

CBRE Government & Defense Services 2026

Comprehensive Welfare Benefits Rate Sheet - Per 26 Pay Periods

Hawaii 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.

HMSA Medical	CBRE Contribution*	Employee Contribution Per 26 Pay Periods
Employee	H&W Subsidy*	\$33.96
Employee + 1	H&W Subsidy*	\$67.94
Employee + 2 or more	H&W Subsidy*	\$132.47
Kaiser Medical		
Employee	H&W Subsidy*	\$30.75
Employee + 1	H&W Subsidy*	\$61.51
Employee + 2 or more	H&W Subsidy*	\$123.02
BCBS Dental - PPO		
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
VSP Voluntary Vision		
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
Unum Short Term Disability		
Employee Only	\$0.00	Based on elected coverage
Unum Long Term Disability		
Employee Only	\$0.00	Based on elected coverage
Unum Voluntary Life & AD&D		
Employee/ Spouse / Child(ren) Life	\$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
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