

# 2024 Premium Rates

## Transamerica

Medical (Wellmark 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	\$102.00	\$288.72
Employee + Spouse	\$228.11	\$611.66
Employee + Child(ren)	\$186.79	\$516.42
Employee + Family	\$334.09	\$856.87
<b>\$1,850 Deductible Plan</b>		
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
<b>\$3,200 Deductible Plan</b>		
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
<b>\$4,500 Deductible Plan</b>		
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

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	\$7.56	\$9.26
Employee + Spouse	\$15.12	\$18.52
Employee + Child(ren)	\$16.24	\$19.91
Employee + Family	\$23.45	\$28.71
<b>Enhanced Plan</b>		
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)
<b>Standard Plan</b>		
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