

Upper Merion Area School District

Premiums (2026-2027) - CUSTODIAL / TURF / MAINTENANCE (status quo)

Plan	Total Premium	Employee Monthly Share Amounts (22% of Premium)	Employee Per Pay (24) Deductions	Employer (24) Deductions
Personal Choice #215				
Single	\$1,046.93	\$230.32	\$115.16	\$408.30
Parent/Child	\$1,927.46	\$424.04	\$212.02	\$751.71
Parent/Children	\$2,314.62	\$509.22	\$254.61	\$902.70
Employee and Spouse	\$2,579.12	\$567.41	\$283.70	\$1,005.86
Family	\$2,941.66	\$647.17	\$323.58	\$1,147.25
Keystone/DPOS (C1F101)				
Single	\$859.61	\$111.75	\$55.87	\$373.93
Parent/Child	\$1,201.61	\$156.21	\$78.10	\$522.70
Parent/Children	\$1,891.21	\$245.86	\$122.93	\$822.68
Husband/Wife	\$1,958.23	\$254.57	\$127.28	\$851.83
Family	\$2,542.57	\$330.53	\$165.27	\$1,106.02
C2F101				
Single	\$856.13	\$94.17	\$47.09	\$380.98
Parent/Child	\$1,196.69	\$131.64	\$65.82	\$532.53
Parent/Children	\$1,883.52	\$207.19	\$103.59	\$838.17
Employee and Spouse	\$1,950.24	\$214.53	\$107.26	\$867.86
Family	\$2,532.16	\$278.54	\$139.27	\$1,126.81

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

Capital RX Prescription Program

	30 day supply	Copay Costs	
		Broad 90 Retail/Mailorder	
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	

	District Monthly Premium	Employee Contribution	Employee Per Pay (24) Deductions
DENTAL			
Single coverage	\$45.91	\$0.00	
Family coverage	\$98.50	\$13.15	\$6.57

	100% Employee Paid	Employee Per Pay (24) Deduction
VISION		
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:

\$1,200 one time cash bonus paid in June. Annual Proof of other coverage required.

Life Insurance:* outlined in CBA	1 1/2 x annual salary \$15,000*	Full Time Permanent Part Time	100% Employer Paid
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Voluntary Long-Term Disability:*	cost based on salary and plan selection.	100% Employee Paid
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Support staff who have a regular schedule of working **less** than six (6) hours per day are NOT eligible for Medical/Dental/Vision benefits.

*Support Staff must have a regular schedule of least 20 hours per week to be eligible for Life Insurance and Long Term Disability