



**2024 AFFORDABLE CARE ACT MINIMUM VALUE COVERAGE**

<b>HEALTH PLAN AND ENROLLMENT STATUS</b>	<b>2024 MONTHLY RATE</b>	<b>MONTHLY COUNTY COST</b>	<b>EMPLOYEE BIWEEKLY DEDUCTION</b>
<b>SHAREWELL CHOICE</b>			
EMPLOYEE ONLY	\$667.28	\$565.34	\$47.05
EMPLOYEE / 1 DEPENDENT	\$1,167.70	\$0.00	\$538.94
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$1,534.74	\$0.00	\$708.34
(Effective every pay period beginning with pay period 01 2024, 12/15/2023)			