Vision Only Coverage
January 1, 2027 – December 31, 2027
Per Paycheck Rates

Coverage Level	Employee			Employee + 1			Family		
Plan	Employee Contribution	Pace Contribution	Pace Subsidy	Employee Contribution	Employer Contribution	Pace Subsidy	Employee Contribution	Employer Contribution	Pace Subsidy
Vision Only	$2.05	$0	0%	$3.93	$0	0%	$6.36	$0	0%

PACE UNIVERSITY