

Franklin County 2026 Benefits Enrollment Guide

January 1, 2026 - December 31, 2026



Medical

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

PPO

- This plan gives you the freedom to seek care from any provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.
- The plan pays the full cost of qualified in-network preventive health care services.
- You pay the full cost of non-preventive health care services until you meet the annual deductible. You may also have to pay a fixed dollar amount (copay) for certain services.
- Once you meet the deductible, you pay a percentage of certain health care expenses (coinsurance) and the plan pays the rest.
- Once your deductible, copays and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year.



HDHP with HSA

The High-Deductible Health Plan (HDHP) works similarly to a traditional PPO:

- You may see any health care provider and still receive coverage, but will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.
- The plan pays the full cost of qualified in-network preventive health care services.
- You pay the full cost of non-preventive health care services until you meet the annual deductible. Once you meet the deductible, you pay a percentage of your health care expenses (coinsurance) and the plan pays the rest.
- Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year.

Health Savings Account

The HDHP comes with a type of savings account called a health savings account (HSA). The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

Here's how the HSA works:

- You contribute pre-tax funds to the HSA through automatic payroll deductions.
- Your contributions may not exceed the annual IRS limits listed below

Contribution Limits	2025	2026
Employee Only	\$4,300	\$4,400
Employee + 1 or more	\$8,550	\$8,750
Age 55+ Catch-Up Contribution	\$1,000	\$1,000

- You can withdraw HSA funds, tax free, to pay for qualified health care expenses now or in the future. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

Important Notes:

- You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, visit www.irs.gov/forms-pubs/about-publication-969.
- For a complete list of qualified health care expenses, visit www.irs.gov/forms-pubs/about-publication-502.
- Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

Medical Benefit Overview

Insured by: Premera

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Benefits of Coverage (SBC).

	\$3,500 Net \$1,000		\$3,500 Net \$2,000		\$5,000 Net \$3,500		\$5,500 Net \$3,500 HSA	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
<i>Deductible (per calendar year)</i>								
Individual/Family	\$3,500 \$7,000	\$6,000 \$12,000	\$3,500 \$7,000	\$6,000 \$12,000	\$5,000 \$10,000	\$10,000 \$20,000	\$5,500 \$11,000	Shared w/ In-Network
HRA Allocation Individual/Family	\$2,500 \$5,000	N/A	\$1,500 \$3,000	N/A	\$1,500 \$3,000	N/A	\$2,000 \$4,000	
Net Deductible Individual/Family	\$1,000 \$2,000	\$6,000 \$12,000	\$2,000 \$4,000	\$6,000 \$12,000	\$3,500 \$7,000	\$10,000 \$20,000	\$3,500 \$7,000	
<i>Out-of-Pocket Maximum (per calendar year)</i>								
Individual/Family	\$7,000 \$14,000	\$10,000 \$20,000	\$7,000 \$14,000	\$10,000 \$20,000	\$8,000 \$16,000	\$12,000 \$24,000	\$8,000 \$16,000	Unlimited
HRA Allocation Individual/Family	\$2,500 \$5,000	N/A	\$1,500 \$3,000	N/A	\$1,500 \$3,000	N/A	\$2,000 \$4,000	
Net Deductible Individual/Family	\$4,500 \$9,000	\$10,000 \$20,000	\$5,500 \$11,000	\$10,000 \$20,000	\$6,500 \$13,000	\$12,000 \$24,000	\$6,000 \$12,000	
<i>Covered Services</i>								
Office Visits (PCP & Specialist)	\$45 Copay	50% AD	\$45 Copay	50% AD	\$50 Copay	50% AD	20% AD	40% AD
Routine Preventive Care	No Charge		No Charge		No Charge		No Charge	Not Covered
Outpatient Diagnostic (lab/X-ray)	20%	50% AD	20%	50% AD	20%	50% AD	20% AD	40% AD
Complex Imaging	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD	20% AD	40% AD
Chiropractic (24 visits PCY)	\$45 Copay	50% AD	\$45 Copay	50% AD	\$50 Copay	50% AD	20% AD	40% AD
Ambulance	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD	20% AD	
Emergency Room	\$150 Copay; 20% AD		\$150 Copay; 20% AD		\$150 Copay; 20% AD		20% AD	
Urgent Care Facility	\$45 Copay	50% AD	\$45 Copay	50% AD	\$50 Copay	50% AD	20% AD	40% AD
Inpatient Hospital Stay	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD	20% AD	40% AD
Outpatient Surgery	20% AD	50% AD	20% AD	50% AD	20% AD	50% AD	20% AD	40% AD
<i>Prescription Drugs (Tiers)</i>								
Annual Pharmacy Deductible	\$500 per Individual		\$500 per Individual		\$350		Annual Medical Deductible Applies	
Retail Pharmacy* (30-day supply)	\$25/\$80/\$175/\$350 Deductible waived for Generics		\$25/\$80/\$175/\$350 Deductible waived for Generics		\$25/\$80/30%/50% Deductible waived for Generics		20% AD	
Mail Order* (90-day supply)	\$75/\$240/\$525/\$350 Deductible waived for Generics		\$75/\$240/\$525/\$350 Deductible waived for Generics		\$75/\$240/30%/50% Deductible waived for Generics		20% AD	

