Franklin Community School Corporation

Group Health Plan Premiums

EFFECTIVE November 1, 2026

CERTIFIED RATES

Medical and Prescription Insurance

Payroll Deductions: 24

EMPLOYEE ONLY COVERAGE	PPO - $1,800	HSA - $2,300	HSA - $3,400	PPO - $5,300
Total Annual Premium	$ 11,688.00	$ 10,740.00	$ 9,636.00	$ 9,096.00
Board Contributions - Annual	$ 7,597.20	$ 8,269.80	$ 8,286.96	$ 6,822.00
Monthly Benefit	$ 633.10	$ 689.15	$ 690.58	$ 568.50
Employee Annual Premium	$ 4,090.80	$ 2,470.20	$ 1,349.04	$ 2,274.00
Monthly Deduction	$ 340.90	$ 205.85	$ 112.42	$ 189.50
Per Pay Deductions	**$ 170.45**	**$ 102.93**	**$ 56.21**	**$ 94.75**

EMPLOYEE + CHILD(REN)	PPO - $1,800	HSA - $2,300	HSA - $3,400	PPO - $5,300
Total Annual Premium	$ 21,744.00	$ 20,016.00	$ 17,964.00	$ 17,028.00
Board Contributions - Annual	$ 15,438.24	$ 16,413.12	$ 15,987.96	$ 11,408.76
Monthly Benefit	$ 1,286.52	$ 1,367.76	$ 1,332.33	$ 950.73
Employee Annual Premium	$ 6,305.76	$ 3,602.88	$ 1,976.04	$ 5,619.24
Monthly Deduction	$ 525.48	$ 300.24	$ 164.67	$ 468.27
Per Pay Deductions	**$ 262.74**	**$ 150.12**	**$ 82.34**	**$ 234.14**

EMPLOYEE + SPOUSE	PPO - $1,800	HSA - $2,300	HSA - $3,400	PPO - $5,300
Total Annual Premium	$ 26,292.00	$ 24,144.00	$ 21,660.00	$ 20,448.00
Board Contributions - Annual	$ 17,878.56	$ 19,315.20	$ 19,277.40	$ 13,291.20
Monthly Benefit	$ 1,489.88	$ 1,609.60	$ 1,606.45	$ 1,107.60
Employee Annual Premium	$ 8,413.44	$ 4,828.80	$ 2,382.60	$ 7,156.80
Monthly Deduction	$ 701.12	$ 402.40	$ 198.55	$ 596.40
Per Pay Deductions	**$ 350.56**	**$ 201.20**	**$ 99.27**	**$ 298.20**

FAMILY COVERAGE	PPO - $1,800	HSA - $2,300	HSA - $3,400	PPO - $5,300
Total Annual Premium	$ 34,140.00	$ 31,368.00	$ 28,176.00	$ 26,568.00
Board Contributions - Annual	$ 22,191.00	$ 23,839.68	$ 23,949.60	$ 16,737.84
Monthly Benefit	$ 1,849.25	$ 1,986.64	$ 1,995.80	$ 1,394.82
Employee Annual Premium	$ 11,949.00	$ 7,528.32	$ 4,226.40	$ 9,830.16
Monthly Deduction	$ 995.75	$ 627.36	$ 352.20	$ 819.18
Per Pay Deductions	**$ 497.88**	**$ 313.68**	**$ 176.10**	**$ 409.59**

Dental Insurance

Payroll Deductions: 24

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLYEE + CHILD(RN)	FAMILY
Total Annual Premium	$ 384.00	$ 780.00	$ 840.00	$ 1,248.00
Board Contributions - Annual	$ 360.00	$ 468.00	$ 468.00	$ 480.00
Monthly Benefit	$ 30.00	$ 39.00	$ 39.00	$ 40.00
Employee Annual Premium	$ 24.00	$ 312.00	$ 372.00	$ 768.00
Monthly Deduction	$ 2.00	$ 26.00	$ 31.00	$ 64.00
Per Pay Deductions	**$ 1.00**	**$ 13.00**	**$ 15.50**	**$ 32.00**

Vision Insurance

Payroll Deductions: 24

CORE PLAN	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLYEE + CHILD(RN)	FAMILY
Total Annual Premium	$ 74.04	$ 148.20	$ 158.52	$ 253.32
Board Contributions - Annual	$ 73.04	$ 73.04	$ 73.04	$ 73.04
Monthly Benefit	$ 6.09	$ 6.09	$ 6.09	$ 6.09
Employee Annual Premium	$ 1.00	$ 75.16	$ 85.48	$ 180.28
Monthly Deduction		$ 6.26	$ 7.12	$ 15.02
Per Pay Deductions		**$ 3.13**	**$ 3.56**	**$ 7.51**

BUY-UP PLAN	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLYEE + CHILD(RN)	FAMILY
Total Annual Premium	$ 117.48	$ 235.08	$ 251.52	$ 402.00
Board Contributions - Annual	$ 73.04	$ 73.04	$ 73.04	$ 73.04
Monthly Benefit	$ 6.09	$ 6.09	$ 6.09	$ 6.09
Employee Annual Premium	$ 44.44	$ 162.04	$ 178.48	$ 328.96
Monthly Deduction	$ 3.70	$ 13.50	$ 14.87	$ 27.41
Per Pay Deductions	**$ 1.85**	**$ 6.75**	**$ 7.44**	**$ 13.71**