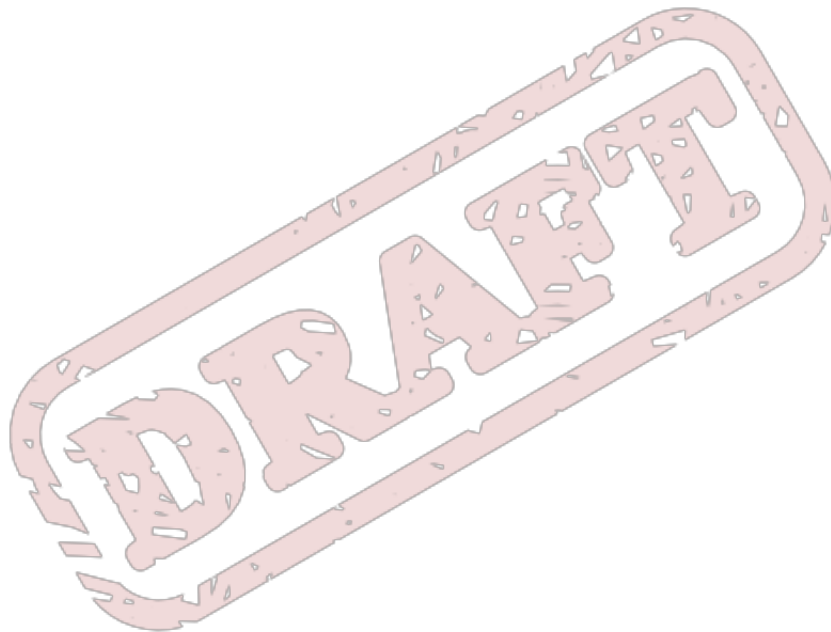


JAGADEESWARA R GAJJALA  
1300 STATION DR  
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## **Your 2020 Cost Summary**

This cost summary displays your medical, dental and vision coverage elections and contribution costs. All costs are displayed as per pay period amounts.

When you are ready to enroll or make changes, visit Benefit Connect online at <https://BedBathandBeyond.ehr.com> or call the My Benefits Support Center at 888-437-3281 between 8:00 AM ET and 7:00 PM Eastern Time Monday through Friday.



## MEDICAL PLAN COSTS PER PAY PERIOD

### Employee Only

Bed Bath and Beyond will contribute **\$214.38 per pay period** toward your medical plan cost for this coverage level. The amounts below are what **you will pay each pay period** based on the carrier you choose.

Carrier Network	\$25/\$50 Copay	\$1,500 Ded. w/HSA	\$2,000 Ded. w/HSA
<b>Aetna</b> <i>Aetna Choice POS II (Open Access)</i>	\$85.85	\$66.97	\$53.65
<b>Aetna</b> <i>Aetna Premier Care Network</i>	\$67.85	\$55.15	\$42.46

### Employee + Spouse

Bed Bath and Beyond will contribute **\$453.84 per pay period** toward your medical plan cost for this coverage level. The amounts below are what **you will pay each pay period** based on the carrier you choose.

Carrier Network	\$25/\$50 Copay	\$1,500 Ded. w/HSA	\$2,000 Ded. w/HSA
<b>Aetna</b> <i>Aetna Choice POS II (Open Access)</i>	\$177.53	\$134.11	\$103.47
<b>Aetna</b> <i>Aetna Premier Care Network</i>	\$136.13	\$106.92	\$77.71

### Employee + Child(ren)

Bed Bath and Beyond will contribute **\$423.87 per pay period** toward your medical plan cost for this coverage level. The amounts below are what **you will pay each pay period** based on the carrier you choose.

Carrier Network	\$25/\$50 Copay	\$1,500 Ded. w/HSA	\$2,000 Ded. w/HSA
<b>Aetna</b> <i>Aetna Choice POS II (Open Access)</i>	\$146.56	\$112.58	\$88.61
<b>Aetna</b> <i>Aetna Premier Care Network</i>	\$114.16	\$91.30	\$68.45

### Employee + Family

Bed Bath and Beyond will contribute **\$692.48 per pay period** toward your medical plan cost for this coverage level. The amounts below are what **you will pay each pay period** based on the carrier you choose.

