

# 2021 Premium Rates

## Transamerica

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>		
Employee Only	\$94.29	\$245.42
Employee + Spouse	\$210.47	\$519.93
Employee + Child(ren)	\$172.54	\$438.96
Employee + Family	\$307.78	\$728.36
<b>\$1,850 Deductible Plan</b>		
Employee Only	\$72.55	\$245.42
Employee + Spouse	\$156.61	\$519.93
Employee + Child(ren)	\$130.82	\$438.96
Employee + Family	\$222.71	\$728.36
<b>\$2,850 Deductible Plan</b>		
Employee Only	\$48.14	\$245.42
Employee + Spouse	\$104.14	\$519.93
Employee + Child(ren)	\$86.88	\$438.96
Employee + Family	\$148.28	\$728.36
<b>\$4,500 Deductible Plan</b>		
Employee Only	\$26.03	\$245.42
Employee + Spouse	\$56.60	\$519.93
Employee + Child(ren)	\$47.09	\$438.96
Employee + Family	\$80.84	\$728.36

Dental (Delta Dental)	Employee Premium Per-Pay-Period (24 Pay Periods)	Company Premium Per-Pay-Period (24 Pay Periods)
<b>Basic Plus Plan</b>		
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
<b>Enhanced Plan</b>		
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)
<b>Standard Plan</b>		
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