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying. Benefits with (AD = After Deductible) require that the deductible be met before the plan begins to pay.

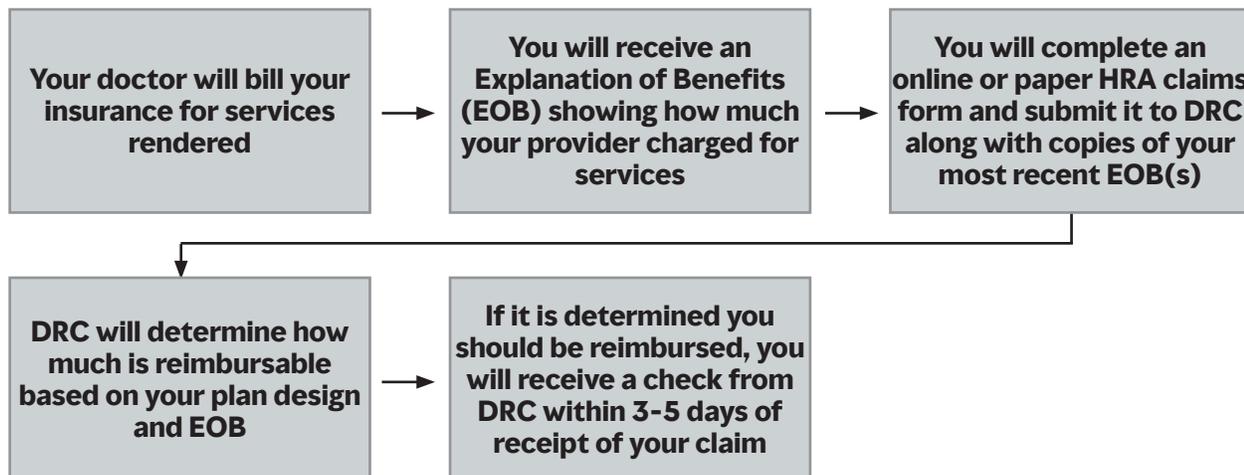
*Specialty (30-day supply)

¹ If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Health Reimbursement Arrangement

Administered by: Deductible Reimbursement Company (DRC)

An HRA is a reimbursement program that lowers your overall out-of-pocket expenses by reimbursing you for services that are subject to the Major Medical Deductible on your health plan. An HRA is a reimbursement program designed to lower your overall out-of-pocket expenses by reimbursing a portion of the Medical plan deductible. Employees and Dependents are eligible for reimbursement once the designated threshold has been met.



If you enroll in **\$3500 Net \$1,000/\$3,500 Net \$2,000/\$5,000 Net \$3,500/\$5,500 Net \$3,500 HSA** (Medical plan) offered by Franklin County with **Employee Only** coverage:

- The first \$1,000/\$2,000/\$3,500/\$3,500 HSA in in-network deductible expense is paid by you
- The next \$2,500/\$1,500/\$1,500/\$2,000 HSA in deductible expense is paid by your employer via the HRA; reimbursements are made payable employee via ACH or check from Deductible Reimbursement Company (DRC)

If you enroll in **\$3500 Net \$1,000/\$3,500 Net \$2,000/\$5,000 Net \$3,500/\$5,500 Net \$3,500 HSA** with **Dependent or Family** coverage:

- The first **\$2,000/\$4,000/\$7,000/\$7,000 HSA** of family in-network deductible expense may be met by a combination of family members
- The next **\$5,000/\$3,000/\$3,000/\$4,000 HSA** of family in-network deductible expense is paid by your employer via the HRA; reimbursements are made payable to the employee via AHC or check from Deductible Reimbursement Company, or DRC.