Carrier Network	\$25/\$50 Copay	\$1,500 Ded. w/HSA	\$2,000 Ded. w/HSA
<b>Aetna</b> <i>Aetna Choice POS II (Open Access)</i>	\$268.24	\$204.44	\$159.42
<b>Aetna</b> <i>Aetna Premier Care Network</i>	\$207.40	\$164.49	\$121.57

## DENTAL PLAN COSTS PER PAY PERIOD

### Employee Only

Carrier Network	\$750 Max	\$1,000 Max	\$1,500 Max w/Ortho
MetLife MetLife Dental	\$8.29	\$11.46	\$13.16

### Employee + Spouse

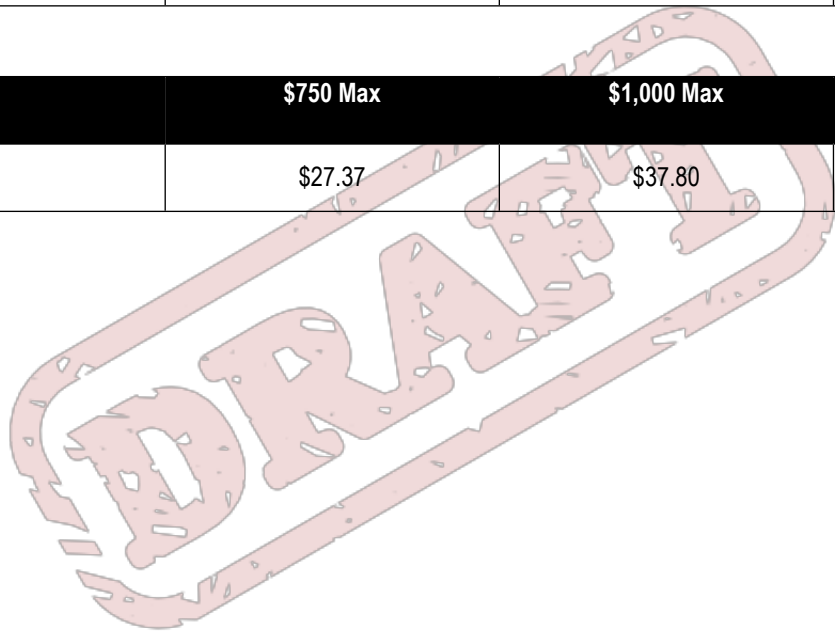
Carrier Network	\$750 Max	\$1,000 Max	\$1,500 Max w/Ortho
MetLife MetLife Dental	\$16.58	\$22.90	\$26.33

### Employee + Child(ren)

Carrier Network	\$750 Max	\$1,000 Max	\$1,500 Max w/Ortho
MetLife MetLife Dental	\$19.08	\$26.34	\$30.28

### Employee + Family

Carrier Network	\$750 Max	\$1,000 Max	\$1,500 Max w/Ortho
MetLife MetLife Dental	\$27.37	\$37.80	\$43.45



## VISION PLAN COSTS PER PAY PERIOD

Bed Bath and Beyond does not make a contribution toward the cost of vision coverage. The contribution amounts below are what **you will pay** each pay period for your vision coverage based on the carrier you choose.

### Employee Only

Carrier Network	Vision Plan	
EyeMed EyeMed Advantage	\$2.35	Not Offered

### Employee + Spouse

Carrier Network	Vision Plan	
EyeMed EyeMed Advantage	\$4.70	Not Offered

### Employee + Child(ren)

Carrier Network	Vision Plan	
EyeMed EyeMed Advantage	\$4.47	Not Offered

### Employee + Family

Carrier Network	Vision Plan	
EyeMed EyeMed Advantage	\$6.91	Not Offered