

2026 Annual Enrollment

Rates



U.S. Employee Contributions Per Semi-Monthly Pay Period

This rate sheet can help you determine your portion of the costs for some BMC Helix benefit plans for the January 1, 2026 – December 31, 2026 plan year. Contributions are deducted from your pay each pay period on a before-tax basis.

Medical

	HSA Plan	PPO Plan	Kaiser HMO
You	\$51.63	\$173.43	\$125.38
You + Spouse	\$194.12	\$449.45	\$358.67
You + Child(ren)	\$135.49	\$337.74	\$247.27
You + Family	\$263.95	\$656.58	\$523.38

bWell Program Participants:

If you earned a medical premium discount by participating in the 2024–2025 bWell program, see your reduced paycheck costs on mybmcrewards.com

Dental Plan

You	\$11.14
You + Spouse	\$30.64
You + Child(ren)	\$21.16
You + Family	\$35.08

Vision Plan

You	\$4.36
You + Spouse	\$8.71
You + Child(ren)	\$7.84
You + Family	\$12.63

