Plexus Corp. 2026 Benefits Cost by Pay Period

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

MEDICAL PLANS

	Surest		Consumer Choice 2000		Consumer Choice 4000	
	Your Cost	Plexus Cost	Your Cost	Plexus Cost	Your Cost	Plexus Cost
Team Member Only	$48.77 - $97.54	$124.02 - $248.04	$34.11 - $68.23	$143.56 - $287.12	$19.88 - $39.75	$141.74 - $283.48
Team Member + Spouse	$112.17 - $224.34	$285.25 - $570.51	$81.88 - $163.76	$344.55 - $689.10	$47.56 - $95.12	$339.20 - $678.40
Team Member + Child(ren)	$102.42 - $204.83	$260.45 - $520.91	$72.73 - $145.46	$306.07 - $612.14	$42.07 - $84.13	$300.02 - $600.04
Team Member + Spouse + Child(ren)	$142.89 - $285.78	$363.39 - $726.78	$115.99 - $231.99	$488.12 - $976.24	$67.18 - $134.36	$479.11 - $958.22

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
Team Member Only	$1.12 - $2.24	$4.54 - $9.08	$3.68 - $7.36	$4.60 - $9.21	$7.41 - $14.82	$6.28 - $12.55
Team Member + Spouse	$2.43 - $4.86	$9.89 - $19.78	$8.02 - $16.04	$10.03 - $20.05	$16.14 - $32.29	$13.68 - $27.37
Team Member + Child(ren)	$2.23 - $4.46	$9.07 - $18.14	$7.36 - $14.72	$9.20 - $18.40	$14.82 - $29.64	$12.55 - $25.10
Team Member + Spouse + Child(ren)	$3.57 - $7.14	$14.52 - $29.03	$11.77 - $23.54	$14.72 - $29.45	$23.71 - $47.42	$20.08 - $40.16

VISION PLAN

	UnitedHealthcare	
	Your Cost	Plexus Cost
Team Member Only	$0.49 - $0.98	$2.26 - $4.51
Team Member + Spouse	$0.73 - $1.46	$3.37 - $6.75
Team Member + Child(ren)	$0.71 - $1.42	$3.27 - $6.55
Team Member + Spouse + Child(ren)	$0.97 - $1.94	$4.51 - $9.02

SUPPLEMENTAL LIFE INSURANCE

Team Member & Spouse Life, Cost per $1,000

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

SUPPLEMENTAL AD&D INSURANCE

Available to Team Members enrolled in Supplemental Life Insurance.
Monthly Rates:
$0.025 per $1,000 of coverage, up to $500,000.

HOSPITAL INDEMNITY INSURANCE

Team Member Only	$2.31 - $4.62	Team Member + Spouse	$5.13 - $10.26	Team Member + Child(ren)	$4.06 - $8.11	Team Member + Spouse + Child(ren)	$6.88 - $13.76

IDENTITY PROTECTION

Team Member	$2.30 - $4.59	Family	$4.14 - $8.28

ACCIDENT INSURANCE

Team Member Only	$2.86 - $5.72	Team Member + Spouse	$5.13 - $10.26	Team Member + Child(ren)	$5.77 - $11.53	Team Member + Spouse + Child(ren)	$8.04 - $16.07

LEGAL INSURANCE

One Plan	$4.34 - $8.68