

# 2019 Premium Rates

## Transamerica Agency Network

Medical (Aetna or United Healthcare)	Employee Premium Per-Pay-Period (24 Pay Periods)	Company Premium Per-Pay-Period (24 Pay Periods)
<b>\$900 Deductible Plan</b>		
Self Only	\$104.24	\$198.66
Self + Spouse	\$239.19	\$412.04
Self + Child(ren)	\$190.07	\$355.15
Family	\$335.57	\$588.25
<b>\$1,850 Deductible Plan</b>		
Self Only	\$84.75	\$198.66
Self + Spouse	\$190.68	\$412.04
Self + Child(ren)	\$152.59	\$355.15
Family	\$258.70	\$588.25
<b>\$2,850 Deductible Plan</b>		
Self Only	\$62.91	\$198.66
Self + Spouse	\$143.71	\$412.04
Self + Child(ren)	\$113.26	\$355.15
Family	\$192.06	\$588.25
<b>\$4,500 Deductible Plan</b>		
Self Only	\$43.09	\$198.66
Self + Spouse	\$101.12	\$412.04
Self + Child(ren)	\$77.61	\$355.15
Family	\$131.65	\$588.25

Dental (Delta Dental)	Employee Premium Per-Pay-Period (24 Pay Periods)	Company Premium Per-Pay-Period (24 Pay Periods)
<b>Basic Plus Plan</b>		
Self Only	\$2.81	\$13.53
Self + Spouse	\$5.62	\$27.05
Self + Child(ren)	\$6.03	\$29.08
Family	\$8.72	\$41.94
<b>Enhanced Plan</b>		
Self Only	\$5.89	\$13.53
Self + Spouse	\$11.79	\$27.05
Self + Child(ren)	\$12.66	\$29.08
Family	\$18.28	\$41.94

Vision (United Healthcare)	Employee Premium Per-Pay-Period (24 Pay Periods)	Company Premium Per-Pay-Period (24 Pay Periods)
<b>Standard Plan</b>		
Self Only	\$2.47	\$0.82
Self + Spouse	\$3.96	\$1.32
Self + Child(ren)	\$4.04	\$1.35
Family	\$6.52	\$2.17