

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, 2027 – December 31, 2027 plan year. Contributions are deducted from your pay each pay period on a before-tax basis.

Medical

	HSA Plan	PPO Plan	Kaiser HMO
You	\$53.99	\$181.39	\$135.07
You + Spouse	\$203.02	\$470.07	\$386.39
You + Child(ren)	\$141.71	\$353.23	\$266.38
You + Family	\$276.06	\$686.70	\$563.82

bWell Program Participants:

If you earned a medical premium discount by participating in the 2025–2026 bWell program, see your reduced paycheck costs on mybmcrewards.com

Dental Plan

You	\$10.93
You + Spouse	\$30.06
You + Child(ren)	\$20.76
You + Family	\$34.42

Vision Plan

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