

U.S. Employee Contributions Per Pay Period

This rate sheet can help you determine your portion of the costs for some BMC benefit plans for the January 1, 2018 – December 31, 2018 plan year. Contributions are deducted from your pay each pay period on a before-tax basis.

Medical

Coverage Level	HSA PLAN			PPO PLAN			KAISER HMO		
	Wellness Discount			Wellness Discount			Wellness Discount		
	\$500	\$200	None	\$500	\$200	None	\$500	\$200	None
You	\$11.08	\$23.58	\$31.92	\$108.10	\$120.60	\$128.93	\$44.80	\$57.30	\$65.63
You + Spouse	\$93.39	\$105.89	\$114.22	\$310.17	\$322.67	\$331.00	\$166.92	\$179.42	\$187.75
You + Child	\$58.89	\$71.39	\$79.72	\$227.90	\$240.40	\$248.73	\$108.60	\$121.10	\$129.43
You + Family	\$134.48	\$146.98	\$155.31	\$462.72	\$475.22	\$483.55	\$253.13	\$265.63	\$273.96

Dental Plan

Coverage Level	Dental Plan
You	\$9.41
You + Spouse	\$25.89
You + Child	\$17.88
You + Family	\$29.64

Vision Plan

Coverage Level	Vision Plan
You	\$4.22
You + Spouse	\$8.45
You + Child	\$7.60
You + Family	\$12.24