

**Drivers RATES 2026-2027
Monthly Rates**

				7-01-2020 or After	Prior to 7-01-2020	
BMCS Open Choice 2						
	Single	P. Child	P. Children	H/W	H/W	Family
Medical	\$ 897.97	\$ 1,256.05	\$ 1,972.48	\$ 2,155.14	\$ 2,155.14	\$ 2,654.82
RX - \$5/\$35/\$50	\$ 165.78	\$ 231.88	\$ 364.14	\$ 397.87	\$ 397.87	\$ 490.11
Vision	\$ 3.83	\$ 8.82	\$ 8.82	\$ 8.82	\$ 8.82	\$ 8.82
Total	\$ 1,067.58	\$ 1,496.75	\$ 2,345.44	\$ 2,561.83	\$ 2,561.83	\$ 3,153.75
10% EE Contri	\$ 106.76	\$ 149.68	\$ 234.54	\$ 1,601.01	\$ 450.93	\$ 1,042.85
Dental	\$0.00	\$0.00	\$0.00	\$ 45.73	\$ 45.73	\$ 45.73
BMCS Open Choice 3 (Deductible Plan)						
	Single	P. Child	P. Children	H/W	H/W	Family
Medical	\$ 697.75	\$ 975.99	\$ 1,532.67	\$ 1,674.60	N/A	N/A
RX - \$5/\$35/\$50	\$ 165.78	\$ 231.88	\$ 364.14	\$ 397.87	N/A	N/A
Vision	\$ 3.83	\$ 8.82	\$ 8.82	\$ 8.82	N/A	N/A
Total	\$ 867.36	\$ 1,216.69	\$ 1,905.63	\$ 2,081.29	N/A	N/A
3% EE Contri	\$ 26.02	\$ 36.50	\$ 57.17	\$ 1,239.95	N/A	N/A
Dental	\$0.00	\$0.00	\$0.00	\$ 45.73	N/A	N/A
BMCS Open Choice 4 (Deductible Plan)						
	Single	P. Child	P. Children	H/W	H/W	Family
Medical	\$ 664.29	\$ 929.18	\$ 1,459.16	\$ 1,594.29	N/A	N/A
RX - \$5/\$35/\$50	\$ 165.78	\$ 231.88	\$ 364.14	\$ 397.87	N/A	N/A
Vision	\$ 3.83	\$ 8.82	\$ 8.82	\$ 8.82	N/A	N/A
Total	\$ 833.90	\$ 1,169.88	\$ 1,832.12	\$ 2,000.98	N/A	N/A
3% EE Contri	\$ 25.02	\$ 35.10	\$ 54.96	\$ 1,192.10	N/A	N/A
Dental	\$0.00	\$0.00	\$0.00	\$ 45.73	N/A	N/A