

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>
Blue Shield PPO ABHP High (\$2000)	\$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
Employee	\$39.67	\$411.29	\$735.90

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)*