Pace School
Dental & Vision Insurance
Employee Premium Co-Pay Schedule
Effective July 1, 2025

DENTAL 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		
Coverage	**Monthly Premium**	**Pace**	**Employee**
Individual	$ 33.12	$ 31.46	**$ 1.66**
Family	$ 108.93	$ 84.53	**$ 24.40**

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		
Coverage	**Monthly Premium**	**Pace**	**Employee**
Individual	$ 33.12	$ 31.46	**$ 1.66**
Family	$ 108.93	$ 95.90	**$ 13.03**

VISION INSURANCE

Premium Co-Pay Schedule

Eligibility	Eligible full-time employees		
Pace pays for	100% of individual coverage		
Coverage	**Monthly Premium**	**Pace**	**Employee**
Individual	$ 6.73	$ 6.73	**$0.00**
Family	$ 16.42	$ 6.73	**$ 9.68**