

Medical Plan Options - Premiera Blue Cross				
\$1000 Deductible	Premium	Employer	Employee	VEBA
Employee Only	\$ 413.80	\$ 413.80	\$ -	\$ 150.00
Employee & Spouse	\$ 868.97	\$ 800.00	\$ 68.97	\$ 150.00
Employee & Child(ren)	\$ 744.84	\$ 744.84	\$ -	\$ 150.00
Employee & Family	\$ 1,241.39	\$ 800.00	\$ 441.39	\$ 150.00

\$2000 Deductible	Premium	Employer	Employee	VEBA
Employee Only	\$ 349.11	\$ 349.11	\$ -	\$ 150.00
Employee & Spouse	\$ 733.13	\$ 733.13	\$ -	\$ 150.00
Employee & Child(ren)	\$ 628.40	\$ 628.40	\$ -	\$ 150.00
Employee & Family	\$ 1,047.33	\$ 800.00	\$ 247.33	\$ 150.00

\$3500 Deductible	Premium	Employer	Employee	VEBA
Employee Only	\$ 298.31	\$ 298.31	\$ -	\$ 150.00
Employee & Spouse	\$ 626.43	\$ 626.43	\$ -	\$ 150.00
Employee & Child(ren)	\$ 536.95	\$ 536.95	\$ -	\$ 150.00
Employee & Family	\$ 894.92	\$ 800.00	\$ 94.92	\$ 150.00

\$3500 HDHP Qualified Plan	Premium	Employer	Employee	VEBA
Employee Only	\$ 372.04	\$ 372.04	\$ -	\$ 150.00
Employee & Spouse	\$ 781.27	\$ 781.27	\$ -	\$ 150.00
Employee & Child(ren)	\$ 669.66	\$ 669.66	\$ -	\$ 150.00
Employee & Family	\$ 1,116.10	\$ 800.00	\$ 316.10	\$ 150.00

Dental Plan Options				
Premiera \$2000 Max. Ben.	Premium	Employer	Employee	VEBA
Employee Only	\$ 22.84	\$ 46.13	\$ (23.29)	\$ 23.29
Employee & Spouse	\$ 49.01	\$ 46.13	\$ 2.88	n/a
Employee & Child(ren)	\$ 56.20	\$ 46.13	\$ 10.07	n/a
Employee & Family	\$ 81.26	\$ 46.13	\$ 35.13	n/a

Premiera \$1000 Max. Ben.	Premium	Employer	Employee	VEBA
Employee Only	\$ 16.37	\$ 46.13	\$ (29.76)	\$ 29.76
Employee & Spouse	\$ 35.13	\$ 46.13	\$ (11.00)	\$ 11.00
Employee & Child(ren)	\$ 39.67	\$ 46.13	\$ (6.46)	\$ 6.46
Employee & Family	\$ 57.63	\$ 46.13	\$ 11.50	n/a

Willamette Dental	Premium	Employer	Employee	VEBA
Composite Rate	\$74.98	\$ 46.13	\$ 28.85	n/a

Franklin County Benefits 2025
Bi-Monthly Rate Sheet

Effective 7/1/2025

874-Roads



Vision Plan				
Vision Service Plan	Premium	Employer	Employee	VEBA
Composite Rate	\$ 10.00	\$ 10.00	\$ -	n/a
(for all "tiers")				

Life & AD&D Insurance - Lincoln Financial Group				
\$30,000 policy	Employer Paid Benefit		\$	2.28

Employee Assistance Program - Lincoln Financial Group				
ComPsych	Employer Paid Benefit			

Voluntary (employee paid) Life & AD&D - Lincoln Financial Group				
See summary for rate information				
Various amounts for employee, spouse and dependent children				

Long Term Disability - Lincoln Financial Group				
CORE PLAN	Employer Paid Benefit		\$	2.50
40% of basic monthly earnings up to \$4,000 - see benefit summary				
BUY UP PLAN	Employee Paid Benefit: based on annual income			
60% of basic monthly earnings up to \$6,000				

Voluntary (employee paid) Short Term Disability - Lincoln Financial Group				
60% of weekly earnings - see policy summary				
Rates vary by age - see policy summary				

Voluntary (employee paid) Accident & Critical Illness - Lincoln Financial Group				
See policy summary for benefits				
Rates vary - see policy summary				

Note: there may be rounding differences depending on plan selection between this rate sheet, and your payroll deduction.
Please contact Franklin County Human Resources for any non-rounding discrepancies.