

**Upper Merion Area School District**

**Medical Premiums (2022-2023) - UMAEA MEMBERS**

<b><u>Plan</u></b>	<b><u>District Monthly Premium</u></b>	<b><u>Employee Monthly Premium</u></b>	<b><u>Per Pay Amount</u></b>	
			<b><i>22 Pays / 20 Ded (Aug- Jun)</i></b>	<b><i>26 Pays / 24 Ded (Sept - Aug)</i></b>
<b><u>Personal Choice #215</u></b>		<b><u>(22% of Premium)</u></b>		
Single	\$830.89	\$182.80	\$109.68	\$91.40
Parent/Child	\$1,542.36	\$339.32	\$203.59	\$169.66
Parent/Children	\$1,837.33	\$404.21	\$242.53	\$202.11
Husband/Wife	\$2,052.23	\$451.49	\$270.89	\$225.75
Family	\$2,330.48	\$512.71	\$307.62	\$256.35
<b><u>Keystone/DPOS (C1F1O1)</u></b>		<b><u>(13% of Premium)</u></b>	<b><i>22 P / 20 D</i></b>	<b><i>26 P / 24 D</i></b>
Single	\$677.13	\$88.03	\$52.82	\$44.01
Parent/Child	\$946.55	\$123.05	\$73.83	\$61.53
Parent/Children	\$1,489.77	\$193.67	\$116.20	\$96.84
Husband/Wife	\$1,542.57	\$200.53	\$120.32	\$100.27
Family	\$2,002.88	\$260.37	\$156.22	\$130.19
<b><u>C2F1O1</u></b>		<b><u>(11% of Premium)</u></b>	<b><i>22 P / 20 D</i></b>	<b><i>26 P / 24 D</i></b>
Single	\$674.27	\$74.17	\$44.50	\$37.08
Parent/Child	\$942.50	\$103.68	\$62.21	\$51.84
Parent/Children	\$1,483.47	\$163.18	\$97.91	\$81.59
Husband/Wife	\$1,536.01	\$168.96	\$101.38	\$84.48
Family	\$1,994.34	\$219.38	\$131.63	\$109.69

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

**Express Scripts Prescription Program (cost included in Medical)**

<b><u>Copay Costs</u></b>			
	<b>30 day supply any pharmacy</b>	<b>Smart 90 (90 day supply) Walgreens/CVS/ Mailorder</b>	
Generic	\$5.00	\$5.00	ALL MEDICAL PLANS HAVE THE SAME PRESCRIPTION PROGRAM
Brand Formulary	\$30.00	\$30.00	
Brand Non-Formulary	\$55.00	\$55.00	

**Reimbursement for Waiver of Premiums:**

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

<b><u>DENTAL</u></b>	<b><u>District Monthly Premium</u></b>	<b><u>Employee Monthly Premium</u></b>	<b><i>22 P / 20 D</i></b>	<b><i>26 P / 24 D</i></b>
Single coverage	\$26.10	\$0.00	\$0.00	\$0.00
Family coverage	\$89.20	\$15.78	\$9.47	\$7.89
<b><u>Life Insurance:</u></b>	1 x annual salary			

\* UMAEA members will have one additional opportunity (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, 2023