43.27	\$106.73	\$53.37
Z	\$260,000	\$7.80	\$9.00	\$16.20	\$21.00	\$24.60	\$35.40	\$45.00	\$111.00	\$55.50
AA	\$270,000	\$8.10	\$9.35	\$16.82	\$21.81	\$25.55	\$36.76	\$46.73	\$115.27	\$57.64
BB	\$280,000	\$8.40	\$9.69	\$17.45	\$22.62	\$26.49	\$38.12	\$48.46	\$119.54	\$59.77
CC	\$290,000	\$8.70	\$10.04	\$18.07	\$23.42	\$27.44	\$39.48	\$50.19	\$123.81	\$61.91
DD	\$300,000	\$9.00	\$10.38	\$18.69	\$24.23	\$28.38	\$40.85	\$51.92	\$128.08	\$64.04
EE	\$310,000	\$9.30	\$10.73	\$19.32	\$25.04	\$29.33	\$42.21	\$53.65	\$132.35	\$66.18
FF	\$320,000	\$9.60	\$11.08	\$19.94	\$25.85	\$30.28	\$43.57	\$55.38	\$136.62	\$68.31
GG	\$330,000	\$9.90	\$11.42	\$20.56	\$26.65	\$31.22	\$44.93	\$57.12	\$140.88	\$70.44
HH	\$340,000	\$10.20	\$11.77	\$21.18	\$27.46	\$32.17	\$46.29	\$58.85	\$145.15	\$72.58
II	\$350,000	\$10.50	\$12.12	\$21.81	\$28.27	\$33.12	\$47.65	\$60.58	\$149.42	\$74.71
JJ	\$360,000	\$10.80	\$12.46	\$22.43	\$29.08	\$34.06	\$49.02	\$62.31	\$153.69	\$76.85
KK	\$370,000	\$11.10	\$12.81	\$23.05	\$29.88	\$35.01	\$50.38	\$64.04	\$157.96	\$78.98
LL	\$380,000	\$11.40	\$13.15	\$23.68	\$30.69	\$35.95	\$51.74	\$65.77	\$162.23	\$81.12
MM	\$390,000	\$11.70	\$13.50	\$24.30	\$31.50	\$36.90	\$53.10	\$67.50	\$166.50	\$83.25
NN	\$400,000	\$12.00	\$13.85	\$24.92	\$32.31	\$37.85	\$54.46	\$69.23	\$170.77	\$85.39
OO	\$410,000	\$12.30	\$14.19	\$25.55	\$33.12	\$38.79	\$55.82	\$70.96	\$175.04	\$87.52
PP	\$420,000	\$12.60	\$14.54	\$26.17	\$33.92	\$39.74	\$57.18	\$72.69	\$179.31	\$89.66
QQ	\$430,000	\$12.90	\$14.88	\$26.79	\$34.73	\$40.68	\$58.55	\$74.42	\$183.58	\$91.79
RR	\$440,000	\$13.20	\$15.23	\$27.42	\$35.54	\$41.63	\$59.91	\$76.15	\$187.85	\$93.93
SS	\$450,000	\$13.50	\$15.58	\$28.04	\$36.35	\$42.58	\$61.27	\$77.88	\$192.12	\$96.06
TT	\$460,000	\$13.80	\$15.92	\$28.66	\$37.15	\$43.52	\$62.63	\$79.62	\$196.38	\$98.19
UU	\$470,000	\$14.10	\$16.27	\$29.28	\$37.96	\$44.47	\$63.99	\$81.35	\$200.65	\$100.33
VV	\$480,000	\$14.40	\$16.62	\$29.91	\$38.77	\$45.42	\$65.35	\$83.08	\$204.92	\$102.46
WW	\$490,000	\$14.70	\$16.96	\$30.53	\$39.58	\$46.36	\$66.72	\$84.81	\$209.19	\$104.60

*At age 70, employee voluntary life coverage amount is reduced by 50%.

Spouse/State Registered DP Voluntary Life Insurance***
(Coverage cannot exceed 50% of employee coverage)

