

ACA COMPLIANT PLAN*

Effective January 1, 2026

Contributions are deducted over 24 pay periods

	<u>EE ONLY</u>	<u>EE+1</u>	<u>FAMILY</u>
Blue Shield PPO ABHP High (\$2000)	\$613.50	\$1,107.00	\$1,537.00
EDC Admin Fee	\$6.78	\$13.56	\$20.34
Total	\$620.28	\$1,120.56	\$1,557.34
Employer	\$516.70	\$516.70	\$516.70
Employee	\$103.58	\$603.86	\$1,040.64

**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)*