

## CBRE Government & Defense Services 2026

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

Jobsite (Service Contract 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.

BCBS Medical PPO Plan A	CBRE Contribution*	Employee Contribution Per 26 Pay Periods
Employee Only	H&W Subsidy*	\$308.17
Employee + Spouse	H&W Subsidy*	\$655.47
Employee + Child(ren)	H&W Subsidy*	\$586.98
Employee + Family	H&W Subsidy*	\$863.83
<b>BCBS Medical H.S.A. Plan B</b>		
Employee Only	H&W Subsidy*	\$253.22
Employee + Spouse	H&W Subsidy*	\$579.74
Employee + Child(ren)	H&W Subsidy*	\$518.01
Employee + Family	H&W Subsidy*	\$764.47
<b>*H.S.A Contribution: CBRE GDS will contribute \$28.85 per pay period for Individual coverage and \$57.69 per pay period for dependent coverage into employee's H.S.A bank account.</b>		
<b>BCBS Dental - PPO</b>		
Employee Only	H&W Subsidy*	\$12.28
Employee + Spouse	H&W Subsidy*	\$25.00
Employee + Child(ren)	H&W Subsidy*	\$30.26
Employee + Family	H&W Subsidy*	\$42.97
<b>VSP Voluntary Vision</b>		
Employee Only	H&W Subsidy*	\$3.41
Employee + Spouse	H&W Subsidy*	\$6.82
Employee + Child(ren)	H&W Subsidy*	\$7.30
Employee + Family	H&W Subsidy*	\$11.66
<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
<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

**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