

2019 Premium Rates

Transamerica

Medical (Aetna or United Healthcare)	Employee Premium Per-Pay-Period (24 Pay Periods)	Company Premium Per-Pay-Period (24 Pay Periods)
\$900 Deductible Plan		
Self Only	\$86.17	\$216.73
Self + Spouse	\$191.86	\$459.37
Self + Child(ren)	\$157.50	\$387.72
Family	\$280.24	\$643.58
\$1,850 Deductible Plan		
Self Only	\$66.68	\$216.73
Self + Spouse	\$143.35	\$459.37
Self + Child(ren)	\$120.02	\$387.72
Family	\$203.37	\$643.58
\$2,850 Deductible Plan		
Self Only	\$44.84	\$216.73
Self + Spouse	\$96.38	\$459.37
Self + Child(ren)	\$80.69	\$387.72
Family	\$136.73	\$643.58
\$4,500 Deductible Plan		
Self Only	\$25.02	\$216.73
Self + Spouse	\$53.78	\$459.37
Self + Child(ren)	\$45.04	\$387.72
Family	\$76.32	\$643.58

Dental (Delta Dental)	Employee Premium Per-Pay-Period (24 Pay Periods)	Company Premium Per-Pay-Period (24 Pay Periods)
Basic Plus Plan		
Self Only	\$2.81	\$13.53
Self + Spouse	\$5.62	\$27.05
Self + Child(ren)	\$6.03	\$29.08
Family	\$8.72	\$41.94
Enhanced Plan		
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)
Standard Plan		
Self Only	\$2.47	\$0.82
Self + Spouse	\$3.96	\$1.32
Self + Child(ren)	\$4.04	\$1.35
Family	\$6.52	\$2.17