

BP's benefit rates

This rate sheet can help you determine your portion of the costs for some BP benefit plans for the April 1, 2020 – March 31, 2021 plan year.

Medical Program

BP pays the vast majority of the overall cost of the BP Medical Plan or HMO option you choose.

Your portion of the monthly contributions for the BP Medical Plan depends on the option and coverage level you choose, as shown below. Contributions are deducted from your pay on a before-tax basis.*

Coverage level	Health+Savings Options**	HealthPlus Options**	Standard Options**
You	\$ 61.00	\$155.00	\$155.00
You + spouse/domestic partner	\$121.00	\$329.00	\$329.00
You + child(ren)	\$115.00	\$297.00	\$297.00
You + family	\$176.00	\$466.00	\$466.00

If an HMO option is available to you, you can determine your portion of the monthly contributions online at the BP Benefits Center.

Dental Program

BP pays 80% of the cost of dental coverage. Your portion of the monthly contributions is shown below. Contributions are deducted from your pay on a before-tax basis.*

Coverage level	Dental PPO	Dental HMO
You	\$11.00	\$11.00
You + spouse/domestic partner	\$22.00	\$22.00
You + child(ren)	\$22.00	\$22.00
You + family	\$33.00	\$33.00

* If you cover an individual who is not your dependent for federal income tax purposes — such as your domestic partner — contributions will be taken on an after-tax basis. You will also have additional income imputed to you based on the value of the BP subsidized coverage.

** Includes Out-of-Area.

Vision Plan

You pay 100% of the cost of vision coverage under the BP Vision Plan. Your monthly contributions are shown below. Contributions are deducted from your pay on a before-tax basis.*

Coverage level	Vision Plan
You	\$10.00
You + spouse/domestic partner	\$15.00
You + child(ren)	\$15.00
You + family	\$24.00

* If you cover an individual who is not your dependent for federal income tax purposes — such as your domestic partner — contributions will be taken on an after-tax basis.

Short-Term Disability (STD) Plan

BP pays the full cost of your STD coverage.

Long-Term Disability (LTD) Plan

BP pays the full cost of your basic LTD coverage. The maximum monthly eligible pay considered for basic LTD is \$40,000.

Your contributions for optional LTD coverage are based on your age as of December 31 of the prior year and monthly eligible pay and are made through payroll deductions on an after-tax basis. The maximum monthly eligible pay considered for optional LTD is:

- 60% coverage — \$33,333
- 65% coverage — \$30,769

If your age is ...	The cost per \$100 of your eligible pay is ...	
	60% Coverage Option	65% Coverage Option
18 – 39	\$.060	\$.106
40 – 44	\$.095	\$.173
45 – 49	\$.131	\$.239
50 – 54	\$.151	\$.319
55 – 59	\$.171	\$.279
60 – 64	\$.151	\$.279
65 – 69	\$.141	\$.266
70 and older	\$.131	\$.239

Group Universal Life (GUL) Insurance Plan

You pay the cost of GUL coverage through payroll deductions on an after-tax basis.

The cost of coverage for you and your spouse/domestic partner is based on:

- Age;
- The level of coverage you elect; and
- Whether you and/or your spouse/domestic partner uses tobacco products (use of any tobacco products at any time during the 12 months prior to enrollment constitutes tobacco use).

The monthly rates for coverage are as follows:

If your age is ...	The cost per \$1,000 of your eligible pay is ...	
	Non-tobacco user	Tobacco user*
Under 25	\$0.027	\$0.035
25 – 29	\$0.031	\$0.037
30 – 34	\$0.031	\$0.038
35 – 39	\$0.031	\$0.039
40 – 44	\$0.060	\$0.079
45 – 49	\$0.097	\$0.124
50 – 54	\$0.155	\$0.199
55 – 59	\$0.247	\$0.316
60 – 64	\$0.425	\$0.539
65 – 69	\$0.652	\$0.847
70 and older	Call MetLife at 1-800-438-6388	

* Use of any tobacco products at any time during the 12 months prior to enrollment constitutes tobacco use.

The cost of coverage for eligible children is \$1.00 per month for \$10,000 of coverage per child, regardless of the number of children you choose to cover.