

ACA COMPLIANT PLAN*

Effective January 1, 2021

Contributions are deducted over 24 pay periods

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP High (\$2000)	\$436.12	\$787.12	\$1,093.12
EDC Admin Fee	\$7.91	\$15.83	\$23.74
Total	\$444.03	\$802.95	\$1,116.86
Employer	\$397.71	\$397.71	\$397.71
Employee	\$46.32	\$405.24	\$719.15

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)*