

2022 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	\$94.29	\$253.53
Employee + Spouse	\$210.47	\$537.11
Employee + Child(ren)	\$172.54	\$453.47
Employee + Family	\$307.78	\$752.43
\$1,850 Deductible Plan		
Employee Only	\$72.55	\$253.53
Employee + Spouse	\$156.61	\$537.11
Employee + Child(ren)	\$130.82	\$453.47
Employee + Family	\$222.71	\$752.43
\$2,850 Deductible Plan		
Employee Only	\$48.14	\$253.53
Employee + Spouse	\$104.14	\$537.11
Employee + Child(ren)	\$86.88	\$453.47
Employee + Family	\$148.28	\$752.43
\$4,500 Deductible Plan		
Employee Only	\$26.03	\$253.53
Employee + Spouse	\$56.60	\$537.11
Employee + Child(ren)	\$47.09	\$453.47
Employee + Family	\$80.84	\$752.43

Dental (Delta Dental)	Employee Premium Per-Pay-Period (24 Pay Periods)	Company Premium Per-Pay-Period (24 Pay Periods)
Basic Plus Plan		
Employee Only	\$7.56	\$9.26
Employee + Spouse	\$15.12	\$18.52
Employee + Child(ren)	\$16.24	\$19.91
Employee + Family	\$23.45	\$28.71
Enhanced Plan		
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)
Standard Plan		
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