

Medical & Vision Plan

January 2025 – December 2025

Per Paycheck Rates

Coverage Level	Employee				Employee + 1				Family			
Plan	Total Premium	Employee Contribution	Pace Contribution	Pace Subsidy	Total Premium	Employee Contribution	Employer Contribution	Pace Subsidy	Total Premium	Employee Contribution	Employer Contribution	Pace Subsidy
Consumer Core HDHP/HSA Plan	\$577.65	\$33.62	\$544.03	94%	\$1,125.25	\$281.07	\$844.18	75%	\$1,682.60	\$421.63	\$1,260.97	75%
Network Core Plan	\$725.34	\$129.04	\$596.30	82%	\$1,394.72	\$422.46	\$972.26	70%	\$2,075.91	\$631.85	\$1,444.06	70%
Choice Plan	\$825.32	\$168.92	\$656.40	80%	\$1,589.32	\$524.97	\$1,064.35	67%	\$2,366.66	\$785.16	\$1,581.50	67%