



BENEFITS THAT FIT *your health*
2013 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, 2013 – December 31, 2013 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 ¹	New Hire Wellness Discount ²	Wellness Discount ¹	New Hire Wellness Discount ²	Wellness Discount ¹	New Hire Wellness Discount ²
You	\$2.48	\$14.98	\$70.40	\$82.90	\$24.78	\$37.28
You + Spouse	\$73.35	\$85.85	\$219.92	\$232.42	\$118.74	\$131.24
You + Children	\$43.65	\$56.15	\$159.05	\$171.55	\$73.02	\$85.52
You + Family	\$108.73	\$121.23	\$332.80	\$345.30	\$185.76	\$198.26

¹ You are eligible for the wellness discount if you completed a health screening and the Well Being Assessment™ (WBA) by **July 31, 2012**.

² If you were hired between May 1 and October 15, 2012 and completed the WBA by **October 31, 2012**, you are eligible for a reduced discount.

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	\$3.95
You + Spouse	\$7.90
You + Children	\$7.11
You + Family	\$11.46



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Medical

Coverage level	HSA Plan	PPO Plan	Kaiser HMO
You	\$27.48	\$95.40	\$49.78
You + Spouse	\$98.35	\$244.92	\$143.74
You + Children	\$68.65	\$184.05	\$98.02
You + Family	\$133.73	\$357.80	\$210.76

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	\$3.95
You + Spouse	\$7.90
You + Children	\$7.11
You + Family	\$11.46