

# Vision Only Coverage

## January 1, 2025 – December 31, 2025

### 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%