

U.S. EMPLOYEE CONTRIBUTIONS PER SEMI-MONTHLY PAY PERIOD

This rate sheet can help you determine your portion of the costs for some BMC benefit plans for the January 1, 2024 – December 31, 2024 plan year. Contributions are deducted from your pay each pay period on a before-tax basis.

MEDICAL

	HSA PLAN	PPO PLAN	KAISER HMO
You	\$46.29	\$155.51	\$100.11
You + Spouse	\$174.05	\$402.99	\$286.39
You + Child(ren)	\$121.49	\$302.83	\$197.43
You + Family	\$236.67	\$588.72	\$417.90

BWELL PROGRAM PARTICIPANTS:

If you earned a medical premium discount by participating in the 2022-2023 bWell program, see your reduced paycheck costs on mybmcrewards.com

DENTAL PLAN

You	\$10.03
You + Spouse	\$27.60
You + Child(ren)	\$19.06
You + Family	\$31.60

VISION PLAN

You	\$4.16
You + Spouse	\$8.31
You + Child(ren)	\$7.48
You + Family	\$12.05