

2025 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*
Annual Salary <=\$26,999					
Employee Only	\$74.00	\$40.00	\$24.00	\$44.00	\$20.00
Employee + Child(ren)	\$126.00	\$70.00	\$43.00	\$75.00	\$35.00
Employee + Spouse	\$170.00	\$94.00	\$57.00	\$103.00	\$47.00
Employee + Spouse + Children	\$222.00	\$122.00	\$73.00	\$137.00	\$60.00
Annual Salary \$27,000 to \$43,999					
Employee Only	\$100.00	\$73.00	\$61.00	\$80.00	\$50.00
Employee + Child(ren)	\$171.00	\$124.00	\$105.00	\$133.00	\$84.00
Employee + Spouse	\$231.00	\$169.00	\$142.00	\$186.00	\$117.00
Employee + Spouse + Children	\$302.00	\$220.00	\$185.00	\$246.00	\$153.00
Annual Salary >= \$44,000					
Employee Only	\$155.00	\$90.00	\$82.00	\$99.00	\$67.00
Employee + Child(ren)	\$253.00	\$154.00	\$135.00	\$166.00	\$109.00
Employee + Spouse	\$356.00	\$208.00	\$187.00	\$229.00	\$153.00
Employee + Spouse + Children	\$447.00	\$271.00	\$244.00	\$303.00	\$202.00

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

DENTAL PLAN BI-WEEKLY		
	Basic Plan	Full Plan
Employee Only	\$12.56	\$18.30
Employee + 1	\$23.63	\$37.31
Family	\$39.61	\$62.27

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 2025.