

Upper Merion Area School District Premiums (2024-2025) - 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 Premium	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	Employee Per Pay (18) Deduction working less than 5.5 hours per day and hired before 11/1/2012
Personal Choice #215						
Single	\$932.57	\$205.17	\$205.17	\$466.29	\$136.78	\$310.86
Parent/Child	\$1,715.01	\$377.30	\$377.30	\$857.51	\$251.53	\$571.67
Parent/Children	\$2,061.73	\$453.58	\$453.58	\$1,030.87	\$302.39	\$687.24
Employee and Spouse	\$2,296.59	\$505.25	\$505.25	\$1,148.30	\$336.83	\$765.53
Family	\$2,620.95	\$576.61	\$576.61	\$1,310.48	\$384.41	\$873.65
Keystone/DPOS (C1F101)		(13% of Premium)	(13% of Premium)	50% of Premium		
Single	\$766.48	\$99.64	\$99.64	\$383.24	\$66.43	\$255.49
Parent/Child	\$1,071.42	\$139.28	\$139.28	\$535.71	\$92.86	\$357.14
Parent/Children	\$1,686.30	\$219.22	\$219.22	\$843.15	\$146.15	\$562.10
Employee and Spouse	\$1,746.06	\$226.99	\$226.99	\$873.03	\$151.33	\$582.02
Family	\$2,267.08	\$294.72	\$294.72	\$1,133.54	\$196.48	\$755.69
C2F101		(12% of Premium)	(12% of Premium)	50% of Premium		
Single	\$763.39	\$91.61	\$91.61	\$381.70	\$61.07	\$254.46
Parent/Child	\$1,067.05	\$128.05	\$128.05	\$533.53	\$85.36	\$355.68
Parent/Children	\$1,679.48	\$201.54	\$201.54	\$839.74	\$134.36	\$559.83
Employee and Spouse	\$1,738.98	\$208.68	\$208.68	\$869.49	\$139.12	\$579.66
Family	\$2,257.85	\$270.94	\$270.94	\$1,128.93	\$180.63	\$752.62
MDLive, Ovia, Propeller & Livongo 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	\$41.52	\$0.00	\$20.76	\$0.00	\$13.84	
Family coverage	\$89.09	\$11.89	\$44.55	\$7.93	\$29.70	
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.					