



## Fringe Benefits Premium/Employee Contributions 12-Month Employees – Faculty & Administrators Paid Once a Month

JANUARY 1, 2026 - DECEMBER 31, 2026

### 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	<b>\$0.00</b>	<b>\$20.80</b>	<b>\$29.95</b>
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	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

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	<b>\$0.00</b>	<b>\$3.24</b>	<b>\$5.92</b>