

ACA COMPLIANT PLAN*

Effective January 1, 2019

Contributions are deducted over 24 pay periods

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP High	\$414.73	\$749.17	\$1,041.10
EDC Admin Fee	\$7.15	\$14.30	\$21.45
Total	\$421.88	\$763.47	\$1,062.55
Employer	\$375.41	\$375.41	\$375.41
Employee	\$46.47	\$388.06	\$687.14

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)*