

# 2022 Premium Rates

## Transamerica Agency Network

Medical (Wellmark or United Healthcare)	Employee Premium Per-Pay-Period (24 Pay Periods)	Company Premium Per-Pay-Period (24 Pay Periods)
<b>\$900 Deductible Plan</b>		
Employee Only	\$114.75	\$233.07
Employee + Spouse	\$264.04	\$483.54
Employee + Child(ren)	\$209.40	\$416.61
Employee + Family	\$370.40	\$689.81
<b>\$1,850 Deductible Plan</b>		
Employee Only	\$93.01	\$233.07
Employee + Spouse	\$210.18	\$483.54
Employee + Child(ren)	\$167.68	\$416.61
Employee + Family	\$285.33	\$689.81
<b>\$2,850 Deductible Plan</b>		
Employee Only	\$68.60	\$233.07
Employee + Spouse	\$157.71	\$483.54
Employee + Child(ren)	\$123.74	\$416.61
Employee + Family	\$210.90	\$689.81
<b>\$4,500 Deductible Plan</b>		
Employee Only	\$46.49	\$233.07
Employee + Spouse	\$110.17	\$483.54
Employee + Child(ren)	\$83.95	\$416.61
Employee + Family	\$143.46	\$689.81

Dental (Delta Dental)	Employee Premium Per-Pay-Period (24 Pay Periods)	Company Premium Per-Pay-Period (24 Pay Periods)
<b>Basic Plus Plan</b>		
Employee Only	\$7.56	\$9.26
Employee + Spouse	\$15.12	\$18.52
Employee + Child(ren)	\$16.24	\$19.91
Employee + Family	\$23.45	\$28.71
<b>Enhanced Plan</b>		
Employee Only	\$11.02	\$9.26
Employee + Spouse	\$22.06	\$18.52
Employee + Child(ren)	\$23.70	\$19.91
Employee + Family	\$34.21	\$28.71

Vision (United Healthcare)	Employee Premium Per-Pay-Period (24 Pay Periods)	Company Premium Per-Pay-Period (24 Pay Periods)
<b>Standard Plan</b>		
Employee Only	\$2.57	\$0.85
Employee + Spouse	\$4.11	\$1.37
Employee + Child(ren)	\$4.20	\$1.40
Employee + Family	\$6.77	\$2.26