

Vision Only Coverage

January 1, 2019 – December 31, 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
Vision Only	\$2.89	\$0	0%	\$5.53	\$0	0%	\$8.97	\$0	0%