

2025 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	\$77.50	\$45.00	\$41.00	\$49.50	\$33.50
Employee + Child(ren)	\$126.50	\$77.00	\$67.50	\$83.00	\$54.50
Employee + Spouse	\$178.00	\$104.00	\$93.50	\$114.50	\$76.50
Employee + Spouse + Children	\$223.50	\$135.50	\$122.00	\$151.50	\$101.00

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

DENTAL PLAN WEEKLY			
	Basic Plan	Full Plan	
Employee Only	\$6.28	\$9.15	
Employee + 1	\$11.82	\$18.65	
Family	\$19.81	\$31.13	

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 2025.