



BENEFITS THAT FIT

Your health
2014 Annual Enrollment



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, 2014 – December 31, 2014 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		
	\$600 Wellness Discount	\$300 Wellness Discount	No Wellness Discount	\$600 Wellness Discount	\$300 Wellness Discount	No Wellness Discount	\$600 Wellness Discount	\$300 Wellness Discount	No Wellness Discount
You	\$2.48	\$14.98	\$27.48	\$70.40	\$82.90	\$95.40	\$28.96	\$41.46	\$53.96
You + Spouse	\$73.35	\$85.85	\$98.35	\$219.92	\$232.42	\$244.92	\$130.81	\$143.31	\$155.81
You + Children	\$43.65	\$56.15	\$68.65	\$159.05	\$171.55	\$184.05	\$81.25	\$93.75	\$106.25
You + Family	\$108.73	\$121.23	\$133.73	\$332.80	\$345.30	\$357.80	\$203.45	\$215.95	\$228.45

Get the details behind earning wellness discounts on 2014 coverage costs at mybmcbenefits.com.

Dental Plan

Coverage level	Dental Plan
You	\$9.40
You + Spouse	\$25.87
You + Children	\$17.87
You + Family	\$29.62

Vision Plan

Coverage level	Vision Plan
You	\$4.13
You + Spouse	\$8.26
You + Children	\$7.44
You + Family	\$11.98