

2026 Premium Rates

Transamerica

Medical (Wellmark or United Healthcare)	Employee Premium Per-Pay-Period (24 Pay Periods)	Company Premium Per-Pay-Period (24 Pay Periods)
\$900 Deductible Plan		
Employee Only	\$113.71	\$331.83
Employee + Spouse	\$254.57	\$703.01
Employee + Child(ren)	\$208.31	\$593.55
Employee + Family	\$373.20	\$984.84
\$1,850 Deductible Plan		
Employee Only	\$85.75	\$331.83
Employee + Spouse	\$187.36	\$703.01
Employee + Child(ren)	\$155.41	\$593.55
Employee + Family	\$269.19	\$984.84
\$4,500 Deductible Plan		
Employee Only	\$29.82	\$331.83
Employee + Spouse	\$67.13	\$703.01
Employee + Child(ren)	\$54.77	\$593.55
Employee + Family	\$98.60	\$984.84

Dental (Delta Dental)	Employee Premium Per-Pay- Period (24 Pay Periods)	Company Premium Per-Pay- Period (24 Pay Periods)
Basic Plus Plan		
Employee Only	\$7.85	\$9.54
Employee + Spouse	\$15.70	\$19.09
Employee + Child(ren)	\$16.86	\$20.52
Employee + Family	\$24.34	\$29.60
Enhanced Plan		
Employee Only	\$11.79	\$9.54
Employee + Spouse	\$23.61	\$19.09
Employee + Child(ren)	\$25.36	\$20.52
Employee + Family	\$36.61	\$29.60

Vision (VSP)	Employee Premium Per-Pay- Period (24 Pay Periods)	Company Premium Per-Pay- Period (24 Pay Periods)
Basic Plan		
Employee Only	\$2.08	\$0.86
Employee + Spouse	\$3.32	\$1.38
Employee + Child(ren)	\$3.39	\$1.41
Employee + Family	\$5.46	\$2.28
Enhanced Plan		
Employee Only	\$5.50	\$0.86
Employee + Spouse	\$8.80	\$1.38
Employee + Child(ren)	\$8.99	\$1.41
Employee + Family	\$14.50	\$2.28