

Medical Plan Options - Premera Blue Cross				
\$3500 net \$1000 Deductible	Premium	Employer	Employee	VEBA
Employee Only	\$ 456.63	\$ 640.00	\$ (183.38)	\$ 183.38
Employee & Spouse	\$ 939.65	\$ 640.00	\$ 299.65	n/a
Employee & Child(ren)	\$ 830.43	\$ 640.00	\$ 190.43	n/a
Employee & Family	\$ 1,267.37	\$ 640.00	\$ 627.37	n/a

\$3500 net \$2000 Deductible	Premium	Employer	Employee	VEBA
Employee Only	\$ 399.13	\$ 640.00	\$ (240.88)	\$ 240.88
Employee & Spouse	\$ 824.65	\$ 640.00	\$ 184.65	n/a
Employee & Child(ren)	\$ 715.43	\$ 640.00	\$ 75.43	n/a
Employee & Family	\$ 1,152.37	\$ 640.00	\$ 512.37	n/a

\$5000 net \$3500 Deductible	Premium	Employer	Employee	VEBA
Employee Only	\$ 352.48	\$ 640.00	\$ (287.52)	\$ 287.52
Employee & Spouse	\$ 728.40	\$ 640.00	\$ 88.40	n/a
Employee & Child(ren)	\$ 628.07	\$ 640.00	\$ (11.94)	\$ 11.94
Employee & Family	\$ 1,029.44	\$ 640.00	\$ 389.44	n/a

\$5500 net \$3500 HDHP Qualified Plan	Premium	Employer	Employee	VEBA
Employee Only	\$ 359.92	\$ 640.00	\$ (280.08)	\$ 280.08
Employee & Spouse	\$ 734.83	\$ 640.00	\$ 94.83	n/a
Employee & Child(ren)	\$ 659.86	\$ 640.00	\$ 19.86	n/a
Employee & Family	\$ 959.76	\$ 640.00	\$ 319.76	n/a

Dental Plan Options				
Premera \$2000 Max. Ben.	Premium	Employer	Employee	VEBA
Employee Only	\$ 26.04	\$ 37.50	\$ (11.46)	\$ 11.46
Employee & Spouse	\$ 55.87	\$ 37.50	\$ 18.37	n/a
Employee & Child(ren)	\$ 64.08	\$ 37.50	\$ 26.58	n/a
Employee & Family	\$ 92.65	\$ 37.50	\$ 55.15	n/a

Premera \$1000 Max. Ben.	Premium	Employer	Employee	VEBA
Employee Only	\$ 18.66	\$ 37.50	\$ (18.85)	\$ 18.85
Employee & Spouse	\$ 40.04	\$ 37.50	\$ 2.54	n/a
Employee & Child(ren)	\$ 45.22	\$ 37.50	\$ 7.72	n/a
Employee & Family	\$ 65.70	\$ 37.50	\$ 28.20	n/a

Willamette Dental	Premium	Employer	Employee	VEBA
Composite Rate	\$77.90	\$ 37.50	\$ 40.40	n/a

Franklin County Benefits 2026

Bi-Monthly Rate Sheet

Effective 1/1/2026

Sheriff's Deputies



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	Own Association
BUY UP PLAN	Own Association

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.