

ACA COMPLIANT PLAN*

Effective January 1, 2017

Contributions are deducted over 24 pay periods

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$398.48	\$718.88	\$999.42
EDC Admin Fee	\$9.49	\$18.98	\$28.47
Total	\$407.97	\$737.86	\$1,027.89
Employer	\$362.31	\$362.31	\$362.31
Employee	\$45.66	\$375.55	\$665.58

THESE RATES DO NOT INCLUDE THE RATES FOR THE MANDATORY VISION AND DENTAL PLANS. PLEASE SEE THE DENTAL AND VISION RATE CARD FOR THOSE RATES.

**THIS IS A COUNTY SPONSORED HEALTH PLAN THAT MEETS BOTH THE MINIMUM ESSENTIAL COVERAGE (MEC) AND AFFORDABILITY REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA)*