

Medical Plan

January 2024 – December 2024

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	\$33.62	\$525.40	94%	\$281.07	\$807.95	74%	\$421.63	\$1,206.32	74%
Network Core Plan	\$129.04	\$573.42	82%	\$422.45	\$928.28	69%	\$631.84	\$1,378.09	69%
Choice Plan	\$168.92	\$630.64	79%	\$524.97	\$1,014.75	66%	\$785.16	\$1,507.14	66%