HRA Claim Filing Process

DRC has two options for filing claims: File online or file paper claim by mail or fax

1. Online Claims Submission: Use this link: <https://www.getdrc.com/claim> to visit the DRC claim submission page and follow the prompts entering your personal information.

Attach a copy of your Explanation of Benefits (EOB). In order to reimburse you, DRC must see the breakdown of what the insurance carrier applied to deductible or paid in order to confirm the amount you will be reimbursed. You will be able to upload and attach your EOBs electronically by selecting the “choose files” button. If you don’t have copies of your EOBs, you contact your medical carrier (United Healthcare).

How do you want to be reimbursed? You have two options to choose from:

- Request to have DRC mail you a check, or
- Enroll in “EFT” and the funds will be deposited to your account electronically. If you choose the EFT option, you will be prompted to enter your bank name, routing number and account number.

2. Paper Claims Submission: If you don’t want to submit the claim online, you can simply fill out the HRA claims form from DRC (available for download at www.getdrc.com/claim). Once completed, you may mail or fax your claim reimbursement form to DRC, along with a copy of your EOB, and a voided check if you want DRC to reimburse your bank account via EFT.

Important! You must have copies of your EOBs to request reimbursement from the HRA. DRC will not accept an invoice from your provider; they must be able to see your deductible accumulators in order to reimburse you. In addition, once you receive reimbursement, you are responsible for paying the provider(s), or reimbursing yourself for any payments already made.

Dental Benefit Overview

We are proud to offer you a choice of dental plans through Premera Blue Cross and Willamette

Dental PPO: This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the network

DHMO: With this plan, you **MUST** go to a Willamette Dental facility for services. In the Tri-Cities the Willamette facility is at 1426 Fowler Street in Richland. There are no charges for most preventive services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services.

Key Dental Benefits	Premera Blue Cross - Low Option		Premera Blue Cross-High Option	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (per calendar year)				
Individual/Family	\$50/150		\$50/\$150	
Benefit Maximum (per calendar year; Preventive, Basic and Major Services Combined)				
Per Individual	\$1,000		\$2,000	
Covered Services				
Preventive Services	No Charge		No Charge	
Basic Services	30% AD		10% AD	20% AD
Major Services	50% AD		40% AD	50% AD
Orthodontia (Child & Adult)	50% up to a Lifetime Maximum of \$1,000		50% up to a Lifetime Maximum of \$2,000	

Coinurance percentages shown in the above chart represent what the member is responsible for paying.

Benefits with an AD require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

You MUST go to a Willamette Dental facility for services. In the Tri-Cities: 1426 Fowler Street, Richland	Willamette - Services Provided at a Willamette Facility
Calendar Year Deductible (Individual/Family)	No Deductible
Benefit Maximum Per Individual	No Annual Maximum
Per Individual	No Annual Maximum*
Covered Services	
General Office Visit	\$20 copay per visit
Preventive Services (Routine & Emergency Exams, X-Rays & Sealants (per tooth), Cleanings & Fluoride Treatment, Oral Hygiene Instruction, Head & Neck Cancer Screening, Periodontal Charting & Evaluation)	Covered with office visit copay
Restorative Dentistry	Fillings (amalgam): Covered with office visit copay Porcelain—Metal Crown: \$50 Copay
Prosthodontics	Complete Upper or Lower Denture: \$75 Copay** Bridge (per tooth): \$50 Copay**
Endodontics & Periodontitis	Root Canal—Anterior: \$25 Copay Root Canal—Bicuspid: \$50 Copay Root Canal—Molar: \$75 copay Osseous Surgery (per Quadrant): \$50 copay Root Planing (per Quadrant): \$25 copay
Oral surgery	Routine Extraction (Single Tooth): Covered with office visit copay Surgical Extraction: \$50 Copay
Orthodontia treatment	Pre-treatment: \$150 copay** Comprehensive Orthodontia: \$2,200 copay
Dental Implants Surgery	\$1,500 per calendar year

*Benefits for TMJ, implant surgery, and orthognathic surgery have a benefit maximum, if covered. **Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit. ***Copay credited towards the comprehensive orthodontia treatment copay if patient accepts treatment plan

Vision Benefit Overview

Insured by: Vision Service Plan

Vision Plan: This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

Key Vision Benefits	Vision Service Plan	
	In-Network	Out-of-Network Reimbursement
Exam (every calendar year)	No Charge	Up to \$50
Materials Copay	\$20	\$20
Lenses (every calendar year)		
Single Vision	No Charge after Materials copay	Up to \$50
Bifocal		Up to \$75
Trifocal		Up to \$100
Frames (every calendar year)	Covered up to \$250	Up to \$70
Contact Lenses instead of glasses (every calendar year)	Covered up to \$130	Up to \$105

Life and AD&D Benefit Overview

Lincoln Financial Group Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death. Accidental Death and Dismemberment (AD&D) Insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

This benefit is provided at NO COST to you.

