

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, 2022 – December 31, 2022 plan year. Contributions are deducted from your pay each pay period on a before-tax basis.

MEDICAL

	HSA PLAN	PPO PLAN	KAISER HMO
You	\$43.50	\$146.13	\$79.20
You + Spouse	\$163.55	\$378.69	\$226.55
You + Child(ren)	\$114.16	\$284.56	\$156.18
You + Family	\$222.40	\$553.21	\$330.58

BWELL PROGRAM PARTICIPANTS:

If you earned a medical premium discount by participating in the 2020-2021 bWell program, see your reduced paycheck costs on mybmcrewards.com

DENTAL PLAN

You	\$10.03
You + Spouse	\$27.60
You + Child(ren)	\$19.06
You + Family	\$31.60

VISION PLAN

You	\$4.29
You + Spouse	\$8.57
You + Child(ren)	\$7.71
You + Family	\$12.42