

ACA COMPLIANT PLAN*

Effective January 1, 2024

Contributions are deducted over 24 pay periods

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP High (\$2000)	\$507.00	\$915.50	\$1,271.00
EDC Admin Fee	\$8.56	\$17.12	\$25.68
Total	\$515.56	\$932.62	\$1,296.68
Employer	\$479.06	\$479.06	\$479.06
Employee	\$36.50	\$453.56	\$817.62

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)*