



2025 AFFORDABLE CARE ACT MINIMUM VALUE COVERAGE

HEALTH PLAN AND ENROLLMENT STATUS	2025 MONTHLY RATE	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION
SHAREWELL CHOICE			
EMPLOYEE ONLY	\$712.66	\$599.46	\$52.25
EMPLOYEE / 1 DEPENDENT	\$1,247.11	\$0.00	\$575.59
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$1,639.10	\$0.00	\$756.51
(Effective every pay period beginning with pay period 01 2025, 12/13/2024)			