Upper Merion Area School District										
Premiums (2025-2026) - FOOD SERVICE WORKERS										
Plan Personal Choice #215 Single Parent/Child Parent/Children Employee and Spouse	Total Premium \$960.82 \$1,769.40 \$2,124.26 \$2,367.18	Employee Monthly Share Amounts working 6+ hours per day (22% of Premium) \$211.38 \$389.27 \$467.34 \$520.78	Employee Monthly Share Amounts working 5.5 or more hours per day and hired before 11/1/2012) (22% of Premium) \$211.38 \$389.27 \$467.34 \$520.78 \$520.78	Employee Monthly Share Amounts working 5.5 or less hours per day and hired before 11/1/2012) 50% of Premiumn \$480.41 \$884.70 \$1,062.13 \$1,183.59 10,052.02	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 \$140.92 \$259.51 \$311.56 \$347.19	Employee Per Pay (18) Deduction. working less than 5.5 hours per day and hired before 11/1/2012) \$320.27 \$589.80 \$708.09 \$789.06 \$200.07				
Family	\$2,699.55	\$593.90	\$593.90	\$1,349.78	\$395.93	\$899.85				
Keystone/DPOS (C1F101) Single Parent/Child Parent/Children Employee and Spouse Family	\$788.71 \$1,102.51 \$1,735.24 \$1,796.73 \$2,332.87	(13% of Premium) \$102.53 \$143.33 \$225.58 \$233.57 \$303.27	(13% of Premium) \$102.53 \$143.33 \$225.58 \$233.57 \$303.27	50% of Premiumn \$394.36 \$551.26 \$867.62 \$898.37 \$1,166.44	\$68.35 \$95.55 \$150.39 \$155.72 \$202.18	\$262.90 \$367.50 \$578.41 \$598.91 \$777.62				
C2F101 Single Parent/Child Parent/Children Employee and Spouse Family	\$785.52 \$1,097.98 \$1,728.17 \$1,789.39 \$2,323.31	(12% of Premium) \$94.26 \$131.76 \$207.38 \$214.73 \$278.80	(12% of Premium) \$94.26 \$131.76 \$207.38 \$214.73 \$278.80	50% of Premiumn \$392.76 \$548.99 \$864.09 \$894.70 \$1,161.66	\$62.84 \$87.84 \$138.25 \$143.15 \$185.86	\$261.84 \$365.99 \$576.06 \$596.46 \$774.44				

Teledoc, Ovia & Diabetes Management, Hypertension Management and Mental Health Coaching by Teledoc 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										
Generic (Tier 1)	30 day supply \$5.00	CoPay Costs Broad 90 Retail/Mailorder \$5.00								
Brand Formulary (Tier 2) Brand Non-Formulary Tier 3)	\$30.00 \$55.00	\$30.00 \$55.00	There is only one choice for Prescriptions and the cost is embedded into the Medical rate							
DENTAL	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					
DENTAL Single coverage Family coverage	\$44.71 \$95.93	\$0.00 \$12.81	\$22.36 \$47.97	\$0.00 \$8.54	before 11/1/2012) \$14.90 \$31.98					
VISION Single Employee + Spouse Employee + Child(ren) Family	100% Employee Paid \$7.67 \$14.57 \$15.34 \$22.55		Employee Per Pay (18) Deduction \$5.11 \$9.71 \$10.23 \$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								