

Vision Only Coverage

January 1, 2024 – December 31, 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
Vision Only	\$2.16	\$0	0%	\$4.13	\$0	0%	\$6.69	\$0	0%