

2023 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	\$99.03	\$271.79
Employee + Spouse	\$221.22	\$575.79
Employee + Child(ren)	\$181.27	\$486.13
Employee + Family	\$323.69	\$806.62
\$1,850 Deductible Plan		
Employee Only	\$75.82	\$271.79
Employee + Spouse	\$164.21	\$575.79
Employee + Child(ren)	\$136.91	\$486.13
Employee + Family	\$234.15	\$806.62
\$3,000 Deductible Plan		
Employee Only	\$50.18	\$271.79
Employee + Spouse	\$109.09	\$575.79
Employee + Child(ren)	\$90.76	\$486.13
Employee + Family	\$155.97	\$806.62
\$4,500 Deductible Plan		
Employee Only	\$26.93	\$271.79
Employee + Spouse	\$59.10	\$575.79
Employee + Child(ren)	\$48.92	\$486.13
Employee + Family	\$85.04	\$806.62

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