

Upper Merion Area School District

Premiums (2024-2025) - Non Union Support Staff

Plan	Total Premium	Employee Monthly Share Amounts (22% of Premium)	Employee Per Pay (24) Deduction	Employee Per Pay (18) Deduction
<u>Personal Choice #215</u>				
Single	\$932.57	\$205.17	\$102.58	\$136.78
Parent/Child	\$1,715.01	\$377.30	\$188.65	\$251.53
Parent/Children	\$2,061.73	\$453.58	\$226.79	\$302.39
Employee and Spouse	\$2,296.59	\$505.25	\$252.62	\$336.83
Family	\$2,620.95	\$576.61	\$288.30	\$384.41
<u>Keystone/DPOS (C1F101)</u>		<u>(13% of Premium)</u>		
Single	\$766.48	\$99.64	\$49.82	\$66.43
Parent/Child	\$1,071.42	\$139.28	\$69.64	\$92.86
Parent/Children	\$1,686.30	\$219.22	\$109.61	\$146.15
Employee and Spouse	\$1,746.06	\$226.99	\$113.49	\$151.33
Family	\$2,267.08	\$294.72	\$147.36	\$196.48
<u>C2F101</u>		<u>(11% of Premium)</u>		
Single	\$763.39	\$83.97	\$41.99	\$55.98
Parent/Child	\$1,067.05	\$117.38	\$58.69	\$78.25
Parent/Children	\$1,679.48	\$184.74	\$92.37	\$123.16
Employee and Spouse	\$1,738.98	\$191.29	\$95.64	\$127.53
Family	\$2,257.85	\$248.36	\$124.18	\$165.58

MDLive, Ovia, Propeller & Livongo 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	

<u>DENTAL</u>	<u>District Monthly Premium</u>	<u>Employee Monthly Premium</u>	<u>Employee Per Pay (24) Deduction</u>	<u>Employee Per Pay (18) Deduction</u>
Single coverage	\$41.52	\$0.00		
Family coverage	\$89.09	\$11.89	\$5.95	\$7.93
<u>VISION</u>	100% Employee Paid		<u>Employee Per Pay (24) Deduction</u>	<u>Employee Per Pay (18) Deduction</u>
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

<u>Life Insurance:</u>*	\$10,000 or annual salary, whichever is higher.	100 % Employer Paid
<u>Voluntary Long-Term Disability:</u>*	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/Dental/Vision benefits.

*Support Staff must have a regular schedule of least 20 hours per week to be eligible for Life Insurance and Long Term Disability