

Progressive Insurance 2026 Benefits Summary*

(Regular employees working 20 – 40 hours per week)



Health & wellness

- Virtual fitness offerings
- Free preventive health care
- Fitness rebate
- Telehealth services
- 24/7 health information line
- Virtual Exercise Therapy
- Employee Assistance Program
- On-site clinical services and fitness center in some locations



Money & savings

- Tuition Assistance Program
- Employee Referral Program
- Service Anniversary Awards
- National vendor discounts
- Progressive Insurance Benefit
- Will preparation
- MetLife Legal Plan
- Identity Theft Protection
- Financial wellness programs



Time & leave

- 19 – 31 days off per year, based on tenure
- Paid holidays, bereavement leave, and jury duty
- Military make-up pay
- Short-term/long-term disability
- Paid parental leave



Family & community

- Family-building support
- Employee Resource Groups
- Employee Relief Fund
- Nationally recognized art collection
- Charitable giving program
- Paid volunteer time off

Health Care and Retirement Savings

Medical Plans

Cigna Standard Deductible Plan

In-network

- 80%/20% coinsurance
- \$900/\$1,800 deductible
- \$3,750/\$7,500 out-of-pocket maximum

Out-of-network

- 60%/40% coinsurance
- \$1,800/\$3,600 deductible
- \$7,500/\$15,000 out-of-pocket maximum

Two or more combined need to satisfy the family deductible.

Prescriptions

- \$3,750/\$7,500 out-of-pocket maximum

Cigna High Deductible Plan

In-network

- 80%/20% coinsurance
- \$1,900/\$3,800 deductible
- \$3,750/\$7,500 out-of-pocket maximum

Out-of-network

- 60%/40% coinsurance
- \$3,800/\$7,600 deductible
- \$7,500/\$15,000 out-of-pocket maximum

No individual deductible for a family; the full family deductible must be met.

HMOs

- Available in CA and HI

Dental/Vision

Cigna Dental PPO Plan

- Free preventive care
- 80%/20% coinsurance for minor dental work
- 50%/50% coinsurance for major dental work
- \$50/\$100 deductible

Out-of-network coinsurance is the same percentage up to the maximum allowable charge for your area

Cigna Dental HMO Plan

(No coverage out-of-network)

- Free preventive care
- 90%/10% coinsurance for minor dental work
- 60%/40% coinsurance for major dental work
- No deductible

VSP Vision

- Annual eye exam
- Coverage for lenses, frames, and contact lenses, up to coverage limits, based on provider.

Life Insurance

Individual life

- \$25,000 Basic Life Insurance provided
- Optional coverage levels up to 8x salary
- Accidental death/dismemberment
- Accelerated benefit option

Spouse life

- Coverage levels from \$5,000 – \$100,000
- Accidental death/dismemberment
- Accelerated benefit option

Child life

- Coverage levels of \$5,000 or \$10,000
- Accidental death/dismemberment
- Accelerated benefit option

Tax-Advantage Accounts

Health Care Flexible Spending Account

- \$3,300 contribution maximum
- Pretax savings for health care expenses, such as deductibles and coinsurance
- Automatic submission for medical, dental, and vision expenses
- FSA debit card for prescriptions
- \$660 maximum carryover

Dependent Care Flexible Spending Account

- \$7,500 contribution maximum
- Pretax savings for non-medical expenses, such as child and adult day care

Health Savings Account

- \$4,400 individual/\$8,750 family maximum contribution
- Tax-advantaged, interest-earning account available with the High Deductible plan
- Pretax savings on current and future health care expenses
- Account balance rolls over

Retirement Savings Plan

Progressive 401(k)

- 6% dollar-for-dollar match
- Rollover option available
- Variety of equity, bond, and stable value funds investment options
- Simplified target-date funds
- Self-directed brokerage option
- 401(k) match for student loan payers

Executive deferred compensation/stock programs are also available.

PROGRESSIVE

Medical plans—Biweekly rates

High Deductible Plan (Grades 37+)	Full-time		Part-time	
	Non-tobacco user rate**	Tobacco user rate	Non-tobacco user rate**	Tobacco user rate
Employee	\$37.30	\$52.30	\$55.95	\$70.95
Employee with spouse/DP*	\$147.30	\$162.30	\$220.95	\$235.95
Employee with children	\$80.70	\$95.70	\$121.05	\$136.05
Employee with spouse/DP* + children	\$152.60	\$167.60	\$228.90	\$243.90

High Deductible Plan (Grades 32 – 36)	Full-time		Part-time	
	Non-tobacco user rate**	Tobacco user rate	Non-tobacco user rate**	Tobacco user rate
Employee	\$18.65	\$33.65	\$27.95	\$42.95
Employee with spouse/DP*	\$73.65	\$88.65	\$110.50	\$125.50
Employee with children	\$40.35	\$55.35	\$60.55	\$75.55
Employee with spouse/DP* + children	\$76.30	\$91.30	\$114.45	\$129.45

Standard Deductible Plan	Full-time		Part-time	
	Non-tobacco user rate**	Tobacco user rate	Non-tobacco user rate**	Tobacco user rate
Employee	\$89.90	\$104.90	\$134.85	\$149.85
Employee with spouse/DP*	\$331.95	\$346.95	\$497.95	\$512.95
Employee with children	\$183.70	\$198.70	\$275.55	\$290.55
Employee with spouse/DP* + children	\$345.05	\$360.05	\$517.60	\$532.60

