2026 Annual Enrollment
Rates

bwell
your well-being matters.

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, 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	$49.30	$165.61	$128.37
You + Spouse	$185.36	$429.17	$367.22
You + Child(ren)	$129.38	$322.50	$253.16
You + Family	$252.05	$626.96	$535.85

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	$10.25
You + Spouse	$28.19
You + Child(ren)	$19.47
You + Family	$32.28

Vision Plan

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

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