2026 Benefits: Employee Cost Summary

Your medical plan payroll contribution is made up of:

1. Base rate (the starting contribution amount)
2. Wellbeing credit (if applicable)
3. Tobacco surcharge (if applicable)

My Money Guide

Receive one-on-one financial coaching to help you select benefits and manage your personal finances. Take the first step toward a healthier financial future by visiting **ajg.com/mymoneyguide** today!

Medical/Rx Plan – Base Rate

Depends on the plan you choose, how many dependents you want to cover, and your annual earnings.

Bi-weekly deduction (pre-tax)	PPO + HSA 1 – Base Rates			
2026 Annual Earnings	Employee Only	Employee & Child(ren)	Employee & Spouse	Employee & Family
Less than $25,000	$113.75	$189.50	$227.75	$379.75
$25,000 - $49,999	$125.00	$205.75	$250.50	$411.35
$50,000 - $74,999	$129.50	$220.50	$260.00	$443.00
$75,000 - $99,999	$138.75	$238.75	$279.75	$472.25
$100,000 - $124,999	$147.50	$250.75	$295.50	$504.75
$125,000 and over	$168.25	$293.25	$338.75	$582.75

Bi-weekly deduction (pre-tax)	PPO + HSA 2 – Base Rates			
2026 Annual Earnings	Employee Only	Employee & Child(ren)	Employee & Spouse	Employee & Family
Less than $25,000	$73.50	$110.00	$146.50	$223.50
$25,000 - $49,999	$84.50	$126.25	$166.50	$253.50
$50,000 - $74,999	$89.00	$141.00	$177.25	$285.25
$75,000 - $99,999	$99.00	$159.50	$196.25	$314.50
$100,000 - $124,999	$107.00	$171.25	$211.75	$346.50
$125,000 and over	$128.00	$213.75	$255.75	$424.75

Medical/Rx Plan – Base Rate (cont.)

Bi-weekly deduction (pre-tax)	PPO + HCA – Base Rates			
2026 Annual Earnings	Employee Only	Employee & Child(ren)	Employee & Spouse	Employee & Family
Less than $25,000	$86.50	$136.50	$172.50	$290.25
$25,000 - $49,999	$97.00	$152.50	$194.75	$320.50
$50,000 - $74,999	$102.50	$167.75	$205.75	$352.00
$75,000 - $99,999	$111.50	$185.75	$224.00	$381.50
$100,000 - $124,999	$120.00	$197.50	$240.25	$414.25
$125,000 and over	$141.50	$240.00	$283.50	$492.00

Medical/Rx Plan – Wellbeing Credit

Bi-weekly deduction

Subtract the "employee" amount from your base rate if you plan on completing the required activities in the Gallagher Thrive Wellbeing Program each quarter.

Met Program Requirements	Employee Only	Employee & Child(ren)	Employee & Spouse	Employee & Family
Employee	$23.08	$23.08	$23.08	$23.08

Medical/Rx Plan – Tobacco Surcharge

Bi-weekly deduction

Add this amount to your base rate if you are a tobacco user. Information about determining your status as a tobacco user is available on Gallagher One. If applicable, this surcharge will automatically be applied to your medical plan rates beginning as soon as administratively feasible in April 2026 and prorated for the remainder of the year (annual maximum: $1,500).

Employee Only	Employee & Child(ren)	Employee & Spouse	Employee & Family
$78.95	$78.95	$78.95	$78.95

Ask ALEX

This easy-to-use online tool can help you decide which benefit options are right for you and how to use your benefits throughout the year. Learn more at **start.myalex.com/ajg**

Standard Dental Plan

Bi-weekly deduction (pre-tax)

2026 Annual Earnings	Employee Only	Employee & Child(ren)	Employee & Spouse	Employee & Family
Less than $25,000	$7.25	$12.00	$13.25	$22.50
$25,000 - $49,999	$7.50	$12.50	$13.50	$26.50
$50,000 - $74,999	$7.75	$13.25	$15.00	$27.50
$75,000 - $99,999	$8.50	$15.00	$16.00	$30.25
$100,000 - $124,999	$9.00	$16.00	$16.50	$31.75
$125,000 and over	$9.75	$19.50	$20.75	$38.50

