

Medical Plan Options - Premera Blue Cross				
\$3500 net \$1000 Deductible	Premium	Employer	Employee	
Employee Only	\$ 456.63	\$ 410.96	\$ 45.66	
Employee & Spouse	\$ 939.65	\$ 845.69	\$ 93.97	
Employee & Child(ren)	\$ 830.43	\$ 747.38	\$ 83.04	
Employee & Family	\$ 1,267.37	\$ 1,000.00	\$ 267.37	

Franklin County Benefits 2026

Bi-Monthly Rate Sheet

Effective 1/1/2026

Commissioners



\$3500 net \$2000 Deductible	Premium	Employer	Employee	
Employee Only	\$ 399.13	\$ 359.21	\$ 39.91	
Employee & Spouse	\$ 824.65	\$ 742.19	\$ 82.47	
Employee & Child(ren)	\$ 715.43	\$ 643.88	\$ 71.54	
Employee & Family	\$ 1,152.37	\$ 1,000.00	\$ 152.37	

Vision Plan				
Vision Service Plan	Premium	Employer	Employee	VEBA
Composite Rate	\$ 10.24	\$ 10.00	\$ 0.24	n/a
(for all "tiers")				

\$5000 net \$3500 Deductible	Premium	Employer	Employee	
Employee Only	\$ 352.48	\$ 317.23	\$ 35.25	
Employee & Spouse	\$ 728.40	\$ 655.56	\$ 72.84	
Employee & Child(ren)	\$ 628.07	\$ 565.26	\$ 62.81	
Employee & Family	\$ 1,029.44	\$ 926.50	\$ 102.94	

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

\$5500 net \$3500 HDHP Qualified Plan	Premium	Employer	Employee	
Employee Only	\$ 359.92	\$ 323.93	\$ 35.99	
Employee & Spouse	\$ 734.83	\$ 661.35	\$ 73.48	
Employee & Child(ren)	\$ 659.86	\$ 593.87	\$ 65.99	
Employee & Family	\$ 959.76	\$ 863.78	\$ 95.98	

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

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

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		

Premera \$1000 Max. Ben.	Premium	Employer	Employee	
Employee Only	\$ 18.66	\$ 18.66		
Employee & Spouse	\$ 40.04	\$ 40.04		
Employee & Child(ren)	\$ 45.22	\$ 45.22		
Employee & Family	\$ 65.70	\$ 46.13	\$ 19.57	

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

Willamette Dental	Premium	Employer	Employee	
Composite Rate	\$77.90	\$ 46.13	\$ 31.77	

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.