TEMPLE UNIVERSITY

POST DOCTORAL FELLOW

BENEFITS SUMMARY
POST DOCTORAL FELLOW BENEFIT SUMMARY INDEX

Health Insurance Options ........................................................................................................................... 2
Personal Choice Plan ........................................................................................................................................ 3
Keystone Health Plan East ............................................................................................................................ 4
Personal Choice High Deductible Plan ........................................................................................................... 5
Total Wellness Rewards Program .................................................................................................................. 6
CVS/Caremark Prescription Plan .................................................................................................................... 7
Aetna Dental Plan .......................................................................................................................................... 8
Temple Ophthalmology Plan .......................................................................................................................... 9
Prudential Group Term Life Insurance .......................................................................................................... 10
Prudential Survivor Income Insurance ......................................................................................................... 11
Prudential Accidental Death and Dismemberment Insurance ...................................................................... 12
Prudential Long Term Disability Insurance ................................................................................................. 13
Prudential Supplemental Long Term Disability Insurance ........................................................................... 14
Voluntary Retirement Contributions ............................................................................................................ 15
WageWorks Flexible Spending Accounts and Commuter Program ............................................................. 16-17
Employee Assistance Program ..................................................................................................................... 18
HEALTH INSURANCE

Options: Personal Choice (PPO) Preferred Provider Organization / CVS/CareMark Drug Program
Keystone Health Plan East (HMO) Health Maintenance Organization / CVS/CareMark Drug Program

Eligibility: Begins on the first day of full-time employment.

Includes Coverage for: Employee, spouse and biological, adopted, and stepchildren under the age of 26 are eligible for health and prescription drug coverage.

Domestic Partner – Coverage is available for employees with certification that he/she is a member of a domestic partnership in accordance with Temple University’s policy.

Pre-existing conditions: None

Employee Contribution: For employees with annual base compensation $76,000 or below:
22% of the premium is required for single coverage
23% of the premium is required for employee plus 1 dependent coverage
24% of the premium is required for family coverage.

For employees with annual base compensation above $76,000:
25% of the premium is required for single coverage
26% of the premium is required for employee plus 1 dependent coverage
27% of the premium is required for family coverage.

Employee contributions are on a pre-tax basis.
HEALTH INSURANCE

Personal Choice

Personal Choice is a Preferred Provider Organization (PPO), which allows you the freedom of choice. You may choose in-network providers or out-of-network providers. The covered benefit level is based on your choice of providers. You should refer to the actual IBC plan for details.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$250</td>
<td>$500</td>
</tr>
<tr>
<td>Family</td>
<td>$500</td>
<td>$1,000</td>
</tr>
<tr>
<td>After deductible, plan pays</td>
<td>100%—see IBC summary for details</td>
<td>80% of allowance</td>
</tr>
<tr>
<td><strong>Out-of-Pocket-Maximum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$4,400 - medical and prescription</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Family</td>
<td>$13,200 - medical and prescription</td>
<td></td>
</tr>
<tr>
<td><strong>Doctor’s Office Visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care</td>
<td>$20 copayment, no deductible*</td>
<td>80% of allowance after deductible</td>
</tr>
<tr>
<td>Specialist Services</td>
<td>$20 copayment, no deductible*</td>
<td>80% of allowance after deductible</td>
</tr>
<tr>
<td><strong>In-Patient Hospital Services</strong></td>
<td>100% after $100 copayment per day, maximum 3 days. Not subject to deductible. Copayment waived at Fox Chase, Jeanes and Temple University Hospital, including its Episcopal campus.</td>
<td>100% after $100 copayment per day, maximum 3 days, facility charges; 80% for other charges</td>
</tr>
<tr>
<td><strong>Emergency Treatment</strong></td>
<td>$100 copayment; waived only if admitted</td>
<td>$100 copayment; waived only if admitted</td>
</tr>
<tr>
<td><strong>Urgent Care Center</strong></td>
<td>$50 copayment, no deductible. Waived at Temple ReadyCare.</td>
<td>80% after deductible</td>
</tr>
</tbody>
</table>

*As a benefit to Temple University employees, Temple University Health System (TUHS) and Temple University Physicians (TUP) will waive applicable office copayments services for current employees and their dependents with medical insurance coverage under the Temple University benefit program. This will apply to all TUP, Fox Chase and TPI physicians.

