

**CBRE Government & Defense Services 2026**

Comprehensive Welfare Benefits Rate Sheet - **Per 26 Pay Periods**

Corporate Voluntary Unum - STD/LTD (without Fringe)

<b>BCBS Medical PPO Plan A</b>	<b>CBRE Contribution</b>	<b>Employee Contribution Per 26 Pay Periods</b>
Employee Only	\$203.03	\$105.14
Employee + Spouse	\$463.57	\$191.90
Employee + Child(ren)	\$414.41	\$172.57
Employee + Family	\$611.58	\$252.25
<b>BCBS Medical H.S.A. Plan B</b>		
Employee Only	\$202.57	\$50.65
Employee + Spouse	\$463.80	\$115.95
Employee + Child(ren)	\$414.41	\$103.60
Employee + Family	\$611.58	\$152.90
<b>*H.S.A Contribution: CBRE GDS will contribute \$28.85 per pay period for Individual coverage and \$57.69 per pay period for</b>		
<b>BCBS Dental - PPO</b>		
Employee Only	\$8.58	\$4.30
Employee + Spouse	\$17.48	\$8.75
Employee + Child(ren)	\$21.16	\$10.59
Employee + Family	\$30.05	\$15.04
<b>VSP Voluntary Vision</b>		
Employee Only	\$0.00	\$3.41
Employee + Spouse	\$0.00	\$6.82
Employee + Child(ren)	\$0.00	\$7.30
Employee + Family	\$0.00	\$11.66
<b>Unum Basic Life &amp; AD&amp;D</b>		
Employee Only	\$5.77	100% Paid for by CBRE
<b>AWP EAP Plan</b>		
Employee Only	\$0.94	100% Paid for by CBRE
<b>Unum Short Term Disability</b>		
Employee Only	\$0.00	Based on elected coverage
<b>Unum Long Term Disability</b>		
Employee Only	\$0.00	Based on elected coverage
<b>Unum Voluntary Life &amp; AD&amp;D</b>		
Employee/ Spouse / Child(ren) Life	\$0.00	Based on elected coverage
<b>Voluntary LegalShield and Identity Theft Assistance</b>		
Legal Shield Employee/Family	\$0.00	\$7.73
ID Theft Shield - Employee Only	\$0.00	\$3.90
ID Theft Shield - Family	\$0.00	\$7.15
Combo Legal/ID Theft - EE Only	\$0.00	\$11.17
Combo Legal/ID Theft - Family	\$0.00	\$13.96
Employee Only	\$0.00	Based on elected coverage
<b>Voya Accident - Low Plan</b>		
Employee Only	\$0.00	\$1.77
Employee + Spouse	\$0.00	\$3.54
Employee + Child(ren)	\$0.00	\$3.80
Employee + Family	\$0.00	\$5.57
<b>Voya Accident - High Plan</b>		
Employee Only	\$0.00	\$4.19
Employee + Spouse	\$0.00	\$7.75
Employee + Child(ren)	\$0.00	\$7.95
Employee + Family	\$0.00	\$11.52

<b>Voya Critical Illness</b>		
Employee/ Spouse / Child(ren)	\$0.00	Based on elected coverage
<b>Voya Hospital Indemnity - Low Plan</b>		
Employee Only	\$0.00	\$6.09
Employee + Spouse	\$0.00	\$11.01
Employee + Child(ren)	\$0.00	\$12.78
Employee + Family	\$0.00	\$17.70
<b>Voya Hospital Indemnity - High Plan</b>		
Employee Only	\$0.00	\$11.82
Employee + Spouse	\$0.00	\$24.48
Employee + Child(ren)	\$0.00	\$26.00
Employee + Family	\$0.00	\$38.66