2027 BENEFITS RATE SHEET

Your rates at a glance

See what you'll pay for medical, dental and vision coverage, plus important contribution information for 2027.

PLAN	COVERAGE LEVEL	WEEKLY	BI-WEEKLY	SEMI-MONTHLY
MEDICAL				
HDP PLAN	Employee Only	$31.33	$62.66	$67.88
	Employee + Spouse/DP	$78.15	$156.30	$169.33
	Employee + Child(ren)	$57.70	$115.40	$125.02
	Employee + Spouse/DP + Child(ren)	$102.38	$204.75	$221.81
PPO PLAN	Employee Only	$53.97	$107.94	$116.94
	Employee + Spouse/DP	$127.96	$255.93	$277.25
	Employee + Child(ren)	$98.45	$196.91	$213.31
	Employee + Spouse/DP + Child(ren)	$170.30	$340.60	$368.98
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
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

Lower Your Medical Premium

If you and/or your covered spouse/DP complete your annual preventive exam, you will earn a premium credit that will lower your medical deduction.

See the Benefits Guide for more information.

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)*	$4,500	$9,000
HEALTHCARE FLEXIBLE SPENDING ACCOUNT (HCFSA)**	$3,400	$3,400
DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA)**	$7,500	$7,500

***If you will be 55 or older during 2027, you can contribute an additional $1,000 beyond these limits in catch-up contributions.**
****Limits are subject to change upon the release of the 2027 IRS limits.**

Also included at no cost to you

Short-Term Disability | Life Insurance | Accidental Death & Dismemberment Insurance | Identity Theft Protection (employee only) | Business Travel Accident Insurance | Employee Assistance Program

ADDITIONAL BENEFIT RATES

Coverage options for what's next

Some benefit costs are based on your age, salary or the amount of coverage you elect. Your personalized cost will be displayed in Benefitsolver as you enroll.

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
Child 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/$1K**
Employee Only	EnerSys Paid
Employee + 1	$5.50/mo.
Family	$5.50/mo.

PLAN	COVERAGE LEVEL	WEEKLY	BI-WEEKLY	SEMI-MONTHLY
ACCIDENT INSURANCE				
LOW PLAN	Employee Only Employee + 1 Employee + Family	$0.87 $1.81 $2.76	$1.74 $3.62 $5.51	$1.88 $3.93 $5.97
HIGH PLAN	Employee Only Employee + 1 Employee + Family	$1.59 $3.32 $5.05	$3.18 $6.64 $10.10	$3.44 $7.19 $10.94

PLAN	COVERAGE LEVEL	WEEKLY	BI-WEEKLY	SEMI-MONTHLY
HOSPITAL INDEMNITY				
LOW PLAN	Employee Only Employee + 1 Employee + Family	$2.43 $4.96 $7.48	$4.86 $9.91 $14.95	$5.27 $10.74 $16.20
HIGH PLAN	Employee Only Employee + 1 Employee + Family	$4.77 $9.72 $14.69	$9.53 $19.45 $29.37	$10.33 $21.07 $31.82

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.

How Employee Paid Life, AD&D, Spouse/Child Life and LTD Rates are Calculated

- **Determine your base amount**
  - Multiply your annual base salary plus earned commissions over the prior 9/1-8/31 period by the level of coverage your electing (1x, 2x, 3x, 4x, 5x your annual base salary).
  - Round the result to the next highest multiple of $1,000.
  - Divide the result by 1,000.
- **Calculate your per pay deduction**
  - Multiply you base amount by the appropriate age band rate factor shown in the rate table.
  - Multiply by 12, then divide by the number of times you are paid per year.
  - Use the same process for Employee Paid Life, AD&D, LTD, Spouse Life and Child Life (using the applicable rate table).

Questions?

Contact HR_Help@enersys.com or Benefitsolver Support at 855-849-4241, Monday-Friday, 9am-6pm ET
For more information, review the 2027 Benefits Guide and plan documents in the Benefitsolver Reference Center.

This rate sheet is for illustrative purposes and highlights the employee cost for the 2027 benefit plans. All rates are built into the Benefitsolver website. Plan provisions, eligibility rules and other details are provided in the 2027 Benefits Guide and plan documents.