2026 Benefits Rate Sheet

This sheet has been created to help you determine the rates and contribution limits for the plans in which you have the ability to enroll. All rates are built into the Benefitsolver website. Once you begin your online enrollment, you can see all rates, including those rates based on your age and/or income, as you go through the process.

Remember

If you and/or your covered spouse/DP complete your annual preventive exam, you will earn a premium incentive credit that will lower your per pay medical deduction. Please see the Benefits Guide for more information.

PLAN	COVERAGE LEVEL	WEEKLY	BI-WEEKLY	SEMI-MONTHLY
MEDICAL				
HDP PLAN	Employee Only	$31.33	$62.66	$67.88
	Employee + Spouse/DP	$67.64	$135.29	$146.56
	Employee + Child(ren)	$51.27	$102.53	$111.08
	Employee + Spouse/DP + Child(ren)	$87.58	$175.16	$189.76
PPO PLAN	Employee Only	$53.97	$107.94	$116.94
	Employee + Spouse/DP	$117.45	$234.90	$254.48
	Employee + Child(ren)	$92.02	$184.04	$199.38
	Employee + Spouse/DP + Child(ren)	$155.50	$311.01	$336.93
DENTAL				
BASIC	Employee Only	$2.97	$5.94	$6.44
	Employee + Spouse/DP	$6.09	$12.18	$13.20
	Employee + Child(ren)	$5.35	$10.69	$11.59
	Employee + Spouse/DP + Child(ren)	$8.47	$16.93	$18.35
ELITE	Employee Only	$4.95	$9.89	$10.72
	Employee + Spouse/DP	$10.14	$20.28	$21.97
	Employee + Child(ren)	$8.90	$17.81	$19.29
	Employee + Spouse/DP + Child(ren)	$14.10	$28.19	$30.54
ELITE PLUS	Employee Only	$5.75	$11.49	$12.45
	Employee + Spouse/DP	$11.78	$23.56	$25.53
	Employee + Child(ren)	$10.34	$20.69	$22.41
	Employee + Spouse/DP + Child(ren)	$16.38	$32.76	$35.49
VISION				
BASIC	Employee Only	$1.48	$2.95	$3.20
	Employee + Spouse/DP	$2.11	$4.22	$4.58
	Employee + Child(ren)	$2.52	$5.04	$5.47
	Employee + Spouse/DP + Child(ren)	$4.03	$8.06	$8.74
VISION PLUS	Employee Only	$2.64	$5.28	$5.72
	Employee + Spouse/DP	$3.78	$7.55	$8.18
	Employee + Child(ren)	$4.48	$8.96	$9.71
	Employee + Spouse/DP + Child(ren)	$7.09	$14.17	$15.36

MEDICAL PREVENTIVE INCENTIVE CREDIT

PLAN	WEEKLY	BI-WEEKLY	SEMI-MONTHLY
Employee Only	$5.77	$11.54	$12.50
Employee + Spouse/DP	$11.54	$23.08	$25.00

FLEXIBLE SPENDING ACCOUNTS (FSA) AND HEALTH SAVINGS ACCOUNTS (HSA)

PLAN	ANNUAL MAXIMUM (EE ONLY)	ANNUAL MAXIMUM (EE+1 OR MORE)
Health Savings Account (HSA)*	$4,400.00	$8,750.00
Healthcare Flexible Spending Account (HCFSA)	$3,300.00	$3,300.00
Dependent Care Flexible Spending Account (DCFSA)	$7,500.00	$7,500.00

*** If you will be 55 or older during 2026, you can contribute an additional $1,000 beyond these limits in catch-up contributions.**

Benefits offered at no employee cost include Short-Term Disability, Life Insurance, Accidental Death & Dismemberment Insurance, Identity Theft Protection (employee only), Business Travel Accident Insurance, and access to the Employee Assistance Program.

