

2021 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) |
|---|---|--|
| \$900 Deductible Plan | | |
| Employee Only | \$114.75 | \$224.96 |
| Employee + Spouse | \$264.04 | \$466.36 |
| Employee + Child(ren) | \$209.40 | \$402.10 |
| Employee + Family | \$370.40 | \$665.74 |
| \$1,850 Deductible Plan | | |
| Employee Only | \$93.01 | \$224.96 |
| Employee + Spouse | \$210.18 | \$466.36 |
| Employee + Child(ren) | \$167.68 | \$402.10 |
| Employee + Family | \$285.33 | \$665.74 |
| \$2,850 Deductible Plan | | |
| Employee Only | \$68.60 | \$224.96 |
| Employee + Spouse | \$157.71 | \$466.36 |
| Employee + Child(ren) | \$123.74 | \$402.10 |
| Employee + Family | \$210.90 | \$665.74 |
| \$4,500 Deductible Plan | | |
| Employee Only | \$46.49 | \$224.96 |
| Employee + Spouse | \$110.17 | \$466.36 |
| Employee + Child(ren) | \$83.95 | \$402.10 |
| Employee + Family | \$143.46 | \$665.74 |

| Dental (Delta Dental) | Employee Premium Per-Pay-Period (24 Pay Periods) | Company Premium Per-Pay-Period (24 Pay Periods) |
|--------------------------|---|--|
| Basic Plus Plan | | |
| Employee Only | \$4.62 | \$11.79 |
| Employee + Spouse | \$9.24 | \$23.58 |
| Employee + Child(ren) | \$9.92 | \$25.35 |
| Employee + Family | \$14.33 | \$36.56 |
| Enhanced Plan | | |
| Employee Only | \$8.00 | \$11.79 |
| Employee + Spouse | \$16.01 | \$23.58 |
| Employee + Child(ren) | \$17.20 | \$25.35 |
| Employee + Family | \$24.83 | \$36.56 |

| 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 |