

2020 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		
Employee Only	\$89.25	\$225.52
Employee + Spouse	\$199.00	\$477.77
Employee + Child(ren)	\$163.23	\$403.36
Employee + Family	\$290.76	\$669.29
\$1,850 Deductible Plan		
Employee Only	\$69.17	\$225.52
Employee + Spouse	\$148.72	\$477.77
Employee + Child(ren)	\$124.51	\$403.36
Employee + Family	\$210.79	\$669.29
\$2,850 Deductible Plan		
Employee Only	\$46.46	\$225.52
Employee + Spouse	\$99.90	\$477.77
Employee + Child(ren)	\$83.63	\$403.36
Employee + Family	\$141.52	\$669.29
\$4,500 Deductible Plan		
Employee Only	\$25.92	\$225.52
Employee + Spouse	\$55.73	\$477.77
Employee + Child(ren)	\$46.66	\$403.36
Employee + Family	\$78.87	\$669.29

Dental (Delta Dental)	Employee Premium Per-Pay-Period (24 Pay Periods)	Company Premium Per-Pay-Period (24 Pay Periods)
Basic Plus Plan		
Employee Only	\$2.70	\$13.89
Employee + Spouse	\$5.40	\$27.78
Employee + Child(ren)	\$5.80	\$29.86
Employee + Family	\$8.38	\$43.07
Enhanced Plan		
Employee Only	\$6.12	\$13.89
Employee + Spouse	\$12.25	\$27.78
Employee + Child(ren)	\$13.16	\$29.86
Employee + Family	\$19.00	\$43.07

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