

**Pace School
Health Insurance
Employee Premium Co-Pay Schedule
Effective July 1, 2026**

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	\$ 944.42	\$ 897.20	\$ 47.22	\$ 1,010.96	\$ 897.20	\$ 113.76	\$ 66.54
Parent & Child	\$ 2,118.36	\$ 1,718.96	\$ 399.40	\$ 2,266.60	\$ 1,718.96	\$ 547.64	\$ 148.24
Parent & Children	\$ 2,330.16	\$ 1,867.22	\$ 462.94	\$ 2,493.28	\$ 1,867.22	\$ 626.06	\$ 163.12
Employee & Spouse	\$ 2,565.61	\$ 2,032.03	\$ 533.58	\$ 2,746.39	\$ 2,032.03	\$ 714.36	\$ 180.78
Family	\$ 2,667.69	\$ 2,103.49	\$ 564.20	\$ 2,855.46	\$ 2,103.49	\$ 751.97	\$ 187.77

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	\$ 944.42	\$ 897.20	\$ 47.22	\$ 1,010.96	\$ 897.20	\$ 113.76	\$ 66.54
Parent & Child	\$ 2,118.36	\$ 1,895.05	\$ 223.31	\$ 2,266.60	\$ 1,895.05	\$ 371.55	\$ 148.24
Parent & Children	\$ 2,330.16	\$ 2,075.08	\$ 255.08	\$ 2,493.28	\$ 2,075.08	\$ 418.20	\$ 163.12
Employee & Spouse	\$ 2,565.61	\$ 2,275.21	\$ 290.40	\$ 2,746.39	\$ 2,275.21	\$ 471.18	\$ 180.78
Family	\$ 2,667.69	\$ 2,361.98	\$ 305.71	\$ 2,855.46	\$ 2,361.98	\$ 493.48	\$ 187.77

**Pace School
Dental & Vision Insurance
Employee Premium Co-Pay Schedule
Effective July 1, 2026**

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	\$ 34.11	\$ 32.40	\$ 1.71
Family	\$ 112.20	\$ 87.06	\$ 25.14

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	\$ 9.69

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	\$ 34.11	\$ 32.40	\$ 1.71
Family	\$ 112.20	\$ 98.78	\$ 13.42