

ACA COMPLIANT PLAN*

Effective January 1, 2022

Contributions are deducted over 24 pay periods

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP High (\$2000)	\$415.50	\$750.00	\$1,041.50
EDC Admin Fee	\$8.63	\$17.26	\$25.89
Total	\$424.13	\$767.26	\$1,067.39
Employer	\$382.33	\$382.33	\$382.33
Employee	\$41.80	\$384.93	\$685.06

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)*