

## U.S. EMPLOYEE CONTRIBUTIONS PER SEMI-MONTHLY PAY PERIOD

This rate sheet can help you determine your portion of the costs for some BMC benefit plans for the January 1, 2020 – December 31, 2020 plan year. Contributions are deducted from your pay each pay period on a before-tax basis.

### MEDICAL

	HSA PLAN	PPO PLAN	KAISER HMO
<b>You</b>	\$35.55	\$128.93	\$70.78
<b>You + Spouse</b>	\$131.35	\$331.00	\$202.46
<b>You + Child</b>	\$91.68	\$248.73	\$139.57
<b>You + Family</b>	\$178.61	\$483.55	\$295.42

#### BWELL PROGRAM PARTICIPANTS:

If you earned a medical premium discount by participating in the 2018-2019 bWell program, see your reduced paycheck costs on [mybmcrewards.com](http://mybmcrewards.com)

### DENTAL PLAN

<b>You</b>	\$9.41
<b>You + Spouse</b>	\$25.89
<b>You + Child</b>	\$17.88
<b>You + Family</b>	\$29.64

### VISION PLAN

<b>You</b>	\$4.35
<b>You + Spouse</b>	\$8.69
<b>You + Child</b>	\$7.82
<b>You + Family</b>	\$12.60