

Upper Merion Area School District

Premiums (2025-2026) - Support Staff

<u>Plan</u>	<u>Total Premium</u>	<u>Employee Monthly Share Amounts</u> <u>(22% of Premium)</u>	<u>Employee Per Pay (24) Deduction</u>	<u>Employee Per Pay (18) Deduction</u>
<u>Personal Choice #215</u>				
Single	\$960.82	\$211.38	\$105.69	\$140.92
Parent/Child	\$1,769.40	\$389.27	\$194.63	\$259.51
Parent/Children	\$2,124.26	\$467.34	\$233.67	\$311.56
Employee and Spouse	\$2,367.18	\$520.78	\$260.39	\$347.19
Family	\$2,699.55	\$593.90	\$296.95	\$395.93
<u>Keystone/DPOS (C1F101)</u>		<u>(13% of Premium)</u>		
Single	\$788.71	\$102.53	\$51.27	\$68.35
Parent/Child	\$1,102.51	\$143.33	\$71.66	\$95.55
Parent/Children	\$1,735.24	\$225.58	\$112.79	\$150.39
Employee and Spouse	\$1,796.73	\$233.57	\$116.79	\$155.72
Family	\$2,332.87	\$303.27	\$151.64	\$202.18
<u>C2F101</u>		<u>(11% of Premium)</u>		
Single	\$785.52	\$86.41	\$43.20	\$57.60
Parent/Child	\$1,097.98	\$120.78	\$60.39	\$80.52
Parent/Children	\$1,728.17	\$190.10	\$95.05	\$126.73
Employee and Spouse	\$1,789.39	\$196.83	\$98.42	\$131.22
Family	\$2,323.31	\$255.56	\$127.78	\$170.38

Teledoc, Ovia, Diabetes Management, Hypertension Management and Mental Health Coaching by Teledoc are included at no cost to Employees enrolled in Medical coverage.

Capital RX Prescription Program

	<u>Copay Costs</u>	
	<u>30 day supply</u>	<u>Broad 90</u>
		<u>Retail/Mailorder</u>
Generic (Tier 1)	\$5.00	\$5.00
Brand Formulary (Tier 2)	\$30.00	\$30.00
Brand Non-Formulary Tier 3)	\$55.00	\$55.00

There is only one choice for Prescriptions and the cost is embedded into the Medical plan rates.

<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	\$44.71	\$0.00		
Family coverage	\$95.93	\$12.81	\$6.40	\$8.54
<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 or Dental benefits.
Support Staff must have a regular schedule of least 20 hours per week to be eligible for Life Insurance, Long Term Disability or Vision Benefits.