

**Upper Merion Area School District**

**Medical Premiums (2022-2023) - ADMINISTRATORS**

<b><u>Plan</u></b>	<b><u>District Monthly Premium</u></b>	<b><u>Employee Monthly Premium</u></b> <b><u>(20% of Premium)</u></b>	<b><u>Per Pay Amount</u></b> <b><u>(2x per Month)</u></b>
<b><u>Personal Choice #215</u></b>			
Single	\$830.89	\$166.18	\$83.09
Parent/Child	\$1,542.36	\$308.47	\$154.24
Parent/Children	\$1,837.33	\$367.47	\$183.73
Husband/Wife	\$2,052.23	\$410.45	\$205.22
Family	\$2,330.48	\$466.10	\$233.05
<b><u>Keystone/DPOS (C1F1O1)</u></b>		<b><u>(11% of Premium)</u></b>	
Single	\$677.13	\$74.48	\$37.24
Parent/Child	\$946.55	\$104.12	\$52.06
Parent/Children	\$1,489.77	\$163.87	\$81.94
Husband/Wife	\$1,542.57	\$169.68	\$84.84
Family	\$2,002.88	\$220.32	\$110.16
<b><u>C2F1O1</u></b>		<b><u>(9% of Premium)</u></b>	
Single	\$674.27	\$60.68	\$30.34
Parent/Child	\$942.50	\$84.83	\$42.41
Parent/Children	\$1,483.47	\$133.51	\$66.76
Husband/Wife	\$1,536.01	\$138.24	\$69.12
Family	\$1,994.34	\$179.49	\$89.75

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
Brand Formulary	\$30.00	\$30.00
Brand Non-Formulary	\$55.00	\$55.00

ALL MEDICAL PLANS  
HAVE THE SAME  
PRESCRIPTION  
PROGRAM

<b><u>DENTAL</u></b>	<b><u>District Mthly Premium</u></b>	<b><u>Employee Monthly Premium</u></b>	
Single coverage	\$41.52	\$0.00	\$0.00
Family coverage	\$89.09	\$11.89	\$5.95

<b><u>VISION</u></b>	<b><u>100% Employee Paid</u></b>	<b><u>Per Pay Amount</u></b> <b><u>(2x per Month)</u></b>
Single	\$7.67	\$3.84
Parent/Child(ren)	\$15.34	\$7.67
Husband/Wife	\$14.57	\$7.29
Family	\$22.55	\$11.28

**Reimbursement for Waiver of Premiums:**

Act 93: \$5,500/year, as outlined in Act 93 Management Compensation Plan.  
Annual Proof of other coverage required

<b><u>Life Insurance:</u></b>	2 x annual salary
<b><u>Voluntary Long-Term Disability:</u></b>	80% Employer Paid - 20% Employee Paid

**NOTE:**

The District shall annually contribute to each full-time Manager a non-elective contribution of \$1,750.00 to the Manager's tax-sheltered annuity plan in accordance with the District's 403(b) Plan.