

Medical & Vision Plan

January 2026 – December 2026

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	\$622.56	\$33.62	\$588.94	95%	\$1,212.74	\$281.07	\$931.67	77%	\$1,813.39	\$421.63	\$1,391.76	77%
Network Core Plan	\$781.78	\$139.11	\$642.67	82%	\$1,503.24	\$455.42	\$1,047.82	70%	\$2,237.39	\$681.15	\$1,556.24	70%
Choice Plan	\$889.56	\$246.89	\$642.67	72%	\$1,713.01	\$665.19	\$1,047.82	61%	\$2,550.82	\$994.58	\$1,556.24	61%