Medical Plan
January 2027 – December 2027
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	$675.27	**$33.62**	$641.65	95%	$1,315.47	**$281.07**	$1,034.40	79%	$1,966.47	**$421.63**	$1,544.84	79%
Network Core Plan	$848.53	**$144.25**	$704.28	83%	$1,631.60	**$473.17**	$1,158.44	71%	$2,427.88	**$704.09**	$1,723.80	71%
Choice Plan	$965.82	**$261.54**	$704.28	73%	$1,859,89	**$701.45**	$1,158.44	62%	$2,768.97	**$1,045.17**	$1,723.80	62%

Semimonthly (24 Paychecks)

PACE UNIVERSITY