



## 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, 2017 – December 31, 2017 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		
	\$500	\$200	None	\$500	\$200	None	\$500	\$200	None
You	\$11.08	\$23.58	\$31.92	\$102.98	\$115.48	\$123.81	\$42.76	\$55.26	\$63.59
You + Spouse	\$93.39	\$105.89	\$114.22	\$297.03	\$309.53	\$317.86	\$161.08	\$173.58	\$181.92
You + Child	\$58.89	\$71.39	\$79.72	\$218.02	\$230.52	\$238.85	\$104.58	\$117.08	\$125.41
You + Family	\$134.48	\$146.98	\$155.31	\$443.51	\$456.01	\$464.35	\$244.62	\$257.12	\$265.45

### Dental Plan

Coverage Level	Dental Plan
You	\$10.81
You + Spouse	\$29.75
You + Child	\$20.55
You + Family	\$34.07

### Vision Plan

Coverage Level	Vision Plan
You	\$4.22
You + Spouse	\$8.45
You + Child	\$7.60
You + Family	\$12.24