

**Upper Merion Area School District
Premiums (2026-2027) - Project and Confidential Staff**

Plan	Total Premium	Employee Monthly Share Amounts (24% of Premium)	Employee Per Pay (24) Deduction
<u>Personal Choice #215</u>			
Single	\$1,046.93	\$251.26	\$125.63
Parent/Child	\$1,927.46	\$462.59	\$231.30
Parent/Children	\$2,314.62	\$555.51	\$277.75
Employee and Spouse	\$2,579.12	\$618.99	\$309.49
Family	\$2,941.66	\$706.00	\$353.00
<u>Keystone/DPOS (C1F101)</u>			
Single	\$859.61	\$111.75	\$55.87
Parent/Child	\$1,201.61	\$156.21	\$78.10
Parent/Children	\$1,891.21	\$245.86	\$122.93
Employee and Spouse	\$1,958.23	\$254.57	\$127.28
Family	\$2,542.57	\$330.53	\$165.27
<u>C2F101</u>			
Single	\$856.13	\$94.17	\$47.09
Parent/Child	\$1,196.69	\$131.64	\$65.82
Parent/Children	\$1,883.52	\$207.19	\$103.59
Employee and Spouse	\$1,950.24	\$214.53	\$107.26
Family	\$2,532.16	\$278.54	\$139.27

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	

Reimbursement for Medical Waiver of Premiums:

\$60.00/month (paid quarterly)- Annual Proof of other coverage required

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

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

Life Insurance: 1 x annual salary 100 % Employer Paid