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%

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