	AGE	<30	30-39	40-44	45-49	50-54	55-59	60-64	65-69
A	\$10,000	\$0.30	\$0.35	\$0.62	\$0.81	\$0.95	\$1.36	\$1.73	\$4.27
B	\$20,000	\$0.60	\$0.69	\$1.25	\$1.62	\$1.89	\$2.72	\$3.46	\$8.54
C	\$30,000	\$0.90	\$1.04	\$1.87	\$2.42	\$2.84	\$4.08	\$5.19	\$12.81
D	\$40,000	\$1.20	\$1.38	\$2.49	\$3.23	\$3.78	\$5.45	\$6.92	\$17.08
E	\$50,000	\$1.50	\$1.73	\$3.12	\$4.04	\$4.73	\$6.81	\$8.65	\$21.35
F	\$60,000	\$1.80	\$2.08	\$3.74	\$4.85	\$5.68	\$8.17	\$10.38	\$25.62
G	\$70,000	\$2.10	\$2.42	\$4.36	\$5.65	\$6.62	\$9.53	\$12.12	\$29.88
H	\$80,000	\$2.40	\$2.77	\$4.98	\$6.46	\$7.57	\$10.89	\$13.85	\$34.15
I	\$90,000	\$2.70	\$3.12	\$5.61	\$7.27	\$8.52	\$12.25	\$15.58	\$38.42
J	\$100,000	\$3.00	\$3.46	\$6.23	\$8.08	\$9.46	\$13.62	\$17.31	\$42.69
K	\$110,000	\$3.30	\$3.81	\$6.85	\$8.88	\$10.41	\$14.98	\$19.04	\$46.96
L	\$120,000	\$3.60	\$4.15	\$7.48	\$9.69	\$11.35	\$16.34	\$20.77	\$51.23
M	\$130,000	\$3.90	\$4.50	\$8.10	\$10.50	\$12.30	\$17.70	\$22.50	\$55.50
N	\$140,000	\$4.20	\$4.85	\$8.72	\$11.31	\$13.25	\$19.06	\$24.23	\$59.77
O	\$150,000	\$4.50	\$5.19	\$9.35	\$12.12	\$14.19	\$20.42	\$25.96	\$64.04
P	\$160,000	\$4.80	\$5.54	\$9.97	\$12.92	\$15.14	\$21.78	\$27.69	\$68.31
Q	\$170,000	\$5.10	\$5.88	\$10.59	\$13.73	\$16.08	\$23.15	\$29.42	\$72.58
R	\$180,000	\$5.40	\$6.23	\$11.22	\$14.54	\$17.03	\$24.51	\$31.15	\$76.85
S	\$190,000	\$5.70	\$6.58	\$11.84	\$15.35	\$17.98	\$25.87	\$32.88	\$81.12
T	\$200,000	\$6.00	\$6.92	\$12.46	\$16.15	\$18.92	\$27.23	\$34.62	\$85.38
U	\$210,000	\$6.30	\$7.27	\$13.08	\$16.96	\$19.87	\$28.59	\$36.35	\$89.65
V	\$220,000	\$6.60	\$7.62	\$13.71	\$17.77	\$20.82	\$29.95	\$38.08	\$93.92
W	\$230,000	\$6.90	\$7.96	\$14.33	\$18.58	\$21.76	\$31.32	\$39.81	\$98.19
X	\$240,000	\$7.20	\$8.31	\$14.95	\$19.38	\$22.71	\$32.68	\$41.54	\$102.46
Y	\$250,000	\$7.50	\$8.65	\$15.58	\$20.19	\$23.65	\$34.04	\$43.27	\$106.73

**When the employee reaches age 70, Spouse/State Registered DP coverage terminates as Spouse/State Registered DP is no longer eligible. Spouse/State Registered DP rates are based upon employee's age.

Dependent Voluntary Life*

A	\$2,500	\$0.23
B	\$5,000	\$0.46
C	\$7,500	\$0.69
D	\$10,000	\$0.92

Voluntary Accidental Death and Dismemberment (AD&D)*

Employee Only			Employee + Family		
A	\$20,000	\$0.27	H	\$20,000	\$0.42
B	\$25,000	\$0.33	I	\$25,000	\$0.53
C	\$50,000	\$0.67	J	\$50,000	\$1.06
D	\$100,000	\$1.34	K	\$100,000	\$2.12
E	\$150,000	\$2.01	L	\$150,000	\$3.18
F	\$200,000	\$2.68	M	\$200,000	\$4.25
G	\$250,000	\$3.35	N	\$250,000	\$5.31

*Voluntary deductions are post-tax.

2026 BI-WEEKLY LONG TERM DISABILITY (LTD) RATE SCHEDULE

Long Term Disability (This is a post-tax deduction)		
ECH pays for the amount equal to the deduction for the 90-day waiting period.		
Coverage Type	Plan Pays	Bi-Weekly Premium Calculation
A) Base Plan	60% of pay, 90-day waiting period	Paid by ECH
B) Buy-Up Plan	60% of pay, 30-day waiting period	\$0.287 per \$100 of current monthly salary x 12 / 26
Monthly maximum benefit is \$10,000 (SEIU-UHW, PRN & Local 39 represented employees) or \$15,000 (Non-Contractual Employees).		

FLEXIBLE SPENDING ACCOUNTS (FSA), TRANSIT/COMMUTER BENEFITS, ADOPTION ASSISTANCE, AND HEALTH SAVINGS ACCOUNT (HSA)

Health Care Flexible Spending Account (This is a pre-tax deduction)	
Minimum contribution per year*	\$260
Maximum contribution per year**	\$3,400

**FSA Carryover Provision - maximum carry over of \$680 of your unused balance to the following year.

Dependent Care Flexible Spending Account (This is a pre-tax deduction)	
Minimum contribution per year*	\$260
Maximum contribution per year	\$7,500 per household, or \$3,750 if filing separately

Transit/Commuter Account (This is a pre-tax deduction)	
Maximum contribution per month	\$340
Maximum contribution per year	\$4,080

Adoption Assistance Account (This is a pre-tax deduction)	
Minimum contribution per year*	\$260
Maximum contribution per year	\$17,670

Health Savings Account (This is a pre-tax deduction available only to employees enrolling on the Aetna HDHP PPO Plan)	
Minimum contribution per year*	\$260
Maximum contribution per year (individual)	\$4,400
Maximum contribution per year (family)	\$8,750
Age 55 & over catch-up contribution	\$1,000

*Minimum contribution per pay period is \$10.00.