

## 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, 2021 – December 31, 2021 plan year. Contributions are deducted from your pay each pay period on a before-tax basis.

### MEDICAL

	HSA PLAN	PPO PLAN	KAISER HMO
You	\$40.17	\$136.67	\$73.94
You + Spouse	\$151.05	\$354.17	\$211.52
You + Child	\$105.44	\$266.14	\$145.82
You + Family	\$205.40	\$517.40	\$308.65

#### BWELL PROGRAM PARTICIPANTS:

If you earned a medical premium discount by participating in the 2019-2020 bWell program, see your reduced paycheck costs on [mybmcrewards.com](http://mybmcrewards.com)

### DENTAL PLAN

You	\$9.41
You + Spouse	\$25.89
You + Child	\$17.88
You + Family	\$29.64

### VISION PLAN

You	\$4.35
You + Spouse	\$8.69
You + Child	\$7.82
You + Family	\$12.60