	Benefit Amount
Employee	\$30,000
Spouse	\$1,000
Children	\$1,000

Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The EAP is provided at NO COST to you through Lincoln Financial / ComPsych.

The EAP can help with the following issues, among others:

- Mental health
- Relationships or marital conflicts
- Child and eldercare Substance abuse
- Grief and loss
- Legal or financial issues

EAP Benefits

- Assistance for you and your household members
- Up to 5 in-person sessions with a counselor per issue, per year, per individual
- Unlimited toll-free phone access and online resources

Voluntary Life and AD&D Overview

If you determine you need more than the basic coverage, you may purchase additional coverage through Lincoln Financial Group for yourself and your eligible family members.

	Benefit Option	Guaranteed Issue
Employee	Increments of \$10,000 up to the lesser of 5x your covered annual earnings or \$500,000	\$150,000
Spouse	Increments of \$5,000 up to the lesser of 50% of the employee amount or \$250,000	\$50,000
Child(ren)	Increments of \$2,000 up to \$20,000	\$20,000

- During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.
- During future open enrollments you can increase your current coverage (employee—up to two \$10,000 increments and spouse—up to two \$5,000 increments) as long as coverage has not previously been withdrawn, declined, or is pending underwriting review

Age Band	Employee Rate per \$1,000 of Benefit	Spouse Rate per \$1,000 of Benefit
Under Age 20	\$0.056	\$0.060
20-24	\$0.066	\$0.070
25-29	\$0.071	\$0.075
30-34	\$0.082	\$0.090
35-39	\$0.098	\$1.105
40-44	\$0.145	\$0.155
45-49	\$0.235	\$0.245
50-54	\$0.391	\$0.409
55-59	\$0.581	\$0.587
60-64	\$0.874	\$0.957
65-69+	\$1.253	\$1.353
Child Life Rate	\$0.44 per \$2,000	
AD&D Coverage	Employee/Spouse: \$0.025 per \$1,000 / Children: \$0.030 per \$1,000	

Disability

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Voluntary Short-Term Disability

Provided at an affordable group rate through Lincoln Financial Group

Benefit Percentage	60%
Weekly Benefit Maximum	\$1,000
When Benefits Begin	After 30th day of disability due to accident or illness
Maximum Benefit Duration	22 weeks
Pre-Existing Limitation	12/12

Long-Term Disability - Base Plan

Provided at NO COST to you through Lincoln Financial Group

Benefit Percentage	40%
Monthly Benefit Maximum	\$4,000
When Benefits Begin	After 180 days of disability
Maximum Benefit Duration	Social Security Normal Retirement Age

Long-Term Disability - Buy-Up Plan

If you determine you need more than the Base Long-Term Disability coverage, you may purchase additional coverage through Lincoln Financial Group for yourself.

Benefit Percentage	60%
Monthly Benefit Maximum	\$6,000
When Benefits Begin	After 180 days of disability
Maximum Benefit Duration	Social Security Retirement Age

Note: Important contract limitations may apply, and benefits may be reduced based on other sources of income, including Washing Paid Family Medical Leave Act (WA PFML). Please refer to your summary plan description (SPD) for details.

Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Lincoln Financial are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents. You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries. Some accidents, like breaking your leg, may seem straightforward: You visit the doctor, take an X-ray, put on a cast and rest up until you're healed. But in reality, treating a broken leg can cost up to \$7,500. And it's not only broken limbs—an average non-fatal injury could cost you \$6,620 in medical bills. When your medical bill arrives, you'll be relieved you have accident insurance on your side.

Benefit Amount	
Fractures	Up to \$3,500 depending on location
Dislocations	Up to \$3,000 depending on location
Burns	Up to \$1,450 depending on degree and surface area affected

Consult your voluntary summary for a full list of covered expenses.

Critical Illness

Most of us don't have an extra \$7,000 ready to spend—and even if we do, we don't want to spend it on medical expenses. Unfortunately, the average cost to treat a critical illness is just that: \$7,000. But with critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition. You can use this benefit however you like, including to help pay for: treatments, prescriptions, travel, increased living expenses and more.

