

Medical Plan Options - Premera Blue Cross				
\$3500 net \$1000 Deductible	Premium	Employer	Employee	VEBA
Employee Only	\$ 456.63	\$ 637.50	\$ (180.88)	\$ 180.88
Employee & Spouse	\$ 939.65	\$ 637.50	\$ 302.15	n/a
Employee & Child(ren)	\$ 830.43	\$ 637.50	\$ 192.93	n/a
Employee & Family	\$ 1,267.37	\$ 637.50	\$ 629.87	n/a

\$3500 net \$2000 Deductible	Premium	Employer	Employee	VEBA
Employee Only	\$ 399.13	\$ 637.50	\$ (238.38)	\$ 238.38
Employee & Spouse	\$ 824.65	\$ 637.50	\$ 187.15	n/a
Employee & Child(ren)	\$ 715.43	\$ 637.50	\$ 77.93	n/a
Employee & Family	\$ 1,152.37	\$ 637.50	\$ 514.87	n/a

\$5000 net \$3500 Deductible	Premium	Employer	Employee	VEBA
Employee Only	\$ 352.48	\$ 637.50	\$ (285.02)	\$ 285.02
Employee & Spouse	\$ 728.40	\$ 637.50	\$ 90.90	n/a
Employee & Child(ren)	\$ 628.07	\$ 637.50	\$ (9.44)	\$ 9.44
Employee & Family	\$ 1,029.44	\$ 637.50	\$ 391.94	n/a

\$5500 net \$3500 HDHP Qualified Plan	Premium	Employer	Employee	VEBA
Employee Only	\$ 359.92	\$ 637.50	\$ (277.58)	\$ 277.58
Employee & Spouse	\$ 734.83	\$ 637.50	\$ 97.33	n/a
Employee & Child(ren)	\$ 659.86	\$ 637.50	\$ 22.36	n/a
Employee & Family	\$ 959.76	\$ 637.50	\$ 322.26	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

Corrections



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.