

2025 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	\$134.92	\$275.28
Employee + Spouse	\$311.03	\$570.60
Employee + Child(ren)	\$246.24	\$492.02
Employee + Family	\$435.98	\$814.34
\$1,850 Deductible Plan		
Employee Only	\$110.17	\$275.28
Employee + Spouse	\$250.71	\$570.60
Employee + Child(ren)	\$199.11	\$492.02
Employee + Family	\$341.75	\$814.34
\$3,300 Deductible Plan		
Employee Only	\$81.66	\$275.28
Employee + Spouse	\$189.45	\$570.60
Employee + Child(ren)	\$147.82	\$492.02
Employee + Family	\$254.85	\$814.34
\$4,500 Deductible Plan		
Employee Only	\$57.19	\$275.28
Employee + Spouse	\$136.83	\$570.60
Employee + Child(ren)	\$103.78	\$492.02
Employee + Family	\$180.17	\$814.34

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