Dental plans—Biweekly rates

Cigna Dental PPO Plan	Full-time	Part-time
Employee	\$6.45	\$8.40
Employee with spouse/DP	\$14.50	\$18.85
Employee with children	\$16.40	\$21.30
Employee with spouse/DP + children	\$27.40	\$35.60

Cigna Dental HMO Plan	Full-time	Part-time
Employee	\$3.80	\$4.95
Employee with spouse/DP	\$7.55	\$9.80
Employee with children	\$8.35	\$10.85
Employee with spouse/DP+ children	\$12.30	\$16.00

Vision plan—Biweekly rates

Vision	Full-time	Part-time
Employee	\$3.30	\$3.60
Employee with spouse/DP	\$8.70	\$9.45
Employee with children	\$7.10	\$7.70
Employee with spouse/DP + children	\$11.50	\$12.50

*Working Spouse/DP Fee = \$60 Biweekly (not included)

**Non-Tobacco Discount or Reasonable Alternative = \$15 Biweekly (included)

DP = Domestic partner

Life Insurance & Long-term Disability

Basic Life Insurance: Employees receive \$25,000 in life insurance benefits FREE from Progressive.
Basic Long-term Disability: Employees receive 40% of their monthly salary FREE from Progressive.

Optional Life*

Age (yrs)	Biweekly rate (\$)	
	Non-Tobacco	Tobacco
<25	0.0203	0.0226
25 – 29	0.0203	0.0226
30 – 34	0.0203	0.0235
35 – 39	0.0245	0.0282
40 – 44	0.0355	0.0397
45 – 49	0.0429	0.0503
50 – 54	0.0623	0.0734
55 – 59	0.0808	0.0965
60 – 64	0.1223	0.1458
65 – 69	0.2391	0.2857
70+	0.5068	0.6069

Spouse/DP Life—Biweekly rate (\$)

Spouse/DP age (yrs)	Coverage level					
	\$5,000	\$10,000	\$20,000	\$30,000	\$50,000	\$100,000
<25	0.15	0.30	0.59	0.89	1.48	2.95
25 – 29	0.16	0.31	0.63	0.94	1.57	3.14
30 – 34	0.20	0.40	0.79	1.19	1.98	3.97
35 – 39	0.22	0.44	0.89	1.33	2.22	4.43
40 – 44	0.24	0.48	0.96	1.44	2.40	4.80
45 – 49	0.35	0.69	1.38	2.08	3.46	6.92
50 – 54	0.51	1.02	2.05	3.07	5.12	10.25
55 – 59	0.93	1.86	3.72	5.58	9.30	18.60
60 – 64	1.41	2.82	5.63	8.45	14.08	28.15
65 – 69	2.68	5.36	10.72	16.08	26.79	53.58
70+	4.32	8.64	17.29	25.93	43.22	86.45

Optional Long-term Disability**

Age (yrs)	Biweekly rate (\$)
<25	0.0226
25 – 29	0.0212
30 – 34	0.0314
35 – 39	0.0415
40 – 44	0.0595
45 – 49	0.0835
50 – 54	0.1325
55 – 59	0.1708
60 – 64	0.1846
65 – 69	0.1675
>69	0.2234

Child Life

Level	Biweekly rate (\$)
\$5,000	0.41
\$10,000	0.82

Legal Plan

Level	Biweekly rate (\$)
Active	\$7.62

Identity Theft Protection Plan

Level	Biweekly rate (\$)
Active	\$5.91

Questions?

Search for answers or request support from the HR Service Center by accessing the **Employee Center** or email hr_servicecenter@progressive.com from a personal device.

* Shown as a biweekly rate per \$1,000 of coverage. For example, a 35-year-old non-tobacco user making \$40,000 and looking for \$150,000 of life insurance would receive the free basic coverage (\$25,000) and then choose three times their salary (\$120,000) to equal \$145,000 in coverage.

The biweekly rate would be \$2.94 (120 x 0.0245).

You'll see your options and total costs when you enroll.

** Shown as a biweekly rate per \$100 of monthly salary. Optional coverage increases the benefit from 40% to 60% of an employee's monthly salary.



Medical plans—Biweekly rates

Kaiser Northern and Southern HMO (California Only)	Full-time		Part-time	
	Non-tobacco user rate**	Tobacco user rate	Non-tobacco user rate**	Tobacco user rate
Employee	\$80.70	\$95.70	\$121.05	\$136.05
Employee with spouse/DP*	\$241.30	\$256.30	\$361.95	\$376.95
Employee with children	\$182.15	\$197.15	\$273.25	\$288.25
Employee with spouse/DP* + children	\$307.80	\$322.80	\$461.70	\$476.70

HMSA—HMO (Hawaii only)	Full-time	Part-time
Employee	\$24.95	\$24.95
Employee with spouse/DP*	\$191.60	\$287.40
Employee with children	\$132.00	\$198.00
Employee with spouse/DP* + children	\$249.65	\$374.50

HMSA—PPO (Hawaii only)	Full-time	Part-time
Employee	\$24.95	\$24.95
Employee with spouse/DP*	\$194.45	\$291.70
Employee with children	\$133.95	\$200.95
Employee with spouse/DP* + children	\$253.40	\$380.10

*Working Spouse/DP fee = \$60 biweekly (not included)

**Non-tobacco discount or reasonable alternative = \$15 biweekly (included)

DP = Domestic partner

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