



Plexus Corp. 2025 Benefits Cost by Pay Period

Rate Key	
Weekly Deduction	-
Bi-weekly Deduction	-
*Rates may vary due to rounding	

MEDICAL PLANS						
	CMP		Consumer Choice 2000		Consumer Choice 4000	
	Your Cost	Plexus Cost	Your Cost	Plexus Cost	Your Cost	Plexus Cost
Employee Only	\$54.19	\$152.24	\$29.67	\$128.55	\$18.57	\$111.78
	-	-	-	-	-	-
Employee + Spouse	\$108.38	\$304.48	\$59.33	\$257.10	\$37.15	\$223.55
	\$124.63	\$350.16	\$71.20	\$308.53	\$44.45	\$267.48
Employee + Child(ren)	\$249.27	\$700.32	\$142.40	\$617.06	\$88.90	\$534.97
	\$113.80	\$319.71	\$63.25	\$274.07	\$39.32	\$236.59
Employee + Spouse + Child(ren)	\$227.59	\$639.43	\$126.49	\$548.14	\$78.63	\$473.18
	\$158.77	\$446.07	\$100.87	\$437.08	\$62.79	\$377.82
	\$317.54	\$892.14	\$201.73	\$874.17	\$125.57	\$755.63

SPOUSAL SURCHARGE	
	\$40.38
	-
	\$80.77

DENTAL PLANS						
	Basic Dental		Standard Dental		Enhanced Dental	
	Your Cost	Plexus Cost	Your Cost	Plexus Cost	Your Cost	Plexus Cost
Employee Only	\$1.12	\$4.54	\$3.68	\$4.60	\$7.41	\$6.28
	-	-	-	-	-	-
Employee + Spouse	\$2.24	\$9.08	\$7.36	\$9.21	\$14.82	\$12.55
	\$2.43	\$9.89	\$8.02	\$10.03	\$16.14	\$13.68
Employee + Child(ren)	\$4.86	\$19.78	\$16.04	\$20.05	\$32.29	\$27.37
	\$2.23	\$9.07	\$7.36	\$9.20	\$14.82	\$12.55
Employee + Spouse + Child(ren)	\$4.46	\$18.14	\$14.72	\$18.40	\$29.64	\$25.10
	\$3.57	\$15.52	\$11.77	\$14.72	\$23.71	\$20.08
	\$7.14	\$29.03	\$23.54	\$29.45	\$47.42	\$40.16

VISION PLAN		
	UnitedHealthcare	
	Your Cost	Plexus Cost
Employee Only	\$0.49	\$2.26
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Employee + Spouse	\$0.98	\$4.51
	\$0.73	\$3.37
Employee + Child(ren)	\$1.46	\$6.75
	\$0.71	\$3.27
Employee + Spouse + Child(ren)	\$1.42	\$6.55
	\$0.97	\$4.51
	\$1.94	\$9.02

SUPPLEMENTAL LIFE INSURANCE				
Employee & Spouse Life, Cost per \$1,000				
Age of Employee /Spouse	Monthly Rate	Age of Employee /Spouse	Monthly Rate	
<25	\$0.058	50-54	\$0.337	
25-29	\$0.060	55-59	\$0.520	
30-34	\$0.080	60-64	\$0.790	
35-39	\$0.090	65-69	\$1.339	
40-44	\$0.135	70-74	\$2.245	
45-49	\$0.202	75+	\$2.245	

SUPPLEMENTAL CRITICAL ILLNESS INSURANCE										
Age of Employee	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Employee Only	\$0.44	\$0.47	\$0.58	\$0.90	\$1.35	\$2.05	\$2.87	\$3.62	\$4.53	\$6.30
	-	-	-	-	-	-	-	-	-	-
Employee + Spouse	\$0.88	\$0.95	\$1.15	\$1.80	\$2.70	\$4.11	\$5.75	\$7.25	\$9.07	\$12.60
	\$0.88	\$0.95	\$1.17	\$1.83	\$2.78	\$4.21	\$5.97	\$7.50	\$9.17	\$11.62
Employee + Child(ren)	\$1.75	\$1.89	\$2.33	\$3.67	\$5.56	\$8.42	\$11.93	\$15.00	\$18.35	\$23.24
	\$0.44	\$0.47	\$0.58	\$0.90	\$1.35	\$2.05	\$2.87	\$3.62	\$4.53	\$6.30
Employee + Spouse + Child(ren)	\$0.88	\$0.95	\$1.15	\$1.80	\$2.70	\$4.11	\$5.75	\$7.25	\$9.07	\$12.60
	\$0.88	\$0.95	\$1.17	\$1.83	\$2.78	\$4.21	\$5.97	\$7.50	\$9.17	\$11.62
	\$1.75	\$1.89	\$2.33	\$3.67	\$5.56	\$8.42	\$11.93	\$15.00	\$18.35	\$23.24

SUPPLEMENTAL AD&D INSURANCE	
Available to employees enrolled in Supplemental Life Insurance.	
Monthly Rates:	
\$0.025 per \$1,000 of coverage, up to \$500,000.	

HOSPITAL INDEMNITY INSURANCE					
Employee Only	\$2.31	Employee + Spouse	\$5.13	Employee + Child(ren)	\$4.06
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	\$4.62		\$10.26		\$8.11
				Employee + Spouse + Child(ren)	\$6.88
					\$13.76

IDENTITY PROTECTION			
Employee	\$2.30	Family	\$4.14
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	\$4.59		\$8.28

ACCIDENT INSURANCE					
Employee Only	\$2.86	Employee + Spouse	\$5.13	Employee + Child(ren)	\$5.77
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	\$5.72		\$10.26		\$11.53
				Employee + Spouse + Child(ren)	\$8.04
					\$16.07

LEGAL INSURANCE	
One Plan	\$4.34
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	\$8.68