Benefit Option	
Employee	\$10,000, \$15,000, \$20,000
Spouse	\$5,000, \$7,500, \$10,000 (up to 50% of the Employee coverage amount)
Child(ren)	\$10,000 (up to 50% of the employee coverage amount)

Age Band	Employee Rate per \$1,000 of Benefit	Spouse Rate per \$1,000 of Benefit
Under Age 20	\$0.209	\$0.151
20-24	\$0.209	\$0.151
25-29	\$0.302	\$0.244
30-34	\$0.404	\$0.344
35-39	\$0.534	\$0.475
40-44	\$0.775	\$0.716
45-49	\$1.072	\$1.012
50-54	\$1.534	\$1.473
55-59	\$2.068	\$2.009
60-64	\$2.931	\$2.872
65-69	\$4.062	\$4.002
70+	\$7.639	\$7.581

BenefitHub - Discount Marketplace

Click on the blue link below to view the web page.

[BenefitHub - Discount Marketplace](https://mmanwrewards.benefithub.com)  (https://mmanwrewards.benefithub.com)

A WORLD OF DISCOUNTS IS WAITING. SAVE BIG EVERY DAY.

Enjoy discounts, rewards and perks on thousands of the brands you love in a variety of categories:

- » Travel
- » Auto
- » Electronics
- » Apparel
- » Local Deals
- » Education
- » Entertainment
- » Restaurants
- » Health and Wellness
- » Beauty and Spa
- » Tickets
- » Home & Auto Insurance



MMA Personal Home & Auto Insurance

You are unique. Your insurance solutions should be, too.

Our personal insurance professionals at Marsh McLennan Agency take the needs of our clients seriously. Insurance is not a “one-size-fits-all” solution. As independent agents, we are able to compare a variety of carriers, coverages and costs to insure what is most important to you.

For more information, please visit <https://mmanorthwest.com>

Benefit Terms

Annual Deductible: the amount that you are required to pay each year before a plan begins to pay benefits.

Coinsurance: the percentage of the cost that you are required to pay when you receive covered health care services.

Copay: the flat-dollar amount that you are required to pay when you receive covered health care services. Copays are typically due at the time that you receive the service.

In-Network: care or services provided by doctors, hospitals, labs or pharmacies that participate in the network of providers who have contracted with your plan provider. Generally, due to negotiated lower fees with these providers, you pay less when you stay In-Network.

Maximum Out-of-Pocket: the most that you are required to pay in a plan year for covered health care services. After you spend this out of pocket amount on Deductibles, coinsurance, and Copays for in-network care, your plan pays 100% of the costs of all eligible expenses for the remainder of the plan year.

Out-of-Network: care or services provided by doctors, hospitals, labs or pharmacies that do not participate in the network of providers who have contracted with your plan provider. Generally, you pay more when you go Out-of-Network.

