	Medical									
Medical-Total Premium	Anthem or Cigna PPO 100	Month	Anthem or Cigna PPO 90	Month	Anthem or Cigna PPO 80	Month	Anthem or Cigna High Deductible HSA	Month	Life ($75K)	Month
Family	$58,032	$4,836	$49,692	$4,141	$43,476	$3,623	$36,084	$3,007	$306	$25.50
Two Person	$37,308	$3,109	$31,944	$2,662	$27,948	$2,329	$23,196	$1,933	$306	$25.50
Single	$20,724	$1,727	$17,748	$1,479	$15,528	$1,294	$12,888	$1,074	$306	$25.50

2026 Employer Contribution:	*85%*			*90%*			*95%*			*100%*			
Medical-Employee Contribution (PT 75%-FT)	Anthem or Cigna PPO 100	Month	Per Paycheck	Anthem or Cigna PPO 90	Month	Per Paycheck	Anthem or Cigna PPO 80	Month	Per Paycheck	Anthem or Cigna High Deductible HSA	Month	Per Paycheck	Life
Family	$8,705	$725	$334.80	$4,969	$414	$191.12	$2,174	$181	$83.61	$0	$0	$0.00	N/A
Two Person	$5,596	$466	$215.24	$3,194	$266	$122.86	$1,397	$116	$53.75	$0	$0	$0.00	
Single	$3,109	$259	$119.56	$1,775	$148	$68.26	$776	$65	$29.86	$0	$0	$0.00	

Medical-Employee Contribution (PT-50%)	Anthem or Cigna PPO 100	Month	Per Paycheck	Anthem or Cigna PPO 90	Month	Per Paycheck	Anthem or Cigna PPO 80	Month	Per Paycheck	Anthem or Cigna High Deductible HSA	Month	Per Paycheck	Life
Family	$29,016	$2,418	$1,116.00	$24,846	$2,071	$955.62	$21,738	$1,812	$836.08	$18,042	$1,504	$693.92	N/A
Two Person	$18,654	$1,555	$717.46	$15,972	$1,331	$614.31	$13,974	$1,165	$537.46	$11,598	$967	$446.08	
Single	$10,362	$864	$398.54	$8,874	$740	$341.31	$7,764	$647	$298.62	$6,444	$537	$247.85	

HSA Contribution Breakdown	HSA Maximum Contribution	ECCT Annual HSA Contribution	ECCT Contribution per Paycheck	Difference Between Max and ECCT Annual Contribution	Amount per **month** to fund max contribution (Optional)	Amount per **paycheck** to fund max contribution (Optional)
Family	$8,750.00	$8,750.00	$336.54	$0.00	$0.00	$0.00
Two Person	$8,750.00	$7,238.43	$278.40	$1,511.57	$125.96	$58.14
Single	$4,400.00	$4,018.29	$154.55	$381.71	$31.81	$14.68

Dental-Total Premium	Delta Premium	Month	Delta Comprehensive	Month	Delta Basic	Month
Family	$2,592	$216	$1,980	$165	$1,476	$123
Two Person	$1,668	$139	$1,272	$106	$948	$79
Single	$924	$77	$708	$59	$528	$44

Dental-Employee Contribution (FT)	Delta Premium	Month	Per paycheck	Delta Comprehensive	Month	Per paycheck	Delta Basic	Month	Per paycheck
Family	$612	$51	$24	$0	$0	$0	$0	$0	$0
Two Person	$396	$33	$15	$0	$0	$0	$0	$0	$0
Single	$216	$18	$8	$0	$0	$0	$0	$0	$0

Cash in Lieu of Medical Benefits

ECCT has adopted a cash-in-lieu-of-medical benefits policy. If an employee chooses to opt out of ECCT's Medical plan and participate in a spouse's or other medical plan, ECCT will factor in the portion of the high deductible premium policy pertinent to their eligibility and the single premium HSA and split the difference between employer and employee.

Equation:	**(Cost of High Deductible plan (@employee's status i.e. Single, 2 person or family) + single person HSA Max)/ 2= Annual Cash in Lieu Employee Benefit**