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2027 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, 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	$54.21	$182.10	$147.63
You + Spouse	$203.82	$471.92	$422.30
You + Child(ren)	$142.26	$354.62	$291.13
You + Family	$277.15	$689.41	$616.23

bWell Program Participants:

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

Dental Plan

You	$11.64
You + Spouse	$32.01
You + Child(ren)	$22.11
You + Family	$36.65

Vision Plan

You	$4.57
You + Spouse	$9.15
You + Child(ren)	$8.23
You + Family	$13.26

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