Franklin Community School Corporation

Group Health Plan Premiums

EFFECTIVE November 1, 2026

NON-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	$ 8,532.24	$ 9,021.60	$ 9,250.56	$ 6,822.00
Monthly Benefit	$ 711.02	$ 751.80	$ 770.88	$ 568.50
Employee Annual Premium	$ 3,155.76	$ 1,718.40	$ 385.44	$ 2,274.00
Monthly Deduction	$ 262.98	$ 143.20	$ 32.12	$ 189.50
Per Pay Deductions	**$ 131.49**	**$ 71.60**	**$ 16.06**	**$ 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	$ 17,395.20	$ 18,414.72	$ 17,245.44	$ 13,111.56
Monthly Benefit	$ 1,449.60	$ 1,534.56	$ 1,437.12	$ 1,092.63
Employee Annual Premium	$ 4,348.80	$ 1,601.28	$ 718.56	$ 3,916.44
Monthly Deduction	$ 362.40	$ 133.44	$ 59.88	$ 326.37
Per Pay Deductions	**$ 181.20**	**$ 66.72**	**$ 29.94**	**$ 163.19**

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	$ 19,981.92	$ 21,488.16	$ 20,793.60	$ 15,336.00
Monthly Benefit	$ 1,665.16	$ 1,790.68	$ 1,732.80	$ 1,278.00
Employee Annual Premium	$ 6,310.08	$ 2,655.84	$ 866.40	$ 5,112.00
Monthly Deduction	$ 525.84	$ 221.32	$ 72.20	$ 426.00
Per Pay Deductions	**$ 262.92**	**$ 110.66**	**$ 36.10**	**$ 213.00**

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	$ 24,580.80	$ 26,035.44	$ 25,921.92	$ 19,128.96
Monthly Benefit	$ 2,048.40	$ 2,169.62	$ 2,160.16	$ 1,594.08
Employee Annual Premium	$ 9,559.20	$ 5,332.56	$ 2,254.08	$ 7,439.04
Monthly Deduction	$ 796.60	$ 444.38	$ 187.84	$ 619.92
Per Pay Deductions	**$ 398.30**	**$ 222.19**	**$ 93.92**	**$ 309.96**

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	$ 379.20	$ 624.00	$ 624.00	$ 636.00
Monthly Benefit	$ 31.88	$ 52.00	$ 52.00	$ 53.00
Employee Annual Premium	**$ 4.80**	$ 156.00	$ 216.00	$ 612.00
Monthly Deduction		$ 13.00	$ 18.00	$ 51.00
Per Pay Deductions		**$ 6.50**	**$ 9.00**	**$ 25.50**

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**