

2024 Premium Rates

Transamerica – Iowa employees

Medical (Wellmark)	Employee Premium Per-Pay- Period (24 Pay Periods)	Company Premium Per-Pay-Period (24 Pay Periods)
\$900 Deductible Plan (National Network)		
Employee Only	\$102.00	\$288.72
Employee + Spouse	\$228.11	\$611.66
Employee + Child(ren)	\$186.79	\$516.42
Employee + Family	\$334.09	\$856.87
\$900 Deductible Plan (Narrow Network)		
Employee Only	\$79.71	\$311.01
Employee + Spouse	\$180.76	\$659.01
Employee + Child(ren)	\$146.87	\$556.34
Employee + Family	\$267.59	\$923.37
\$1,850 Deductible Plan (National Network)		
Employee Only	\$78.47	\$288.72
Employee + Spouse	\$170.41	\$611.66
Employee + Child(ren)	\$141.85	\$516.42
Employee + Family	\$243.57	\$856.87
\$1,850 Deductible Plan (Narrow Network)		
Employee Only	\$56.18	\$311.01
Employee + Spouse	\$123.06	\$659.01
Employee + Child(ren)	\$101.93	\$556.34
Employee + Family	\$177.07	\$923.37

\$3,200 Deductible Plan (National Network)		
Employee Only	\$51.43	\$288.72
Employee + Spouse	\$112.30	\$611.66
Employee + Child(ren)	\$93.20	\$516.42
Employee + Family	\$161.14	\$856.87
\$3,200 Deductible Plan (Narrow Network)		
Employee Only	\$29.14	\$311.01
Employee + Spouse	\$64.95	\$659.01
Employee + Child(ren)	\$53.28	\$556.34
Employee + Family	\$94.64	\$923.37
\$4,500 Deductible Plan (National Network)		
Employee Only	\$27.69	\$288.72
Employee + Spouse	\$61.26	\$611.66
Employee + Child(ren)	\$50.48	\$516.42
Employee + Family	\$88.71	\$856.87
\$4,500 Deductible Plan (Narrow Network)		
Employee Only	\$5.40	\$311.01
Employee + Spouse	\$13.91	\$659.01
Employee + Child(ren)	\$10.56	\$556.34
Employee + Family	\$22.21	\$923.37

Dental (Delta Dental)	Employee Premium Per-Pay- Period (24 Pay Periods)	Company Premium Per-Pay- Period (24 Pay Periods)
Basic Plus Plan		
Employee Only	\$7.56	\$9.26
Employee + Spouse	\$15.12	\$18.52
Employee + Child(ren)	\$16.24	\$19.91
Employee + Family	\$23.45	\$28.71
Enhanced Plan		
Employee Only	\$11.36	\$9.26
Employee + Spouse	\$22.74	\$18.52
Employee + Child(ren)	\$24.43	\$19.91
Employee + Family	\$35.27	\$28.71

Vision (United Healthcare)	Employee Premium Per-Pay- Period (24 Pay Periods)	Company Premium Per-Pay- Period (24 Pay Periods)
Standard Plan		
Employee Only	\$2.57	\$0.85
Employee + Spouse	\$4.11	\$1.37
Employee + Child(ren)	\$4.20	\$1.40
Employee + Family	\$6.77	\$2.26