

Upper Merion Area School District

Premiums (2024-2025) - UMAEA MEMBERS

<u>Plan</u>	<u>Total Premium</u>	<u>Employee Monthly Share Amounts (22% of Premium)</u>	<u>Employee Per Pay (24) Deduction</u>	<u>Employee Per Pay (20) Deduction</u>
<u>Personal Choice #215</u>				
Single	\$932.57	\$205.17	\$102.58	\$123.10
Parent/Child	\$1,715.01	\$377.30	\$188.65	\$226.38
Parent/Children	\$2,061.73	\$453.58	\$226.79	\$272.15
Employee and Spouse	\$2,296.59	\$505.25	\$252.62	\$303.15
Family	\$2,620.95	\$576.61	\$288.30	\$345.97
<u>Keystone/DPOS (C1F101)</u>		<u>(13% of Premium)</u>		
Single	\$766.48	\$99.64	\$49.82	\$59.79
Parent/Child	\$1,071.42	\$139.28	\$69.64	\$83.57
Parent/Children	\$1,686.30	\$219.22	\$109.61	\$131.53
Employee and Spouse	\$1,746.06	\$226.99	\$113.49	\$136.19
Family	\$2,267.08	\$294.72	\$147.36	\$176.83
<u>C2F101</u>		<u>(11% of Premium)</u>		
Single	\$763.39	\$83.97	\$41.99	\$50.38
Parent/Child	\$1,067.05	\$117.38	\$58.69	\$70.43
Parent/Children	\$1,679.48	\$184.74	\$92.37	\$110.85
Employee and Spouse	\$1,738.98	\$191.29	\$95.64	\$114.77
Family	\$2,257.85	\$248.36	\$124.18	\$149.02

MDLive, Ovia, Propeller & Livongo are included at no cost to Employees enrolled in Medical coverage.

Capital RX Prescription Program

	<u>30 day supply</u>	<u>CoPay Costs</u>	
		<u>Broad 90 Retail/Mailorder</u>	
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	

Reimbursement for Medical Waiver of Premiums:

\$3,000/year, as outlined in Collective Bargaining Agreement. Annual Proof of other coverage required

<u>DENTAL</u>	<u>District Monthly Premium</u>	<u>Employee Monthly Premium</u>	<u>Employee Per Pay (24) Deduction</u>	<u>Employee Per Pay (20) Deduction</u>
Single coverage	\$28.31	\$0.00		
Family coverage	\$96.76	\$17.11	\$8.56	\$10.27
<u>VISION ** New as of 1/1/2025</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
<u>Life Insurance:</u>	1 x annual salary	100 % Employer Paid		

UMAEA members will have one additional opportunity in November to either elect to commence participation or change from one medical plan to another. Changes at this time will take effect on January 1, 2025.