Pace School
Health Insurance
Employee Premium Co-Pay Schedule
Effective July 1, 2025

HEALTH INSURANCE

Premium Co-Pay Schedule

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	$ 872.04	$ 828.44	**$ 43.60**		$ 933.48	$ 828.44	**$ 105.04**	$ 61.44
Parent & Child	$ 1,956.01	$ 1,587.22	**$ 368.79**		$ 2,092.89	$ 1,587.22	**$ 505.67**	$ 136.88
Parent & Children	$ 2,151.58	$ 1,724.12	**$ 427.46**		$ 2,302.20	$ 1,724.12	**$ 578.08**	$ 150.62
Employee & Spouse	$ 2,368.98	$ 1,876.30	**$ 492.68**		$ 2,535.91	$ 1,876.30	**$ 659.61**	$ 166.93
Family	$ 2,463.24	$ 1,942.28	**$ 520.96**		$ 2,636.62	$ 1,942.28	**$ 694.34**	$ 173.38

Premium Co-Pay Schedule - Grandfathered Employees

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	$ 872.04	$ 828.44	**$ 43.60**		$ 933.48	$ 828.44	**$ 105.04**	$ 61.44
Parent & Child	$ 1,956.01	$ 1,749.81	**$ 206.20**		$ 2,092.89	$ 1,749.81	**$ 343.08**	$ 136.88
Parent & Children	$ 2,151.58	$ 1,916.05	**$ 235.53**		$ 2,302.20	$ 1,916.05	**$ 386.15**	$ 150.62
Employee & Spouse	$ 2,368.98	$ 2,100.84	**$ 268.14**		$ 2,535.91	$ 2,100.84	**$ 435.07**	$ 166.93
Family	$ 2,463.24	$ 2,180.96	**$ 282.28**		$ 2,636.62	$ 2,180.96	**$ 455.66**	$ 173.38