

2027 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	\$162.92	\$338.19
Employee + Spouse	\$376.00	\$701.01
Employee + Child(ren)	\$297.39	\$604.48
Employee + Family	\$526.95	\$1,000.46
\$1,850 Deductible Plan		
Employee Only	\$129.86	\$338.19
Employee + Spouse	\$297.84	\$701.01
Employee + Child(ren)	\$235.32	\$604.48
Employee + Family	\$407.41	\$1,000.46
\$4,500 Deductible Plan		
Employee Only	\$66.95	\$338.19
Employee + Spouse	\$162.60	\$701.01
Employee + Child(ren)	\$122.12	\$604.48
Employee + Family	\$215.53	\$1,000.46

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	\$10.04	\$0.86
Employee + Spouse	\$16.09	\$1.38
Employee + Child(ren)	\$16.44	\$1.41
Employee + Family	\$26.51	\$2.28