

Medical Plan Options - Premera Blue Cross				
\$3500 net \$1000 Deductible	Premium	Employer	Employee	VEBA
Employee Only	\$ 456.63	\$ 456.63		\$ 150.00
Employee & Spouse	\$ 939.65	\$ 800.00	\$ 139.65	\$ 150.00
Employee & Child(ren)	\$ 830.43	\$ 800.00	\$ 30.43	\$ 150.00
Employee & Family	\$ 1,267.37	\$ 800.00	\$ 467.37	\$ 150.00

\$3500 net \$2000 Deductible	Premium	Employer	Employee	VEBA
Employee Only	\$ 399.13	\$ 399.13		\$ 150.00
Employee & Spouse	\$ 824.65	\$ 800.00	\$ 30.92	\$ 150.00
Employee & Child(ren)	\$ 715.43	\$ 715.43		\$ 150.00
Employee & Family	\$ 1,152.37	\$ 800.00	\$ 352.37	\$ 150.00

\$5000 net \$3500 Deductible	Premium	Employer	Employee	VEBA
Employee Only	\$ 352.48	\$ 352.48		\$ 150.00
Employee & Spouse	\$ 728.40	\$ 728.40		\$ 150.00
Employee & Child(ren)	\$ 628.07	\$ 628.07		\$ 150.00
Employee & Family	\$ 1,029.44	\$ 800.00	\$ 229.44	\$ 150.00

\$5500 net \$3500 HDHP Qualified Plan	Premium	Employer	Employee	VEBA
Employee Only	\$ 359.92	\$ 359.92		\$ 150.00
Employee & Spouse	\$ 734.83	\$ 734.83		\$ 150.00
Employee & Child(ren)	\$ 659.86	\$ 659.86		\$ 150.00
Employee & Family	\$ 959.76	\$ 800.00	\$ 159.76	\$ 150.00

Dental Plan Options				
Premera \$2000 Max. Ben.	Premium	Employer	Employee	VEBA
Employee Only	\$ 26.04	\$ 46.13	\$ (20.09)	\$ 20.09
Employee & Spouse	\$ 55.87	\$ 46.13	\$ 9.74	n/a
Employee & Child(ren)	\$ 64.08	\$ 46.13	\$ 17.95	n/a
Employee & Family	\$ 92.65	\$ 46.13	\$ 46.52	n/a

Premera \$1000 Max. Ben.	Premium	Employer	Employee	VEBA
Employee Only	\$ 18.66	\$ 46.13	\$ (27.48)	\$ 27.48
Employee & Spouse	\$ 40.04	\$ 46.13	\$ (6.09)	\$ 6.09
Employee & Child(ren)	\$ 45.22	\$ 46.13	\$ (0.91)	\$ 0.91
Employee & Family	\$ 65.70	\$ 46.13	\$ 19.57	n/a

Willamette Dental	Premium	Employer	Employee	VEBA
Composite Rate	\$77.90	\$ 46.13	\$ 31.77	n/a

Franklin County Benefits 2026
Bi-Monthly Rate Sheet

Effective 1/1/2026
 874-CH (Courthouse)



Vision Plan				
Vision Service Plan	Premium	Employer	Employee	VEBA
Composite Rate	\$ 10.24	\$ 10.00	\$ 0.24	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.