

ESPA RATES 2026-2027
Monthly Rates

BMCS Open Choice 2

Check Title	6610 ESPOC2-SIN	6611 ESPOC2-PC1	6612 ESPOC2-PC2	6613 ESPOC2-HW	6614 ESPOC2-FAM
	Single	P. Child	P. Children	H/W	Family
Medical	\$ 897.97	\$ 1,256.05	\$ 1,972.48	\$ 2,155.14	\$ 2,654.82
RX - \$5/\$35/\$50	\$ 165.78	\$ 231.88	\$ 364.14	\$ 397.87	\$ 490.11
Vision	\$ 3.83	\$ 8.82	\$ 8.82	\$ 8.82	\$ 8.82
Total	\$ 1,067.58	\$ 1,496.75	\$ 2,345.44	\$ 2,561.83	\$ 3,153.75
10% EE Contri	\$ 106.76	\$ 535.93	\$ 1,384.62	\$ 1,601.01	\$ 2,192.93

BMCS Open Choice 3 (Deductible Plan)

Check Title	6615 ESPOC3-SIN	6616 ESPOC3-PC1	6617 ESPOC3-PC2	6618 ESPOC3-HW	6619 ESPOC3-FAM
	Single	P. Child	P. Children	H/W	Family
Medical	\$ 697.75	\$ 975.99	\$ 1,532.67	\$ 1,674.60	\$ 2,062.86
RX - \$5/\$35/\$50	\$ 165.78	\$ 231.88	\$ 364.14	\$ 397.87	\$ 490.11
Vision	\$ 3.83	\$ 8.82	\$ 8.82	\$ 8.82	\$ 8.82
Total	\$ 867.36	\$ 1,216.69	\$ 1,905.63	\$ 2,081.29	\$ 2,561.79
6% EE Contri	\$ 52.04	\$ 401.37	\$ 1,090.31	\$ 1,265.97	\$ 1,746.47

BMCS Open Choice 4 (Deductible Plan)

Check Title	6605 ESPOC4-SIN	6606 ESPOC4-PC1	6607 ESPOC4-PC2	6608 ESPOC4-HW	6609 ESPOC4-FAM
	Single	P. Child	P. Children	H/W	Family
Medical	\$ 664.29	\$ 929.18	\$ 1,459.16	\$ 1,594.29	\$ 1,963.93
RX - \$5/\$35/\$50	\$ 165.78	\$ 231.88	\$ 364.14	\$ 397.87	\$ 490.11
Vision	\$ 3.83	\$ 8.82	\$ 8.82	\$ 8.82	\$ 8.82
Total	\$ 833.90	\$ 1,169.88	\$ 1,832.12	\$ 2,000.98	\$ 2,462.86
5% EE Contri	\$ 41.70	\$ 377.68	\$ 1,039.92	\$ 1,208.78	\$ 1,670.66

United Concordia - Dental

Check Title	6604 ESPDEN-SIN
	Single
Dental	\$ 30.85