

**Pace School  
Health Insurance  
Employee Premium Co-Pay Schedule  
Effective July 1, 2023**

<b>HEALTH INSURANCE</b>							
<b>Premium Co-Pay Schedule</b>							
Eligibility	Eligible full-time regular employees hired on or after July 1, 2013.						
Pace pays for	95% of individual coverage and 70% of dependent coverage for the EPO Plan. Employee pays the additional cost for the PPO plan						
Coverage	Highmark Performance Blue EPO			Highmark Performance Blue PPO			
	Monthly Premium	Pace	Employee	Monthly Premium	Pace	Employee	Additional cost for PPO
Individual	\$ 756.89	\$ 719.05	\$ 37.84	\$ 810.22	\$ 719.05	\$ 91.17	\$ 53.33
Parent & Child	\$ 1,697.73	\$ 1,377.64	\$ 320.09	\$ 1,816.54	\$ 1,377.64	\$ 438.90	\$ 118.81
Parent & Children	\$ 1,867.48	\$ 1,496.46	\$ 371.02	\$ 1,998.21	\$ 1,496.46	\$ 501.75	\$ 130.73
Employee & Spouse	\$ 2,056.17	\$ 1,628.55	\$ 427.62	\$ 2,201.06	\$ 1,628.55	\$ 572.51	\$ 144.89
Family	\$ 2,137.99	\$ 1,685.82	\$ 452.17	\$ 2,288.48	\$ 1,685.82	\$ 602.66	\$ 150.49

<b>Premium Co-Pay Schedule - Grandfathered Employees</b>							
Eligibility	Eligible full-time regular employees hired prior to July 1, 2013						
Pace pays for	95% of individual coverage and 85% of dependent coverage for the EPO Plan. Employee pays the additional cost for the PPO plan						
Coverage	Highmark Performance Blue EPO			Highmark Performance Blue PPO			
	Monthly Premium	Pace	Employee	Monthly Premium	Pace	Employee	Additional cost for PPO
Individual	\$ 756.89	\$ 719.05	\$ 37.84	\$ 810.22	\$ 719.05	\$ 91.17	\$ 53.33
Parent & Child	\$ 1,697.73	\$ 1,518.76	\$ 178.97	\$ 1,816.54	\$ 1,518.76	\$ 297.78	\$ 118.81
Parent & Children	\$ 1,867.48	\$ 1,663.05	\$ 204.43	\$ 1,998.21	\$ 1,663.05	\$ 335.16	\$ 130.73
Employee & Spouse	\$ 2,056.17	\$ 1,823.43	\$ 232.74	\$ 2,201.06	\$ 1,823.43	\$ 377.63	\$ 144.89
Family	\$ 2,137.99	\$ 1,892.98	\$ 245.01	\$ 2,288.48	\$ 1,892.98	\$ 395.50	\$ 150.49