## **Upper Merion Area School District**

		-2023) - SUPPORT STAFF		
<u>Plan</u>	<b>District Monthly Premium</b>	<b>Employee Monthly Premium</b>	Per Pay Amount	
			26 Pays / 24	20 Pays / 18
Personal Choice #215		(22% of Premium)	Ded	Ded
Single	\$830.89	\$182.80	\$91.40	\$121.86
Parent/Child	\$1,542.36	\$339.32	\$169.66	\$226.21
Parent/Children	\$1,837.33	\$404.21	\$202.11	\$269.48
Husband/Wife	\$2,052.23	\$451.49	\$225.75	\$300.99
Family	\$2,330.48	\$512.71	\$256.35	\$341.80
Keystone/DPOS (C1F1O1)		(13% of Premium)	26 P/ 24 D	22 P / 18 D
Single	\$677.13	\$88.03	\$44.01	\$58.68
Parent/Child	\$946.55	\$123.05	\$61.53	\$82.03
Parent/Children	\$1,489.77	\$193.67	\$96.84	\$129.11
Husband/Wife	\$1,542.57	\$200.53	\$100.27	\$133.69
Family	\$2,002.88	\$260.37	\$130.19	\$173.58
C2F1O1		(11% of Premium)	26 P/ 24 D	22 P / 18 D
Single	\$674.27	\$74.17	\$37.08	\$49.45
Parent/Child	\$942.50	\$103.68	\$51.84	\$69.12
Parent/Children	\$1,483.47	\$163.18	\$81.59	\$108.79
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Husband/Wife	\$1,536.01	\$168.96	\$84.48	\$112.64
Family	\$1,994.34	\$219.38	\$84.48 \$109.69	\$112.64 \$146.25
Family  MD Live, Ovia, Propeller & Livongo coverage.	\$1,994.34	\$219.38 yees enrolled in Medical	· ·	•
Family  MD Live, Ovia, Propeller & Livongo coverage.	\$1,994.34 are included at no cost to Employ escription Program (cost include	\$219.38  yees enrolled in Medical  ded in Medical) y Costs	· ·	•
Family  MD Live, Ovia, Propeller & Livongo coverage.	\$1,994.34 are included at no cost to Employ escription Program (cost include	\$219.38 yees enrolled in Medical	· ·	•
Family  MD Live, Ovia, Propeller & Livongo coverage.	\$1,994.34  are included at no cost to Employ  escription Program (cost included Copate 30 day supply	\$219.38  yees enrolled in Medical  ded in Medical) y Costs Smart 90 (90 day supply)	\$109.69	\$146.25
Family  MD Live, Ovia, Propeller & Livongo coverage.  Express Scripts Property Scripts Prop	\$1,994.34  are included at no cost to Employ  escription Program (cost included Copate Supply  any pharmacy	\$219.38  yees enrolled in Medical  ded in Medical) y Costs Smart 90 (90 day supply) Walgreens/CVS/ Mailorder	\$109.69	\$146.25
Family  MD Live, Ovia, Propeller & Livongo coverage.  Express Scripts Properties  Generic	\$1,994.34  are included at no cost to Employ  escription Program (cost included Coparism Supply any pharmacy \$5.00	\$219.38  yees enrolled in Medical  ded in Medical) y Costs Smart 90 (90 day supply) Walgreens/CVS/ Mailorder \$5.00	\$109.69  ALL MEDICAL F SAME PRE	\$146.25 PLANS HAVE THE
Family  MD Live, Ovia, Propeller & Livongo a coverage.  Express Scripts Pr  Generic Brand Formulary Brand Non-Formulary	\$1,994.34  are included at no cost to Employ  escription Program (cost included as a cost	\$219.38  yees enrolled in Medical  ded in Medical) y Costs Smart 90 (90 day supply) Walgreens/CVS/ Mailorder \$5.00 \$30.00 \$55.00	\$109.69  ALL MEDICAL F SAME PRO	\$146.25 PLANS HAVE THE ESCRIPTION GRAM
Family  MD Live, Ovia, Propeller & Livongo a coverage.  Express Scripts Propeller & Livongo a coverage.  Generic Brand Formulary Brand Non-Formulary  DENTAL	\$1,994.34  are included at no cost to Employ  escription Program (cost included at no cost to Employ  and Copar (Copar (C	\$219.38  yees enrolled in Medical  ded in Medical) y Costs Smart 90 (90 day supply) Walgreens/CVS/ Mailorder \$5.00 \$30.00 \$55.00  Employee Monthly Premium	\$109.69  ALL MEDICAL F SAME PRO	\$146.25 PLANS HAVE THE ESCRIPTION GRAM
