

**Upper Merion Area School District
Premiums (2026-2027) - FOOD SERVICE WORKERS**

Plan	Total Premium	Employee Monthly Share Amounts working 6+ hours per day (22% of Premium)	Employee Monthly Share Amounts working 5.5 or more hours per day and hired before 11/1/2012) (22% of Premium)	Employee Monthly Share Amounts working 5.5 or less hours per day and hired before 11/1/2012) 50% of Premiumn	Employee Per Pay (18) Deduction working 5.5 or more hours per day and hired before 11/1/2012) or working 6 + hours per day	Employer Per Pay (18) Deduction working 5.5 or more hours per day and hired before 11/1/2012) or working 6 + hours per day	Employee Per Pay (18) Deduction working less than 5.5 hours per day and hired before 11/1/2012)	Employer Per Pay (18) Deduction working less than 5.5 hours per day and hired before 11/1/2012)
Personal Choice #215								
Single	\$1,046.93	\$230.32	\$230.32	\$523.47	\$153.55	\$544.40	\$348.98	\$348.98
Parent/Child	\$1,927.46	\$424.04	\$424.04	\$963.73	\$282.69	\$1,002.28	\$642.49	\$642.49
Parent/Children	\$2,314.62	\$509.22	\$509.22	\$1,157.31	\$339.48	\$1,203.60	\$771.54	\$771.54
Employee and Spouse	\$2,579.12	\$567.41	\$567.41	\$1,289.56	\$378.27	\$1,341.14	\$859.71	\$859.71
Family	\$2,941.66	\$647.17	\$647.17	\$1,470.83	\$431.44	\$1,529.66	\$980.55	\$980.55
Keystone/DPOS (C1F1O1)		(13% of Premium)	(13% of Premium)	50% of Premiumn				
Single	\$859.61	\$111.75	\$111.75	\$429.81	\$74.50	\$498.57	\$286.54	\$286.54
Parent/Child	\$1,201.61	\$156.21	\$156.21	\$600.81	\$104.14	\$696.93	\$400.54	\$400.54
Parent/Children	\$1,891.21	\$245.86	\$245.86	\$945.61	\$163.90	\$1,096.90	\$630.40	\$630.40
Employee and Spouse	\$1,958.23	\$254.57	\$254.57	\$979.12	\$169.71	\$1,135.77	\$652.74	\$652.74
Family	\$2,542.57	\$330.53	\$330.53	\$1,271.29	\$220.36	\$1,474.69	\$847.52	\$847.52
C2F1O1		(12% of Premium)	(12% of Premium)	50% of Premiumn				
Single	\$856.13	\$102.74	\$102.74	\$428.07	\$68.49	\$502.26	\$285.38	\$285.38
Parent/Child	\$1,196.69	\$143.60	\$143.60	\$598.35	\$95.74	\$702.06	\$398.90	\$398.90
Parent/Children	\$1,883.52	\$226.02	\$226.02	\$941.76	\$150.68	\$1,105.00	\$627.84	\$627.84
Employee and Spouse	\$1,950.24	\$234.03	\$234.03	\$975.12	\$156.02	\$1,144.14	\$650.08	\$650.08
Family	\$2,532.16	\$303.86	\$303.86	\$1,266.08	\$202.57	\$1,485.53	\$844.05	\$844.05

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

As stated in Agreement between Upper Merion Area Board of School Directors and Teamsters Local Union #384 Cafeteria Personnel Agreement, "For all new employees in all classifications hired after November 1, 2012, each must work at least 6 hours per day to be eligible for medical benefits under the Collective Bargaining Agreement."

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 rate
Brand Formulary (Tier 2)	\$30.00	\$30.00	
Brand Non-Formulary Tier 3)	\$55.00	\$55.00	

	District Monthly Premium	Employee Monthly Premium	50% Premium	Employee per pay deduction (18) working 6+ hours per day	Employee Per Pay (18) Deduction working less than 6 hours per day and hired before 11/1/2012)
DENTAL					
Single coverage	\$45.91	\$0.00	\$22.96	\$0.00	\$15.30
Family coverage	\$98.50	\$13.15	\$49.25	\$8.77	\$32.83

	100% Employee Paid	Employee Per Pay (18) Deduction
VISION		
Single	\$7.67	\$5.11
Employee + Spouse	\$14.57	\$9.71
Employee + Child(ren)	\$15.34	\$10.23
Family	\$22.55	\$15.03

Life Insurance: Coverage up to \$10,000 or annual salary, whichever is higher. Employee must be scheduled to work 20 or more hours per week.

Voluntary Long-Term Disability: Cost based on salary and plan selected. Employee must be regularly scheduled to work 20 or more hours per week.

VISION: Must work 20 hours per week to be eligible. This Benefit is 100% Employee Paid