## **Upper Merion Area School District**

## Medical Premiums (2022-2023) - CUSTODIAL / TURF / MAINTENANCE

		Cust/Turf/Mnt Employee	
<u>Plan</u>	<u>District Monthly Premium</u>	<b>Monthly Premium</b>	
Personal Choice #215		(21% of Premium)	26 Pays / 24 Ded
Single	\$830.89	\$174.49	\$87.24
Parent/Child	\$1,542.36	\$323.90	\$161.95
Parent/Children	\$1,837.33	\$385.84	\$192.92
Husband/Wife	\$2,052.23	\$430.97	\$215.48
Family	\$2,330.48	\$489.40	\$244.70
Keystone/DPOS (C1F1O1)		(12% of Premium)	26 P/ 24 D
Single	\$677.13	\$81.26	\$40.63
Parent/Child	\$946.55	\$113.59	\$56.79
Parent/Children	\$1,489.77	\$178.77	\$89.39
Husband/Wife	\$1,542.57	\$185.11	\$92.55
Family	\$2,002.88	\$240.35	\$120.17
C2F1O1		(11% of Premium)	26 P/ 24 D
Single	\$674.27	\$74.17	\$37.08
Parent/Child	\$942.50	\$103.68	\$51.84
Parent/Children	\$1,483.47	\$163.18	\$81.59
Husband/Wife	\$1,536.01	\$168.96	\$84.48
Family	\$1,994.34	\$219.38	\$109.69

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

## Express Scripts Prescription Program (cost included in Medical) Copav Costs

30pay 303t3				
	30 day supply any pharmacy	Smart 90 (90 day supply) Walgreens/CVS/ Mailorder	ALL MEDICAL PLANS	
Generic	\$5.00	\$5.00	HAVE THE SAME	
Brand Formulary	\$30.00	\$30.00	PRESCRIPTION	
Brand Non-Formulary	\$55.00	\$55.00	PROGRAM	
DENTAL	<u>Premium</u>	<b>Employee Contribution</b>	26 P/ 24 D	
Single coverage	\$41.52	\$0.00	\$0.00	
Family coverage	\$89.09	\$11.89	\$5.95	
<u>Life Insurance</u> :*	1 1/2 x annual salary	Full Time		
outlined in CBA	15000**	Permantant Part Time		
Voluntary Long-Term Disability:**	Must be scheduled < 20 hrs/week			

Employees regularly scheduled to work less than six (6) hours per day are NOT eligible for medical or dental benefits.

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