

ACA COMPLIANT PLAN*

Effective January 1, 2025

Contributions are deducted over 24 pay periods

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP High (\$2000)	\$538.50	\$972.00	\$1,349.50
EDC Admin Fee	\$7.59	\$15.19	\$22.79
Total	\$546.09	\$987.19	\$1,372.29
Employer	\$489.49	\$489.49	\$489.49
Employee	\$56.60	\$497.70	\$882.80

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)*