A list of Temple providers may be found at [http://www.temple.edu/hr/departments/benefits/healthplans/TempleProvider.htm](http://www.temple.edu/hr/departments/benefits/healthplans/TempleProvider.htm)

BlueCard PPO Program

Personal Choice members have access to in-network coverage anywhere in the United States when they use providers that participate in the BlueCard PPO Network. Some services may require pre-authorization.

To locate a BlueCard PPO provider, contact Personal Choice customer service at 215-557-7577 within the Philadelphia area or 1-800-626-8144 outside the Philadelphia area. These phone numbers are listed on the back of the Personal Choice card. For additional information, you may also visit their website at [http://www.ibx.com/index.jsp](http://www.ibx.com/index.jsp).

BlueCard WorldWide Program

Personal Choice members have access to doctors and hospital in more than 200 countries and territories around the world. To locate a BlueCard WorldWide doctor or hospital, call the BlueCard Worldwide service Center at 1-800-810-2583 24 hours a day, seven days a week. For additional information, you may also visit their website at [http://www.bcbs.com/coverage/bluecard/bluecard-worldwide.html](http://www.bcbs.com/coverage/bluecard/bluecard-worldwide.html).
HEALTH INSURANCE

Keystone Health Plan East

Keystone Health Plan is a Health Maintenance Organization (HMO), which requires you to choose a primary care physician. All medical services must be performed by or authorized by your primary care physician with a written referral. The covered benefit level is 100% less your co-payment. You should refer to the actual IBC plan for details.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Benefits and Services</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$250</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>$500</td>
<td></td>
</tr>
<tr>
<td>After deductible, plan pays</td>
<td>100%-see IBC summary for details</td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Pocket-Maximum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$4,400 - medical and prescription</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>$13,200 - medical and prescription</td>
<td></td>
</tr>
<tr>
<td><strong>Doctor Visits</strong></td>
<td>Primary Care Physician</td>
<td>$20 copayment, no deductible*</td>
</tr>
<tr>
<td></td>
<td>Referred Specialist Care</td>
<td>$30 copayment, no deductible*</td>
</tr>
<tr>
<td><strong>In-Patient Hospital Services</strong></td>
<td>In-patient hospitalization</td>
<td>100% after $100 copayment per day, maximum 3 days. Not subject to deductible. Copayment waived at Fox Chase, Jeanes and Temple University Hospital, including its Episcopal campus.</td>
</tr>
<tr>
<td><strong>Out-Patient Hospital Services</strong></td>
<td>Authorized by primary care physician</td>
<td>Covered 100%</td>
</tr>
<tr>
<td><strong>Emergency Care</strong></td>
<td>Hospital emergency room</td>
<td>$100 copayment; waived only if admitted</td>
</tr>
<tr>
<td><strong>Urgent Care Center</strong></td>
<td>Treatment received in urgent care facility</td>
<td>$50 copayment, no deductible. Waived at Temple ReadyCare.</td>
</tr>
<tr>
<td><strong>Vision Care</strong></td>
<td>Once every two calendar years</td>
<td>$30 copayment</td>
</tr>
</tbody>
</table>

*As a benefit to Temple University employees, Temple University Health System (TUHS) and Temple University Physicians (TUP) will waive all applicable copayments services for current employees and their dependents with medical insurance coverage under the Temple University benefit program.

To contact Keystone Health Care East customer service, call 215-241-3367 within the Philadelphia area, or 1-800-275-2583 outside the Philadelphia area. For additional information, you may also visit their website at http://www.ibx.com/index.jsp.
HEALTH INSURANCE

