2026 Employee Health Plan Weekly Premium Rates
Globe Life (LNL Field) Employees

MEDICAL PLAN WEEKLY					
	Premier	**HDHP w/ HSA**	**Basic**	**EPO Premier***	**EPO HDHP w/HSA***
Employee Only	$86.00	$50.00	$45.50	$52.00	$35.00
Employee + Child(ren)	$140.50	$85.50	$75.00	$87.00	$57.00
Employee + Spouse	$197.50	$115.50	$104.00	$120.00	$80.50
Employee + Spouse + Children	$248.00	$150.50	$135.50	$159.00	$106.00

*Major Service Areas - Austin, Dallas/ Ft. Worth, Houston, or San Antonio

DENTAL PLAN WEEKLY		
	Basic Plan	**Full Plan**
Employee Only	$6.59	$9.60
Employee + 1	$12.41	$19.59
Family	$20.80	$32.69

VISION PLAN WEEKLY	
	MetLife (VSP)
Employee Only	$1.52
Employee + Child(ren)	$2.58
Employee + Spouse	$3.05
Family	$4.25

HYATT LEGAL PLAN WEEKLY	
	Hyatt Legal
Employee Only	$4.18

Company Contribution for Globe Life Employees
The Company will make a contribution to your Health Savings Account. For employee-only coverage, the Company will contribute $250. For employee and family coverage, the Company will contribute $500. Contributions are made in 52 equal payments in 2026.