Plan Administrators

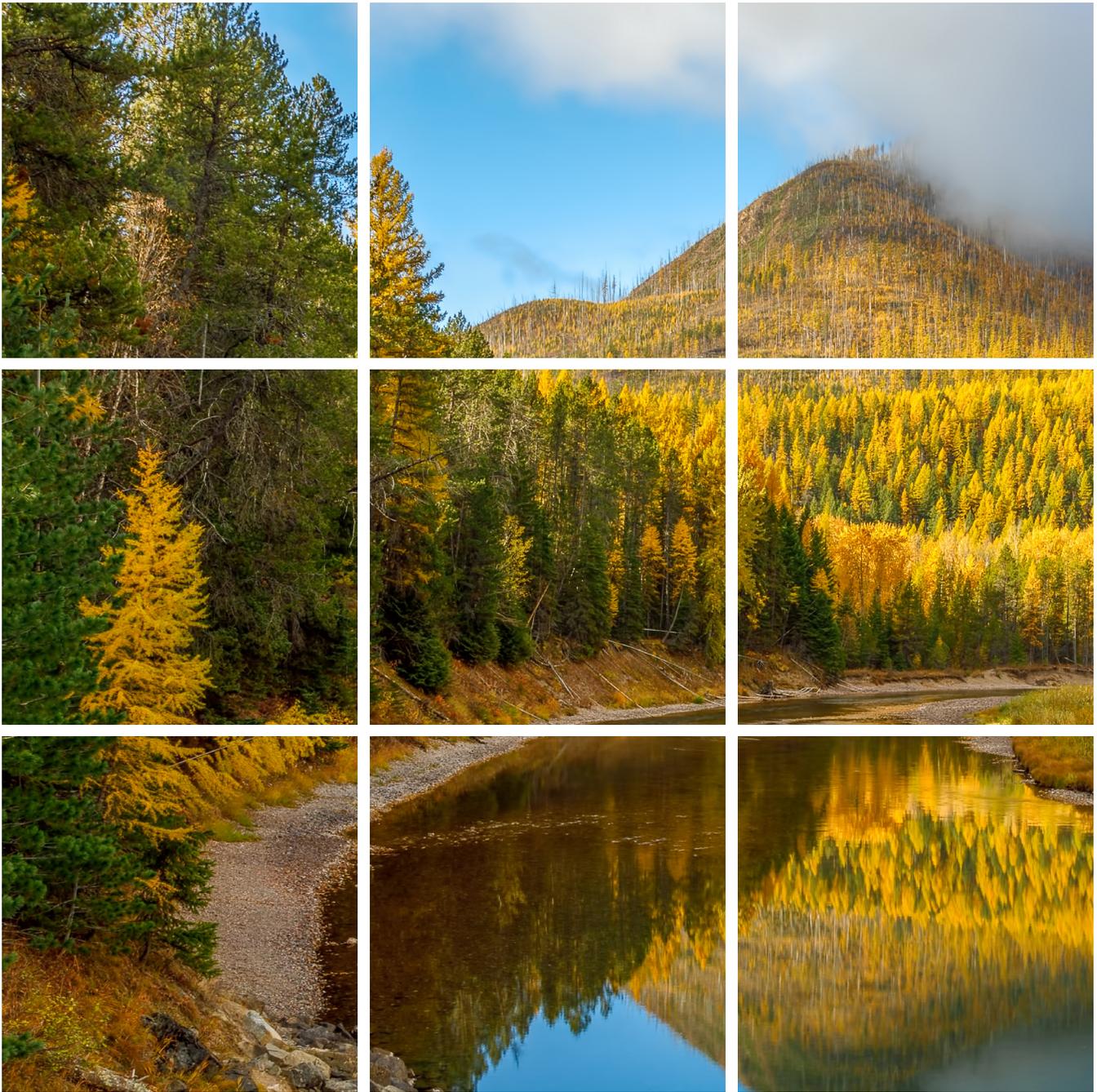
Click on the blue links below to open the website or send an email

Coverage	Group #	Carrier	Phone #	Website/Email
Medical/Rx Dental	4025861	Premera	(800) 722-1471	www.premera.com
Dental	WA222	Willamette	(855) 433-6825	www.willamettedental.com
HRA		Deductible Reimbursement Company (DRC)		www.getdrc.com
Vision	30029751	Vision Service Plan	(800) 877-7195	www.vsp.com
Life/AD&D	10240445	Lincoln Financial Group	(877) 275-5462	www.lincolnfinancial.com
Voluntary Life	400241010			
Voluntary Short-Term Disability	10240448			
Long-Term Disability	10240446			
Voluntary Accident	ACC- 000748054			
Voluntary Critical Illness	CI-000748053			
Employee Assistance Program		EmployeeConnect/ ComPsych	(888) 628-4824	www.guidanceresources.com
Travel Assistance Program	333191	MedEx	(800) 537-2029	
Pet Insurance		Nationwide	(877) 738-7874	www.petinsurance.com
Medical Transport Services		Life Flight Network	(503) 678-4370	www.lifeflight.org
Supplemental Products		Aflac/Corey Mann	(509) 367-3887	C2_Mann@us.aflac.com
Deferred Compensation		Nationwide/Daniel Black	(509) 209-0275	blackd8@nationwide.com

If you have additional questions, you may also contact:

Franklin County Human Resources:
(509) 546-5813 | HR@franklincountywa.gov

Marsh McLennan Agency:
Sarah Bunton, Senior Client Manager
(406) 457-2131
Sarah.Bunton@MarshMMA.com



This information is a summary of benefits and does not supersede the carrier-provided summary of benefits. Benefits and general provisions described herein are subject to the terms of the Summary Plan Description or Group Contract. All eligible employee contributions will be deducted on a pre-tax basis unless otherwise requested. Premiums deducted on a pre-tax basis cannot be changed except during the open enrollment period, unless the employee experiences a qualifying event.