

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, 2019 – December 31, 2019 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	\$49.26	\$61.76	\$70.09
You + Spouse	\$93.39	\$105.89	\$114.22	\$310.17	\$322.67	\$331.00	\$179.66	\$192.16	\$200.49
You + Child	\$58.89	\$71.39	\$79.72	\$227.90	\$240.40	\$248.73	\$117.38	\$129.88	\$138.22
You + Family	\$134.48	\$146.98	\$155.31	\$462.72	\$475.22	\$483.55	\$271.72	\$284.22	\$292.56

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	\$4.31
You + Spouse	\$8.62
You + Child	\$7.75
You + Family	\$12.49