

## Total Compensation and Benefits Statement

**For: Paramedic 48/96 - P3 25%**
**P3 25% equates to Paramedic starting 4th year of full ti**
**For the Year: 2026**

As an employee of ECPS, you receive regular pay for the services you provide. The other part of your total compensation is the value of the benefits that ECPS makes available to you and, if applicable, your family. The value of these benefits is your "hidden paycheck." This personalized benefits statement describes your hidden paycheck and is intended to give you a summary and the value of the benefits you receive. If you have any questions about this statement, please contact Human Resources.

	Employee Annualized Contribution	Company Annualized Cost/Contribution
<b>COMPENSATION</b>		
Annualized salary or hourly pay	N/A	\$93,784.00
Annual bonus (estimated based upon an average of prior year payouts)	N/A	
Other (shift differential, OT, etc.)	N/A	
<b>TOTAL COMPENSATION</b>		<b>\$93,784.00</b>
<b>HEALTH AND WELFARE BENEFITS *assumes single coverage</b>		
Medical	\$480.00	\$10,536.00
Dental	\$0.00	\$486.00
Vision	\$0.00	\$72.00
Short-term disability	\$0.00	\$532.32
Long-term disability	\$0.00	\$459.12
Basic Life insurance and AD&D	\$0.00	\$84.84
Employee assistance program (EAP)	\$0.00	\$13.82
Retirement Plans	\$5,627.04	\$9,378.40
Life Style Spending Account	\$0.00	\$1,200.00
<b>TOTAL HEALTH AND WELFARE BENEFITS</b>	<b>\$6,107.04</b>	<b>\$22,762.50</b>
<b>PAID LEAVE BENEFITS</b>		
Vacation/annual leave	N/A	\$3,642.37
Sick leave	N/A	\$6,400.16
Holidays	N/A	\$17,840.16
<b>TOTAL PAID LEAVE BENEFITS</b>		<b>\$27,883.69</b>
<b>OTHER BENEFITS</b>		
Health Savings Account	\$0.00	\$1,250.00
Employee Wellness Incentive Program	\$0.00	\$480.00
<b>TOTAL OTHER BENEFITS</b>		<b>\$1,730.00</b>
<b>TOTAL VALUE OF EMPLOYER-PROVIDED BENEFITS</b>	<b>N/A</b>	<b>\$52,375.19</b>
<b>TOTAL COMPENSATION AND BENEFITS (Annual Salary/Wages + Employer-Provided Benefits)</b>		<b>\$146,159.19</b>