

ACA COMPLIANT PLAN*

Effective January 1, 2020

Contributions are deducted over 24 pay periods

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$421.57	\$761.10	\$1,057.28
EDC Admin Fee	\$7.47	\$14.94	\$22.41
Total	\$429.04	\$776.04	\$1,079.69
Employer	\$382.57	\$382.57	\$382.57
Employee	\$46.47	\$393.47	\$697.12

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)*