

Upper Merion Area School District

Premiums (2026-2027) - UMSEP

Plan	Total Premium	Employee Monthly Share Amounts (24% of Premium)	Employee Per Pay (24) Deduction	Employer (24) Deductions	Employee Per Pay (18) Deduction	Employer (18) Deductions
Personal Choice #215						
Single	\$1,046.93	\$251.26	\$125.63	\$397.83	\$167.51	\$530.44
Parent/Child	\$1,927.46	\$462.59	\$231.30	\$732.43	\$308.39	\$976.58
Parent/Children	\$2,314.62	\$555.51	\$277.75	\$879.56	\$370.34	\$1,172.74
Employee and Spouse	\$2,579.12	\$618.99	\$309.49	\$980.07	\$412.66	\$1,306.75
Family	\$2,941.66	\$706.00	\$353.00	\$1,117.83	\$470.67	\$1,490.44
Keystone/DPOS (C1F101)						
		(13% of Premium)				
Single	\$859.61	\$111.75	\$55.87	\$373.93	\$74.50	\$498.57
Parent/Child	\$1,201.61	\$156.21	\$78.10	\$522.70	\$104.14	\$696.93
Parent/Children	\$1,891.21	\$245.86	\$122.93	\$822.68	\$163.90	\$1,096.90
Employee and Spouse	\$1,958.23	\$254.57	\$127.28	\$851.83	\$169.71	\$1,135.77
Family	\$2,542.57	\$330.53	\$165.27	\$1,106.02	\$220.36	\$1,474.69
C2F101						
		(11% of Premium)				
Single	\$856.13	\$94.17	\$47.09	\$380.98	\$62.78	\$507.97
Parent/Child	\$1,196.69	\$131.64	\$65.82	\$532.53	\$87.76	\$710.04
Parent/Children	\$1,883.52	\$207.19	\$103.59	\$838.17	\$138.12	\$1,117.56
Employee and Spouse	\$1,950.24	\$214.53	\$107.26	\$867.86	\$143.02	\$1,157.14
Family	\$2,532.16	\$278.54	\$139.27	\$1,126.81	\$185.69	\$1,502.41

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	

DENTAL	District Monthly Premium	Employee Monthly Premium	Employee Per Pay (24) Deduction	Employer (24) Deductions	Employee Per Pay (18) Deduction	Employer (18) Deductions
Single coverage	\$45.91	\$0.00				
Family coverage	\$98.50	\$13.15	\$6.57	\$42.68	\$8.77	\$56.90
VISION						
	100% Employee Paid		Employee Per Pay (24) Deduction		Employee Per Pay (18) Deduction	
Single		\$7.67	\$3.84		\$5.11	
Employee + Spouse		\$14.57	\$7.29		\$9.71	
Employee + Child(ren)		\$15.34	\$7.67		\$10.23	
Family		\$22.55	\$11.28		\$15.03	

Reimbursement for Medical Waiver of Premiums:
\$60.00/month (paid quarterly)- Annual Proof of other coverage required

Life Insurance:	\$10,000 or annual salary, whichever is higher.	100 % Employer Paid
Voluntary Long-Term Disability:	Cost based on salary and plan selection.	100% Employee Paid

Support staff who have a regular schedule of working **less** than six (6) hours per day are NOT eligible for Medical or Dental benefits.
Support Staff must have a regular schedule of at least 20 hours per week to be eligible for Life Insurance, Long Term Disability or Vision Benefits.