Franklin Community School Corporation

***Group Health Plan Premiums***

***EFFECTIVE November 1, 2026***

## ESSENTIAL SKILLS ASSISTANT RATES

## Medical and Prescription Insurance

Payroll Deductions: 18

| 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 | $ 350.64 | $ 190.93 | $ 42.83 | $ 252.67 |
| Per Pay Deductions | **$ 175.32** | **$ 95.47** | **$ 21.41** | **$ 126.33** |

| 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 | $ 9,250.56 | $ 9,250.56 | $ 9,250.56 | $ 9,250.56 |
| Monthly Benefit | $ 770.88 | $ 770.88 | $ 770.88 | $ 770.88 |
| Employee Annual Premium | $ 12,493.44 | $ 10,765.44 | $ 8,713.44 | $ 7,777.44 |
| Monthly Deduction | $ 1,388.16 | $ 1,196.16 | $ 968.16 | $ 864.16 |
| Per Pay Deductions | **$ 694.08** | **$ 598.08** | **$ 484.08** | **$ 432.08** |

| 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 | $ 9,250.56 | $ 9,250.56 | $ 9,250.56 | $ 9,250.56 |
| Monthly Benefit | $ 770.88 | $ 770.88 | $ 770.88 | $ 770.88 |
| Employee Annual Premium | $ 17,041.44 | $ 14,893.44 | $ 12,409.44 | $ 11,197.44 |
| Monthly Deduction | $ 1,893.49 | $ 1,654.83 | $ 1,378.83 | $ 1,244.16 |
| Per Pay Deductions | **$ 946.75** | **$ 827.41** | **$ 689.41** | **$ 622.08** |

| 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 | $ 9,250.56 | $ 9,250.56 | $ 9,250.56 | $ 9,250.56 |
| Monthly Benefit | $ 770.88 | $ 770.88 | $ 770.88 | $ 770.88 |
| Employee Annual Premium | $ 24,889.44 | $ 22,117.44 | $ 18,925.44 | $ 17,317.44 |
| Monthly Deduction | $ 2,765.49 | $ 2,457.49 | $ 2,102.83 | $ 1,924.16 |
| Per Pay Deductions | **$ 1,382.75** | **$ 1,228.75** | **$ 1,051.41** | **$ 962.08** |

## Dental Insurance

Payroll Deductions: 18

| | 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 | $ 379.20 | $ 379.20 | $ 379.20 |
| Monthly Benefit | $ 31.88 | $ 31.60 | $ 31.60 | $ 31.60 |
| Employee Annual Premium | **$ 4.80** | $ 400.80 | $ 460.80 | $ 868.80 |
| Monthly Deduction | | $ 44.53 | $ 51.20 | $ 96.53 |
| Per Pay Deductions | | **$ 22.27** | **$ 25.60** | **$ 48.27** |

## Vision Insurance

Payroll Deductions: 18

| 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 | | $ 8.35 | $ 9.50 | $ 20.03 |
| Per Pay Deductions | | **$ 4.18** | **$ 4.75** | **$ 10.02** |

| 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 | $ 4.94 | $ 18.00 | $ 19.83 | $ 36.55 |
| Per Pay Deductions | **$ 2.47** | **$ 9.00** | **$ 9.92** | **$ 18.28** |