



## Fringe Benefits Premium/Employee Contributions Semi-Monthly 12-Month Employee Deductions Paid on the 10<sup>th</sup> & 25<sup>th</sup>

JANUARY 1, 2026 - DECEMBER 31, 2026

### DENTAL PLANS (Semi-Monthly Rates)

Delta Dental PPO			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$34.65/\$34.66	\$69.32/\$69.32	\$84.56/\$84.57
DISTRICT CONTRIBUTION	\$34.65/\$34.66	\$58.92/\$58.92	\$69.59/\$69.59
EMPLOYEE DEDUCTION	<b>\$0.00</b>	<b>\$10.40/\$10.40</b>	<b>\$14.97/\$14.98</b>
DeltaCare (PMI)			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$10.71/\$10.72	\$17.68/\$17.69	\$26.08/\$26.09
DISTRICT CONTRIBUTION	\$10.71/\$10.72	\$17.68/\$17.69	\$26.08/\$26.09
EMPLOYEE DEDUCTION	<b>\$0.00/\$0.00</b>	<b>\$0.00/\$0.00</b>	<b>\$0.00/\$0.00</b>

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

### VISION PLAN (Semi-Monthly Rates)

Vision Service Plan			
	EMPLOYEE ONLY	TWO-PARTY	FAMILY
TOTAL PREMIUM	\$5.22/\$5.22	\$10.61/\$10.62	\$15.08/\$15.08
DISTRICT CONTRIBUTION	\$5.22/\$5.22	\$8.99/\$9.00	\$12.12/\$12.12
EMPLOYEE DEDUCTION	<b>\$0.00/\$0.00</b>	<b>\$1.62/1.62</b>	<b>\$2.96/\$2.96</b>