



## 2026 AFFORDABLE CARE ACT MINIMUM VALUE COVERAGE

HEALTH PLAN AND ENROLLMENT STATUS	2026 MONTHLY RATE	MONTHLY COUNTY COST	EMPLOYEE BIWEEKLY DEDUCTION
<b>SHAREWELL CHOICE</b>			
EMPLOYEE ONLY	\$805.31	\$675.41	\$59.95
EMPLOYEE / 1 DEPENDENT	\$1,409.23	\$0.00	\$650.41
EMPLOYEE W/TWO OR MORE DEPENDENTS	\$1,852.19	\$0.00	\$854.86
(Effective every pay period beginning with pay period 01 2026)			