

2024 Premium Rates

Transamerica Agency Network

Medical (Wellmark or United Healthcare)	Employee Premium Per-Pay-Period (24 Pay Periods)	Company Premium Per-Pay-Period (24 Pay Periods)
\$900 Deductible Plan		
Employee Only	\$129.15	\$261.57
Employee + Spouse	\$297.59	\$542.18
Employee + Child(ren)	\$235.70	\$467.51
Employee + Family	\$417.18	\$773.78
\$1,850 Deductible Plan		
Employee Only	\$105.62	\$261.57
Employee + Spouse	\$239.89	\$542.18
Employee + Child(ren)	\$190.76	\$467.51
Employee + Family	\$326.66	\$773.78
\$3,200 Deductible Plan		
Employee Only	\$78.58	\$261.57
Employee + Spouse	\$181.78	\$542.18
Employee + Child(ren)	\$142.11	\$467.51
Employee + Family	\$244.23	\$773.78
\$4,500 Deductible Plan		
Employee Only	\$54.84	\$261.57
Employee + Spouse	\$130.74	\$542.18
Employee + Child(ren)	\$99.39	\$467.51
Employee + Family	\$171.80	\$773.78

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