

<b>Medical Plan Options - Premera Blue Cross</b>				
<b>\$3500 net \$1000 Deductible</b>	Premium	Employer	Employee	VEBA
Employee Only	\$ 456.63	\$ 784.13	\$ (327.51)	\$ 327.51
Employee & Spouse	\$ 939.65	\$ 784.13	\$ 155.52	n/a
Employee & Child(ren)	\$ 830.43	\$ 784.13	\$ 46.30	n/a
Employee & Family	\$ 1,267.37	\$ 784.13	\$ 483.24	n/a

<b>\$3500 net \$2000 Deductible</b>	Premium	Employer	Employee	VEBA
Employee Only	\$ 399.13	\$ 784.13	\$ (385.01)	\$ 385.01
Employee & Spouse	\$ 824.65	\$ 784.13	\$ 40.52	n/a
Employee & Child(ren)	\$ 715.43	\$ 784.13	\$ (68.71)	\$ 68.71
Employee & Family	\$ 1,152.37	\$ 784.13	\$ 368.24	n/a

<b>\$5000 net \$3500 Deductible</b>	Premium	Employer	Employee	VEBA
Employee Only	\$ 352.48	\$ 784.13	\$ (431.65)	\$ 431.65
Employee & Spouse	\$ 728.40	\$ 784.13	\$ (55.73)	\$ 55.73
Employee & Child(ren)	\$ 628.07	\$ 784.13	\$ (156.07)	\$ 156.07
Employee & Family	\$ 1,029.44	\$ 784.13	\$ 245.31	n/a

<b>\$5500 net \$3500 HDHP Qualified Plan</b>	Premium	Employer	Employee	VEBA
Employee Only	\$ 359.92	\$ 784.13	\$ (424.21)	\$ 424.21
Employee & Spouse	\$ 734.83	\$ 784.13	\$ (49.30)	\$ 49.30
Employee & Child(ren)	\$ 659.86	\$ 784.13	\$ (124.28)	\$ 124.28
Employee & Family	\$ 959.76	\$ 784.13	\$ 175.63	n/a

<b>Dental Plan Options</b>				
<b>Premera \$2000 Max. Ben.</b>	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

<b>Premera \$1000 Max. Ben.</b>	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

<b>Willamette Dental</b>	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

Sheriff's Support



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

<b>Life &amp; AD&amp;D Insurance - Lincoln Financial Group</b>			
\$30,000 policy	Employer Paid Benefit	\$	2.28

<b>Employee Assistance Program - Lincoln Financial Group</b>	
ComPsych	Employer Paid Benefit

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

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

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

<b>Voluntary (employee paid) Accident &amp; Critical Illness - Lincoln Financial Group</b>	
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.