

2026 Employee Health Plan Bi-Weekly Premium Rates

Globe Life Employees

MEDICAL PLAN BI-WEEKLY EMPLOYEE					
	Premier	HDHP w/ HSA	Basic	EPO Premier*	EPO HDHP w/HSA*
<u>Annual Salary <=\$26,999</u>					
Employee Only	\$79.00	\$43.00	\$26.00	\$46.00	\$21.00
Employee + Child(ren)	\$135.00	\$75.00	\$46.00	\$79.00	\$37.00
Employee + Spouse	\$182.00	\$101.00	\$61.00	\$108.00	\$49.00
Employee + Spouse + Children	\$238.00	\$131.00	\$78.00	\$144.00	\$63.00
<u>Annual Salary \$27,000 to \$43,999</u>					
Employee Only	\$107.00	\$78.00	\$65.00	\$84.00	\$53.00
Employee + Child(ren)	\$183.00	\$133.00	\$112.00	\$140.00	\$88.00
Employee + Spouse	\$247.00	\$181.00	\$152.00	\$195.00	\$123.00
Employee + Spouse + Children	\$323.00	\$235.00	\$198.00	\$258.00	\$161.00
<u>Annual Salary >= \$44,000</u>					
Employee Only	\$172.00	\$100.00	\$91.00	\$104.00	\$70.00
Employee + Child(ren)	\$281.00	\$171.00	\$150.00	\$174.00	\$114.00
Employee + Spouse	\$395.00	\$231.00	\$208.00	\$240.00	\$161.00
Employee + Spouse + Children	\$496.00	\$301.00	\$271.00	\$318.00	\$212.00
				*Major Service Areas - Austin, Dallas/ Ft. Worth, Houston, or San Antonio	

DENTAL PLAN BI-WEEKLY		
	Basic Plan	Full Plan
Employee Only	\$13.19	\$19.21
Employee + 1	\$24.81	\$39.17
Family	\$41.59	\$65.38

VISION PLAN BI-WEEKLY	
	MetLife (VSP)
Employee Only	\$3.05
Employee + Child(ren)	\$5.15
Employee + Spouse	\$6.10
Family	\$8.50

HYATT LEGAL PLAN BI-WEEKLY	
	Hyatt Legal
Employee Only	\$8.35

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 26 equal payments in 2026.