Family  MD Live, Ovia, Propeller & Livongo a coverage.  Express Scripts Properties  Generic Brand Formulary Brand Non-Formulary  DENTAL Single coverage	\$1,994.34  are included at no cost to Employ  escription Program (cost included at no cost to Employ  and Copar (Copar (C	\$219.38  yees enrolled in Medical  ded in Medical) y Costs Smart 90 (90 day supply) Walgreens/CVS/ Mailorder \$5.00 \$30.00 \$55.00  Employee Monthly Premium \$0.00	\$109.69  ALL MEDICAL F SAME PRE PRO  26 P/ 24 D \$0.00	\$146.25 PLANS HAVE THE ESCRIPTION GRAM 22 P / 18 D \$0.00
Family  MD Live, Ovia, Propeller & Livongo a coverage.  Express Scripts Propeller & Livongo a coverage.  Generic Brand Formulary Brand Non-Formulary  DENTAL	\$1,994.34  are included at no cost to Employ  escription Program (cost included at no cost to Employ  and Copar (Copar (C	\$219.38  yees enrolled in Medical  ded in Medical) y Costs Smart 90 (90 day supply) Walgreens/CVS/ Mailorder \$5.00 \$30.00 \$55.00  Employee Monthly Premium	\$109.69  ALL MEDICAL F SAME PRO	\$146.25 PLANS HAVE THE ESCRIPTION GRAM
Family  MD Live, Ovia, Propeller & Livongo a coverage.  Express Scripts Properties  Generic Brand Formulary Brand Non-Formulary  DENTAL Single coverage	\$1,994.34  are included at no cost to Employ  escription Program (cost included at no cost to Employ  and Goday Supply any pharmacy \$5.00 \$30.00 \$55.00  District Monthly Premium \$41.52 \$89.09	\$219.38  yees enrolled in Medical  ded in Medical) y Costs Smart 90 (90 day supply) Walgreens/CVS/ Mailorder \$5.00 \$30.00 \$55.00  Employee Monthly Premium \$0.00	\$109.69  ALL MEDICAL F SAME PRE PRO  26 P/ 24 D \$0.00	\$146.25 PLANS HAVE THE ESCRIPTION GRAM 22 P / 18 D \$0.00
Family  MD Live, Ovia, Propeller & Livongo coverage.  Express Scripts Propeller & Livongo coverage.  Express Scripts Propeller & Livongo coverage.  Sepress Scripts Propeller & Livongo coverage coverage  Family coverage	\$1,994.34  are included at no cost to Employ  escription Program (cost included at no cost to Employ  and Copat  30 day supply any pharmacy \$5.00 \$30.00 \$55.00  District Monthly Premium \$41.52 \$89.09	\$219.38  yees enrolled in Medical  ded in Medical) y Costs Smart 90 (90 day supply) Walgreens/CVS/ Mailorder \$5.00 \$30.00 \$55.00  Employee Monthly Premium \$0.00 \$11.89	\$109.69  ALL MEDICAL F SAME PRE PRO  26 P/ 24 D \$0.00	\$146.25 PLANS HAVE THE ESCRIPTION GRAM 22 P / 18 D \$0.00
Family  MD Live, Ovia, Propeller & Livongo a coverage.  Express Scripts Propeller & Livongo a coverage.  Express Scripts Propeller & Livongo a coverage and Formulary  DENTAL Single coverage Family coverage  Reimbursement for Waiver of Preserved.	\$1,994.34  are included at no cost to Employ  escription Program (cost included at no cost to Employ  and Copar 30 day supply any pharmacy \$5.00 \$30.00 \$55.00  District Monthly Premium \$41.52 \$89.09  miums:  Jual Proof of other coverage requirements	\$219.38  yees enrolled in Medical  ded in Medical) y Costs Smart 90 (90 day supply) Walgreens/CVS/ Mailorder \$5.00 \$30.00 \$55.00  Employee Monthly Premium \$0.00 \$11.89	\$109.69  ALL MEDICAL F SAME PRE PRO  26 P/ 24 D \$0.00 \$5.95	\$146.25 PLANS HAVE THE ESCRIPTION GRAM 22 P / 18 D \$0.00

cost based on plan selection. Must be scheduled a minimum of 20 hrs/week

Support staff working less than six (6) hours per day are NOT eligible for medical or dental benefits.

Voluntary Long-Term Disability:\*

<sup>\*</sup>Support Staff regulararly schedule at least 20 hours per week are eligible for Life Insurance and Long Term Disability