

Medical Plan

January 2020 – December 2020 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
Consumer Core HDHP/HSA Plan	\$28.49	\$390.17	93%	\$238.13	\$577.16	71%	\$357.21	\$861.39	71%
Network Core Plan	\$109.32	\$467.99	81%	\$357.91	\$729.97	67%	\$535.32	\$1,070.43	67%
Choice PPO Plan	\$143.11	\$467.99	77%	\$444.77	\$729.97	62%	\$665.20	\$1,070.43	62%