

2025 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	\$106.35	\$303.85
Employee + Spouse	\$237.91	\$643.72
Employee + Child(ren)	\$194.77	\$543.49
Employee + Family	\$348.53	\$901.79
\$900 Deductible Plan (Narrow Network)		
Employee Only	\$83.17	\$327.03
Employee + Spouse	\$188.56	\$693.07
Employee + Child(ren)	\$153.22	\$585.04
Employee + Family	\$279.10	\$971.22
\$1,850 Deductible Plan (National Network)		
Employee Only	\$81.60	\$303.85
Employee + Spouse	\$177.59	\$643.72
Employee + Child(ren)	\$147.64	\$543.49
Employee + Family	\$254.30	\$901.79
\$1,850 Deductible Plan (Narrow Network)		
Employee Only	\$58.42	\$327.03
Employee + Spouse	\$128.24	\$693.07
Employee + Child(ren)	\$106.09	\$585.04
Employee + Family	\$184.87	\$971.22

\$3,300 Deductible Plan (National Network)		
Employee Only	\$53.09	\$303.85
Employee + Spouse	\$116.33	\$643.72
Employee + Child(ren)	\$96.35	\$543.49
Employee + Family	\$167.40	\$901.79
\$3,300 Deductible Plan (Narrow Network)		
Employee Only	\$29.91	\$327.03
Employee + Spouse	\$66.98	\$693.07
Employee + Child(ren)	\$54.80	\$585.04
Employee + Family	\$97.97	\$971.22
\$4,500 Deductible Plan (National Network)		
Employee Only	\$28.62	\$303.85
Employee + Spouse	\$63.71	\$643.72
Employee + Child(ren)	\$52.31	\$543.49
Employee + Family	\$92.72	\$901.79
\$4,500 Deductible Plan (Narrow Network)		
Employee Only	\$5.44	\$327.03
Employee + Spouse	\$14.36	\$693.07
Employee + Child(ren)	\$10.76	\$585.04
Employee + Family	\$23.29	\$971.22

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	\$9.19
Employee + Spouse	\$15.12	\$18.39
Employee + Child(ren)	\$16.24	\$19.77
Employee + Family	\$23.45	\$28.50
Enhanced Plan		
Employee Only	\$11.36	\$9.19
Employee + Spouse	\$22.74	\$18.39
Employee + Child(ren)	\$24.43	\$19.77
Employee + Family	\$35.27	\$28.50

Vision (VSP)	Employee Premium Per-Pay- Period (24 Pay Periods)	Company Premium Per-Pay- Period (24 Pay Periods)
Basic Plan		
Employee Only	\$2.08	\$0.86
Employee + Spouse	\$3.32	\$1.38
Employee + Child(ren)	\$3.39	\$1.41
Employee + Family	\$5.46	\$2.28
Enhanced Plan		
Employee Only	\$5.50	\$0.86
Employee + Spouse	\$8.80	\$1.38
Employee + Child(ren)	\$8.99	\$1.41
Employee + Family	\$14.50	\$2.28