

**Upper Merion Area School District
Premiums (2026-2027) - UMAEA MEMBERS**

Plan	Total Premium	Employee Monthly Share Amounts (24% of Premium)	Employee Per Pay (24) Deduction	Employer (24) Deductions	Employee Per Pay (20) Deduction	Employer (20) Deductions
Personal Choice #215						
Single	\$1,046.93	\$251.26	\$125.63	\$397.83	\$150.76	\$477.40
Parent/Child	\$1,927.46	\$462.59	\$231.30	\$732.43	\$277.55	\$878.92
Parent/Children	\$2,314.62	\$555.51	\$277.75	\$879.56	\$333.31	\$1,055.47
Employee and Spouse	\$2,579.12	\$618.99	\$309.49	\$980.07	\$371.39	\$1,176.08
Family	\$2,941.66	\$706.00	\$353.00	\$1,117.83	\$423.60	\$1,341.40
Keystone/DPOS (C1F101)						
Single	\$859.61	\$111.75	\$55.87	\$373.93	\$67.05	\$448.72
Parent/Child	\$1,201.61	\$156.21	\$78.10	\$522.70	\$93.73	\$627.24
Parent/Children	\$1,891.21	\$245.86	\$122.93	\$822.68	\$147.51	\$987.21
Employee and Spouse	\$1,958.23	\$254.57	\$127.28	\$851.83	\$152.74	\$1,022.20
Family	\$2,542.57	\$330.53	\$165.27	\$1,106.02	\$198.32	\$1,327.22
C2F101						
Single	\$856.13	\$94.17	\$47.09	\$380.98	\$56.50	\$457.17
Parent/Child	\$1,196.69	\$131.64	\$65.82	\$532.53	\$78.98	\$639.03
Parent/Children	\$1,883.52	\$207.19	\$103.59	\$838.17	\$124.31	\$1,005.80
Employee and Spouse	\$1,950.24	\$214.53	\$107.26	\$867.86	\$128.72	\$1,041.43
Family	\$2,532.16	\$278.54	\$139.27	\$1,126.81	\$167.12	\$1,352.17

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:

\$3,000/year, as outlined in Collective Bargaining Agreement. Annual Proof of other coverage required

DENTAL	District Monthly Premium	Employee Monthly Premium	Employee Per Pay (24) Deduction	Employer (24) Deductions	Employee Per Pay (20) Deduction	Employer (20) Deductions
Single coverage	\$27.79	\$0.00				
Family coverage	\$95.00	\$16.80	\$8.40	\$39.10	\$10.08	\$46.92
VISION						
	100% Employee Paid		Employee Per Pay (24) Deduction			
Single		\$7.67	\$3.84		\$4.60	
Employee + Spouse		\$14.57	\$7.29		\$8.74	
Employee + Child(ren)		\$15.34	\$7.67		\$9.20	
Family		\$22.55	\$11.28		\$13.53	

Life Insurance: 1 x annual salary 100 % Employer Paid

UMAEA members will have one additional opportunity in November to either elect to commence participation, change from one medical plan to another or waive participation. Critical Illness, Hospital Indemnity, and Accident Insurance thru Symetra will be offered as well as Legal Ease and LifeLock. Changes at this time will take effect on January 1, 2027.