

CBRE Government & Defense Services 2026

Comprehensive Welfare Benefits Rate Sheet - Per 26 Pay Periods

Expat Employees

Fringe allowance (H&W subsidy) is provided solely to help cover the cost of certain mandatory and elected benefit plan options, and you may **only** decline coverage under CBRE's medical plan if you already have medical coverage elsewhere. *The Company's fringe allowance for health and welfare benefits (H&W subsidy) will be determined as specified in your collective bargaining agreement or applicable wage determination.

Cigna Medical + Vision	CBRE Contribution*	Employee Contribution Per 26 Pay Periods
Employee Only	\$350.84	\$38.98
Employee + Spouse	\$737.54	\$81.95
Employee + Child(ren)	\$669.16	\$74.35
Employee + Family	\$1,070.48	\$118.94
Cigna Dental		
Employee Only	\$16.30	\$1.81
Employee + Spouse	\$33.57	\$3.73
Employee + Child(ren)	\$48.61	\$5.40
Employee + Family	\$65.12	\$7.24
Cigna EVAC		
Employee Only	100% Paid for by CBRE	100% Paid for by CBRE
Employee + Spouse	100% Paid for by CBRE	100% Paid for by CBRE
Employee + Child(ren)	100% Paid for by CBRE	100% Paid for by CBRE
Employee + Family	100% Paid for by CBRE	100% Paid for by CBRE
Cigna IEAP		
Employee Only + Dependents	100% Paid for by CBRE	100% Paid for by CBRE
Cigna Telehealth		
Employee Only	100% Paid for by CBRE	100% Paid for by CBRE
Cigna LTD		
Employee Only	\$0.00	Based on elected coverage
Cigna Group Life		
Employee Only	\$0.00	\$16.62
Cigna Group AD&D		
Employee Only	\$0.00	\$16.62
Cigna Voluntary Life & AD&D		
Employee/ Spouse / Child(ren)	\$0.00	Based on elected coverage
Voluntary LegalShield and Identity Theft Assistance		
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
Voya Accident - Low Plan		
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
Voya Accident - High Plan		
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
Voya Critical Illness		
Employee/ Spouse / Child(ren)	\$0.00	Based on elected coverage

Voya Hospital Indemnity - Low Plan

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

Voya Hospital Indemnity - High Plan

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