## 2026 Premium Rates

## Transamerica – Iowa employees

Medical (Wellmark)	Employee Premium Per-Pay- Period (24 Pay Periods)	Company Premium Per-Pay-Period (24 Pay Periods)		
\$900 Deductible Plan (National Network)				
Employee Only	\$113.71	\$331.83		
Employee + Spouse	\$254.57	\$703.01		
Employee + Child(ren)	\$208.31	\$593.55		
Employee + Family	\$373.20	\$984.84		
\$900 Deductible Plan (Narrow Network)				
Employee Only	\$89.34	\$356.20		
Employee + Spouse	\$202.69	\$754.89		
Employee + Child(ren)	\$164.64	\$637.23		
Employee + Family	\$300.19	\$1,057.86		
\$1,850 Deductible Plan (National Network)				
Employee Only	\$85.75	\$331.83		
Employee + Spouse	\$187.36	\$703.01		
Employee + Child(ren)	\$155.41	\$593.55		
Employee + Family	\$269.19	\$984.84		
\$1,850 Deductible Plan (Narrow Network)				
Employee Only	\$61.38	\$356.20		
Employee + Spouse	\$135.48	\$754.89		
Employee + Child(ren)	\$111.74	\$637.23		
Employee + Family	\$196.18	\$1,057.86		





\$4,500 Deductible Plan (National Network)				
Employee Only	\$29.82	\$331.83		
Employee + Spouse	\$67.13	\$703.01		
Employee + Child(ren)	\$54.77	\$593.55		
Employee + Family	\$98.60	\$984.84		
\$4,500 Deductible Plan (Narrow Network)				
Employee Only	\$5.45	\$356.20		
Employee + Spouse	\$15.25	\$754.89		
Employee + Child(ren)	\$11.09	\$637.23		
Employee + Family	\$25.59	\$1,057.86		

Dental (Delta Dental)	Employee Premium Per-Pay- Period	Company Premium Per-Pay- Period		
	(24 Pay Periods)	(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