

# 2023 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	\$124.59	\$246.23
Employee + Spouse	\$286.63	\$510.38
Employee + Child(ren)	\$227.31	\$440.09
Employee + Family	\$401.91	\$728.40
<b>\$1,850 Deductible Plan</b>		
Employee Only	\$101.38	\$246.23
Employee + Spouse	\$229.62	\$510.38
Employee + Child(ren)	\$182.95	\$440.09
Employee + Family	\$312.37	\$728.40
<b>\$3,000 Deductible Plan</b>		
Employee Only	\$75.74	\$246.23
Employee + Spouse	\$174.50	\$510.38
Employee + Child(ren)	\$136.80	\$440.09
Employee + Family	\$234.19	\$728.40
<b>\$4,500 Deductible Plan</b>		
Employee Only	\$52.49	\$246.23
Employee + Spouse	\$124.51	\$510.38
Employee + Child(ren)	\$94.96	\$440.09
Employee + Family	\$163.26	\$728.40

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