

ACA AFFORDABLE PLAN*			
	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO \$2000 ABHP	\$398.13	\$718.23	\$998.49
EDC Admin Fee	\$10.55	\$21.11	\$31.66
Total	\$408.68	\$739.34	\$1,030.15
Employer	\$363.91	\$363.91	\$363.91
Employee	\$44.77	\$375.42	\$666.23

**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 PLAN MEETS BOTH THE MINIMUM ESSENTIAL COVERAGE (MEC) AND
AFFORDABILITY REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA)*