2026 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)
$900 Deductible Plan		
Employee Only	$144.91	$300.63
Employee + Spouse	$334.43	$623.15
Employee + Child(ren)	$264.52	$537.34
Employee + Family	$468.70	$889.34
$1,850 Deductible Plan		
Employee Only	$116.95	$300.63
Employee + Spouse	$267.22	$623.15
Employee + Child(ren)	$211.62	$537.34
Employee + Family	$364.69	$889.34
$4,500 Deductible Plan		
Employee Only	$61.02	$300.63
Employee + Spouse	$146.99	$623.15
Employee + Child(ren)	$110.98	$537.34
Employee + Family	$194.10	$889.34

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