



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, 2015 – December 31, 2015 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			
	\$600	\$400	\$200	None	\$600	\$400	\$200	None	\$600	\$400	\$200	None
You	\$2.48	\$10.81	\$19.15	\$27.48	\$80.75	\$89.08	\$97.42	\$105.75	\$28.96	\$37.29	\$45.63	\$53.96
You + Spouse	\$73.35	\$81.68	\$90.02	\$98.35	\$246.50	\$254.83	\$236.17	\$271.50	\$130.81	\$139.14	\$147.48	\$155.81
You + Child	\$43.65	\$51.98	\$60.32	\$68.65	\$179.01	\$187.35	\$195.68	\$204.01	\$81.25	\$89.58	\$97.92	\$106.25
You + Family	\$108.73	\$117.06	\$125.40	\$133.73	\$371.62	\$379.95	\$388.29	\$396.62	\$203.45	\$211.78	\$220.12	\$228.45

Dental Plan

Coverage Level	Dental Plan
You	\$9.40
You + Spouse	\$25.87
You + Child	\$17.87
You + Family	\$29.62

Vision Plan

Coverage Level	Vision Plan
You	\$4.13
You + Spouse	\$8.26
You + Child	\$7.44
You + Family	\$11.98