

Medical Plan

January 2019 – December 2019 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	\$28.95	\$494.35	94%	\$242.00	\$773.51	76%	\$363.02	\$1,156.75	76%
Network Core Plan	\$111.10	\$465.01	81%	\$363.73	\$773.51	68%	\$544.02	\$1,156.75	68%
Choice PPO Plan	\$145.44	\$465.01	76%	\$452.00	\$773.51	63%	\$676.02	\$1,156.75	63%