



## 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, 2016 – December 31, 2016 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	\$200	None	\$600	\$200	None	\$600	\$200	None
You	\$5.23	\$21.89	\$30.23	\$86.04	\$102.71	\$111.04	\$34.58	\$51.25	\$59.58
You + Spouse	\$83.18	\$99.85	\$108.18	\$260.07	\$276.74	\$285.07	\$145.44	\$162.10	\$170.44
You + Child	\$50.51	\$67.18	\$75.51	\$189.22	\$205.88	\$214.22	\$92.50	\$109.16	\$117.50
You + Family	\$122.10	\$138.76	\$147.10	\$391.45	\$408.12	\$416.45	\$223.70	\$240.36	\$248.70

### Dental Plan

Coverage Level	Dental Plan
You	\$10.20
You + Spouse	\$28.07
You + Child	\$19.38
You + Family	\$32.14

### Vision Plan

Coverage Level	Vision Plan
You	\$4.17
You + Spouse	\$8.33
You + Child	\$7.50
You + Family	\$12.08