

ACA COMPLIANT PLAN*

Effective January 1, 2018

Contributions are deducted over 24 pay periods

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
BLUE SHIELD PPO ABHP HIGH	\$403.73	\$728.85	\$1,013.09
EDC Admin Fee	\$8.70	\$17.41	\$26.12
Total	\$412.43	\$746.26	\$1,039.21
Employer	\$367.38	\$367.38	\$367.38
Employee	\$45.05	\$378.88	\$671.83

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)*