

**Upper Merion Area School District**

**Premiums (2026-2027) - ADMINISTRATORS**

<b>Plan</b>	<b>Total Premium</b>	<b>Employee Monthly Share Amounts (20% of Premium)</b>	<b>Employee Per Pay (24) Deduction</b>	<b>Employer (24) Deductions</b>
<b>Personal Choice #215</b>				
Single	\$1,046.93	\$209.39	\$104.69	\$418.77
Parent/Child	\$1,927.46	\$385.49	\$192.75	\$770.98
Parent/Children	\$2,314.62	\$462.92	\$231.46	\$925.85
Employee and Spouse	\$2,579.12	\$515.82	\$257.91	\$1,031.65
Family	\$2,941.66	\$588.33	\$294.17	\$1,176.66
<b>Keystone/DPOS (C1F101)</b>				
Single	\$859.61	\$94.56	\$47.28	\$382.53
Parent/Child	\$1,201.61	\$132.18	\$66.09	\$534.72
Parent/Children	\$1,891.21	\$208.03	\$104.02	\$841.59
Employee and Spouse	\$1,958.23	\$215.41	\$107.70	\$871.41
Family	\$2,542.57	\$279.68	\$139.84	\$1,131.44
<b>C2F101</b>				
Single	\$856.13	\$77.05	\$38.53	\$389.54
Parent/Child	\$1,196.69	\$107.70	\$53.85	\$544.49
Parent/Children	\$1,883.52	\$169.52	\$84.76	\$857.00
Employee and Spouse	\$1,950.24	\$175.52	\$87.76	\$887.36
Family	\$2,532.16	\$227.89	\$113.95	\$1,152.13

Teledoc, Diabetes Management, and Hypertension Management are included at no cost to Employees enrolled in Medical coverage.

**Capital RX Prescription Program**

	<b>30 day supply</b>	<b>Copay Costs</b>	
		<b>Broad 90 Retail/Mailorder</b>	
Generic (Tier 1)	\$5.00	\$5.00	There is only one choice for Prescriptions and the cost is embedded into the Medical plan rates
Brand Formulary (Tier 2)	\$30.00	\$30.00	
Brand Non-Formulary Tier 3)	\$55.00	\$55.00	

<b>DENTAL</b>	<b>District Monthly Premium</b>	<b>Employee Monthly Premium</b>	<b>Employee Per Pay (24) Deduction</b>
Single coverage	\$45.91	\$0.00	
Family coverage	\$98.50	\$13.15	\$6.57

<b>VISION</b>	<b>100% Employee Paid</b>	<b>Employee Per Pay (24) Deduction</b>
Single	\$7.67	\$3.84
Employee + Spouse	\$14.57	\$7.29
Employee + Child(ren)	\$15.34	\$7.67
Family	\$22.55	\$11.28

**Reimbursement for Medical Waiver of Premiums:**

Act 93: \$5,500/year, as outlined in Act 93 Management Compensation Plan. Annual Proof of other coverage required

**Life Insurance:** 2 x annual salary 100% Employer Paid

**Voluntary Long-Term Disability:** 80% Employer Paid - 20% Employee Paid

The District shall annually contribute each July to all full-time Managers, a non-elective contribution of an amount equal to 2% of the Manager's annual base salary to the Manager's tax-sheltered annuity plan in accordance with the District's 403(b) Plan. A new Non-Elective Employer Contribution Agreement must be completely yearly.