Enhanced Dental Plan

Bi-weekly deduction (pre-tax)

2026 Annual Earnings	Employee Only	Employee & Child(ren)	Employee & Spouse	Employee & Family
Less than $25,000	$11.75	$20.75	$22.50	$39.25
$25,000 - $49,999	$12.25	$21.25	$23.00	$43.25
$50,000 - $74,999	$12.75	$22.00	$23.75	$44.75
$75,000 - $99,999	$13.50	$23.00	$25.25	$46.75
$100,000 - $124,999	$14.00	$24.25	$26.25	$48.50
$125,000 and over	$15.25	$27.75	$30.25	$55.50

Vision Plan

Bi-weekly deduction (pre-tax)

Employee Only	Employee & Child(ren)	Employee & Spouse	Employee & Family
$3.90	$7.85	$7.45	$11.51

Optional Term Life

Cost per $1,000 per month (after-tax)

Optional Term Life - Employee/Spouse	
Age	Monthly Rate / $1,000 Covered Volume
Under 25	$0.044
25-29	$0.044
30-34	$0.058
35-39	$0.066
40-44	$0.088
45-49	$0.132
50-54	$0.191
55-59	$0.322
60-64	$0.558
65-69	$0.932
70-74	$1.423
75+	$2.060

Optional Term Life - Child(ren)
Monthly Rate / $1,000 Covered Volume
$0.152

Group Personal Excess Liability (GPEL)	
Plan Options	Annual Premium
$2Million/$1 Million	$1,282
$2 Million/$2 Million	$1,493
$5 Million/$1Million	$1,954
$5 Million/$2Million	$2,165
$10 Million/$1 Million	$2,946
$10 Million/$2 Million	$3,157

Voluntary AD&D

Cost per $1,000 per month (pre-tax)

Employee Only	Employee & Family
$0.013	$0.023

Accident Insurance

Bi-weekly deduction (after-tax)

Employee Only	Employee & Child(ren)	Employee & Spouse	Family
$2.58	$3.88	$4.12	$6.42

Hospital Indemnity Insurance

Bi-weekly deduction (after-tax)

Employee Only	Employee & Child(ren)	Employee & Spouse	Family
$7.20	$9.54	$14.58	$16.56

Critical Illness Insurance

Bi-weekly deduction (after-tax)

	Plan 1 - $10,000		Plan 2 - $20,000		Plan 3 - $30,000	
Age	Employee Only, Employee + Child(ren)	Employee + Spouse, Family	Employee Only, Employee + Child(ren)	Employee + Spouse, Family	Employee Only, Employee + Child(ren)	Employee + Spouse, Family
18 – 24	$1.14	$2.28	$1.76	$3.50	$2.36	$4.72
25 – 29	$1.44	$2.86	$2.34	$4.68	$3.24	$6.48
30 – 34	$1.74	$3.48	$3.00	$6.00	$4.26	$8.52
35 – 39	$2.46	$4.90	$4.44	$8.88	$6.42	$12.86
40 – 44	$3.30	$6.58	$6.14	$12.28	$8.98	$17.98
45 – 49	$4.74	$9.46	$9.00	$18.00	$13.26	$26.54
50 – 54	$6.58	$13.14	$12.68	$25.36	$18.80	$37.60
55 – 59	$8.74	$17.48	$17.02	$34.04	$25.30	$50.60
60 – 64	$12.90	$25.78	$25.32	$50.64	$37.72	$75.46
65 – 69	$18.10	$36.20	$35.74	$71.44	$53.34	$106.70
70 – 74	$24.74	$49.48	$49.00	$98.00	$73.26	$146.52
75 – 79	$30.98	$61.96	$61.52	$123.02	$92.04	$184.08
80 +	$44.92	$89.84	$89.38	$178.76	$133.84	$267.70

Identity Protection Program

Bi-weekly deduction (after-tax)

Employee Only	Employee + Child(ren) Employee + Spouse Family
$3.46	$6.44

Legal Services Plan

Bi-weekly deduction (after-tax)

Employee & Family Members
$8.54