

Franklin Community School Corporation
Group Health Plan Premiums

EFFECTIVE November 1, 2026

ADMINISTRATOR 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(RN)	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	EMPLOYEE + CHILD(RN)	FAMILY
Total Annual Premium	\$ 384.00	\$ 780.00	\$ 840.00	\$ 1,248.00
Board Contributions - Annual	\$ 360.00	\$ 732.00	\$ 792.00	\$ 1,164.00
Monthly Benefit	\$ 30.00	\$ 61.00	\$ 66.00	\$ 97.00
Employee Annual Premium	\$ 24.00	\$ 48.00	\$ 48.00	\$ 84.00
Monthly Deduction	\$ 2.00	\$ 4.00	\$ 4.00	\$ 7.00
Per Pay Deductions	\$ 1.00	\$ 2.00	\$ 2.00	\$ 3.50

Vision Insurance				
Payroll Deductions: 24				
CORE PLAN	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + 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	EMPLOYEE + 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