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Employee Paid Life Insurance and Long-Term Disability (LTD)

Employee Paid Life Insurance and LTD benefit amounts and per pay deduction amounts are calculated based on your current age and your annual salary. The definition of annual salary includes eligible sales incentive paid during a 12-month look back (9/1 – 8/31) in eligible compensation when calculating policy value amounts and per pay deductions. To determine the cost of 1x, 2x, 3x, 4x, or 5x your Annual Salary of Employee Paid Life Insurance, or the cost of the LTD plan, please log into **www.benefitsolver.com** and go through the enrollment process or follow the instructions below.

First, to determine your Base Amount for Employee Paid Life and AD&D

- Multiply your annual base salary plus earned commissions over the prior 9/1 - 8/31 period by the level of coverage you are electing (1x, 2x, 3x, 4x or 5x your annual base salary).
- Round the result to the next highest multiple of $1,000.
- Divide the result by 1,000.

To calculate your Employee Paid Life per pay deduction

- Multiply your Base Amount by your age band rate factor shown in the Supplemental Life Insurance rate table.
- Multiply the above value by 12, then divide the result by the number of times you are paid per year.

To calculate your Employee Paid AD&D per pay deduction

- If you elected employee coverage, multiply your Base Amount by .019. If you elected family coverage, multiply your Base Amount by .03.
- Multiply the above value by 12, then divide the result by the number of times you are paid per year.

To calculate your LTD per pay deduction

- Multiply your Base Amount by your age band rate factor shown in the Long-Term Disability rate table.
- Divide the result by 100, then divide the result by the number of times you are paid per year.

To calculate your Spouse Life or Child Life per pay deduction

- If you elected Spouse Life coverage, multiply the amount of coverage elected by $0.265. Then, multiply that value by 12, then divide the result by the number of times you are paid per year.
- If you elected Dependent Life coverage, multiply the amount of coverage elected by $0.096. Then multiply that value by 12, then divide the result by the number of times you are paid per year.

EMPLOYEE PAID LIFE INSURANCE

Age	Rate/$1k
Less than 25	$0.06
25-29	$0.06
30-34	$0.08
35-39	$0.09
40-44	$0.1
45-49	$0.163
50-54	$0.354
55-59	$0.661
60-64	$0.82
65-69	$1.27
70 and over	$6.73

EMPLOYEE PAID AD&D

Age	Rate/$1k
Employee Only	$0.019
Family	$0.03

DEPENDENT LIFE

Age	Rate/$1k
Spouse Life	$0.265
Children Life	$0.096

LONG TERM DISABILITY

Age	Rate/$1k
Less than 35	$0.168
35 – 49	$0.346
50 and over	$0.563

IDENTITY THEFT PROTECTION

Age	Rate
Employee Only	EnerSys Paid
Employee + 1	$5.50/mo
Family	$5.50/mo.

CRITICAL ILLNESS INSURANCE PLAN

Critical Illness Insurance rates are based on several factors including age, family size, tobacco use and benefit amount. Because of this, the rate tables are very large. To view the Critical Illness Insurance rate specific to you, please review the Critical Illness Plan Summary or log into www.benefitsolver.com and view your rate while going through the enrollment process.

ACCIDENT INSURANCE

Plan	Coverage Level	Weekly	Bi-Weekly	Semi Monthly
Low Plan	Employee Only	$0.87	$1.74	$1.88
	Employee + 1	$1.81	$3.62	$3.93
	Family	$2.76	$5.51	$5.97
High Plan	Employee Only	$1.59	$3.18	$3.44
	Employee + 1	$3.32	$6.64	$7.19
	Family	$5.05	$10.10	$10.94

HOSPITAL INDEMNITY

Plan	Coverage Level	Weekly	Bi-Weekly	Semi Monthly
Low Plan	Employee Only	$2.43	$4.86	$5.27
	Employee + 1	$4.96	$9.91	$10.74
	Family	$7.48	$14.95	$16.20
High Plan	Employee Only	$4.77	$9.53	$10.33
	Employee + 1	$9.72	$19.45	$21.07
	Family	$14.69	$29.37	$31.82