

Upper Merion Area School District
Medical Premiums (2022-2023) - FOOD SERVICE WORKERS

<u>Plan</u>	<u>District Mthly Premium</u>	<u>FDS 6+ hours per day Employee Monthly Premium</u>	<u>FDS - More than 5.5 hr/day (Hired before 11/01/12) (21% of Premium)</u>	<u>FDS - less than 5.5 hr/day (Hired before 11/01/12) 50% of Premium</u>
<u>Personal Choice #215</u>		<u>(21% of Premium)</u>	<u>(21% of Premium)</u>	
Single	\$830.89	\$174.49	\$174.49	\$415.45
Parent/Child	\$1,542.36	\$323.90	\$323.90	\$771.18
Parent/Children	\$1,837.33	\$385.84	\$385.84	\$918.67
Husband/Wife	\$2,052.23	\$430.97	\$430.97	\$1,026.12
Family	\$2,330.48	\$489.40	\$489.40	\$1,165.24
<u>Keystone/DPOS (C1F101)</u>		<u>(12% of Premium)</u>	<u>(12% of Premium)</u>	<u>50% of Premium</u>
Single	\$677.13	\$81.26	\$81.26	\$338.57
Parent/Child	\$946.55	\$113.59	\$113.59	\$473.28
Parent/Children	\$1,489.77	\$178.77	\$178.77	\$744.89
Husband/Wife	\$1,542.57	\$185.11	\$185.11	\$771.29
Family	\$2,002.88	\$240.35	\$240.35	\$1,001.44
<u>C2F101</u>		<u>(11% of Premium)</u>	<u>(11% of Premium)</u>	<u>50% of Premium</u>
Single	\$674.27	\$74.17	\$74.17	\$337.14
Parent/Child	\$942.50	\$103.68	\$103.68	\$471.25
Parent/Children	\$1,483.47	\$163.18	\$163.18	\$741.73
Husband/Wife	\$1,536.01	\$168.96	\$168.96	\$768.01
Family	\$1,994.34	\$219.38	\$219.38	\$997.17

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

As stated in Agreement between Upper Merion Area Board of School Directors and Teamsters Local Union #384 Cafeteria Personnel Agreement, "For all new employees in all classifications hired after November 1, 2012, each must work at least 6 hours per day to be eligible for medical/dental benefits under the Collective Bargaining Agreement."

Express Scripts Prescription Program (cost included in Medical)

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

<u>DENTAL</u>	<u>District Mthly Premium</u>	<u>Employee Monthly Premium</u>	<u>50% Premium *</u>	<u>50% Premium *</u>
Single coverage	\$41.52	\$0.00	\$20.76	\$20.76
Family coverage	\$89.09	\$11.89	\$44.55	\$44.55

*For existing employees (hired prior to 11/01/2012) in Class K working less than 6 hours per day, dental coverage may be purchased at 50% of premium.

<u>Life Insurance:</u>	Coverage up to \$10,000 or annual salary, whichever is higher. Employee must be scheduled to work 20 or more hours per week.
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<u>Voluntary Long-Term Disability:</u>	Cost based on plan selected. Employee must be scheduled to work 20 or more hours per week.
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Reimbursement for Waiver of Premiums:

Actual Payroll Contribution provided for benchmarking purposes may vary in accordance with the terms of the Agreement between UMASD and Teamsters Local Union #384. Annual Proof of other coverage required.

*Calculation of your payroll deduction is Monthly Amount * 12 months / 18 payroll deductions - Deductions begin In October and end in June. *