

## ACA COMPLIANT PLAN\*

Effective January 1, 2023

*Contributions are deducted over 24 pay periods*

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
<b>Blue Shield PPO ABHP High (\$2000)</b>	\$452.00	\$816.00	\$1,133.00
EDC Admin Fee	\$7.61	\$15.23	\$22.84
Total	\$459.61	\$831.23	\$1,155.84
Employer	\$419.94	\$419.94	\$419.94
<b>Employee</b>	<b>\$39.67</b>	<b>\$411.29</b>	<b>\$735.90</b>

**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)*