**Upper Merion Area School District**

**Premiums (2026-2027) - CUSTODIAL / TURF / MAINTENANCE**

| Plan | Total Premium | Employee Monthly Share Amounts | Employee Per Pay (24) Deductions |
|---|---|---|---|
| **Personal Choice #215** | | **(24% of Premium)** | |
| Single | $1,046.93 | $251.26 | $125.63 |
| Parent/Child | $1,927.46 | $462.59 | $231.30 |
| Parent/Children | $2,314.62 | $555.51 | $277.75 |
| Employee and Spouse | $2,579.12 | $618.99 | $309.49 |
| Family | $2,941.66 | $706.00 | $353.00 |
| **Keystone/DPOS (C1F1O1)** | | **(14% of Premium)** | |
| Single | $859.61 | $120.35 | $60.17 |
| Parent/Child | $1,201.61 | $168.23 | $84.11 |
| Parent/Children | $1,891.21 | $264.77 | $132.38 |
| Husband/Wife | $1,958.23 | $274.15 | $137.08 |
| Family | $2,542.57 | $355.96 | $177.98 |
| **C2F1O1** | | **(11% of Premium)** | |
| Single | $856.13 | $94.17 | $47.09 |
| Parent/Child | $1,196.69 | $131.64 | $65.82 |
| Parent/Children | $1,883.52 | $207.19 | $103.59 |
| Employee and Spouse | $1,950.24 | $214.53 | $107.26 |
| Family | $2,532.16 | $278.54 | $139.27 |

Teledoc, Diabetes Management, Hypertension Management are included at no cost to Employees enrolled in Medical coverage.

**Capital RX Prescription Program**

| | **Copay Costs** | | |
|---|---|---|---|
| | **30 day supply** | **Broad 90 Retail/Mailorder** | There is only one choice for Prescriptions and the cost is embedded into the Medical plan rates |
| Generic (Tier 1) | $5.00 | $5.00 | |
| Brand Formulary (Tier 2) | $30.00 | $30.00 | |
| Brand Non-Formulary Tier 3) | $55.00 | $55.00 | |

| **DENTAL** | **District Monthly Premium** | **Employee Contribution** | **Employee Per Pay (24) Deductions** |
|---|---|---|---|
| Single coverage | $45.91 | $0.00 | |
| Family coverage | $98.50 | $13.15 | $6.57 |

| **VISION** | **100% Employee Paid** | **Employee Per Pay (24) Deduction** |
|---|---|---|
| Single | $7.67 | $3.84 |
| Employee + Spouse | $14.57 | $7.29 |
| Employee + Child(ren) | $15.34 | $7.67 |
| Family | $22.55 | $11.28 |

**Reimbursement for Medical Waiver of Premiums:**
$1,200 one time cash bonus paid in June. Annual Proof of other coverage required.

| | | | |
|---|---|---|---|
| **Life Insurance**:* outlined in CBA | 1 1/2 x annual salary $15,000* | Full Time Permanent Part Time | 100% Employer Paid |
| **Voluntary Long-Term Disability**:* | 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