Personal Choice $30 – High Deductible Plan

Personal Choice is a Preferred Provider Organization (PPO), which allows you the freedom of choice. You may choose in-network providers or out-of-network providers. You pay either a copayment or the plan pays a percentage of the eligible charges after the deductible is satisfied. You should refer to the actual IBC plan for details.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Family</td>
<td>$6,000</td>
<td>$6,000</td>
</tr>
<tr>
<td>After deductible, plan pays</td>
<td>90% unless otherwise noted</td>
<td>70% of allowance</td>
</tr>
<tr>
<td><strong>Out-of-Pocket-Maximum</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$4,400- medical and prescription</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Family</td>
<td>$13,200- medical and prescription</td>
<td></td>
</tr>
<tr>
<td><strong>Doctor’s Office Visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Care</td>
<td>$30 copayment*</td>
<td>70% of allowance after deductible</td>
</tr>
<tr>
<td>Specialist Services</td>
<td>$40 copayment*</td>
<td>70% of allowance after deductible</td>
</tr>
<tr>
<td><strong>In-Patient Hospital Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility</td>
<td>90% after deductible</td>
<td>100% after deductible</td>
</tr>
<tr>
<td>Physician/Surgeon</td>
<td>90% after deductible</td>
<td>70% of allowance after deductible</td>
</tr>
<tr>
<td><strong>Emergency Treatment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$100 copayment, no deductible. Waived only if admitted</td>
<td>$100 copayment; waived only if admitted</td>
</tr>
<tr>
<td><strong>Urgent Care Center</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$50 copayment, no deductible. Waived at Temple ReadyCare.</td>
<td>70% after deductible</td>
</tr>
</tbody>
</table>

*As a benefit to Temple University employees, Temple University Health System (TUHS) and Temple University Physicians (TUP) will waive applicable office copayments services for current employees and their dependents with medical insurance coverage under the Temple University benefit program. This will apply to all TUP, Fox Chase and TPI physicians.

A list of Temple providers may be found at [http://www.temple.edu/hr/departments/benefits/healthplans/TempleProvider.htm](http://www.temple.edu/hr/departments/benefits/healthplans/TempleProvider.htm)

**BlueCard PPO Program**

Personal Choice members have access to in-network coverage anywhere in the United States when they use providers that participate in the BlueCard PPO Network. Some services may require pre-authorization.

To locate a BlueCard PPO provider, contact Personal Choice customer service at 215-557-7577 within the Philadelphia area or 1-800-626-8144 outside the Philadelphia area. These phone numbers are listed on the back of the Personal Choice card. For additional information, you may also visit their website at [http://www.ibx.com/index.jsp](http://www.ibx.com/index.jsp).

**BlueCard WorldWide Program**

Personal Choice members have access to doctors and hospital in more than 200 countries and territories around the world. To locate a BlueCard WorldWide doctor or hospital, call the BlueCard Worldwide service Center at 1-800-810-2583 24 hours a day, seven days a week. For additional information, you may also visit their website at [http://www.bcbs.com/coverage/bluecard/bluecard-worldwide.html](http://www.bcbs.com/coverage/bluecard/bluecard-worldwide.html).
Total Wellness Rewards Program

Eligibility: Employee only and must be enrolled in one of the University’s health plans. Personal Choice, Keystone Health Plan East or Personal Choice High Deductible plan.

The Total Wellness program provides tools, resources and challenging activities to help improve and maintain your overall health and well-being. The program provides individual preventative care recommendations, on-line health goals and programs, access to a Blue Cross Health and Wellness coach, individual and team challenges, on-line seminars, nutrition counseling, educational resources and much more. You earn credits and rewards based on your participation during the plan year.

Rewards - Plan Year of July 1, 2018 to June 30, 2019

- Earn up to (4) $50 reward cards
- $25 Monthly Premium discount on Employee Health Plan Contributions, (Earn in current plan year and premium discount applied the following plan year)
- Total Reward Value: Up to $500 based on eligibility and participation level

Reward Cards

- Earn credits by participating in rewardable activities and challenges. Complete list of rewardable activities can be found on the Blue Cross member portal at https://www.ibx.com/login/
- Accumulate 50 credits and earn a $50 reward card. Rewards cards are redeemable once earned by selecting your reward on the Blue Cross member portal at https://www.ibx.com/login/

$25 Premium Discount

Complete the following (3) three activities and earn a minimum of 300 credits during the current plan year, July 1, 2018 to June 30, 2019 and receive a premium discount beginning July 1, 2019 to June 30, 2020.

1. On-site biometric screening or received this information from your physician’s office.
2. Complete your Well-being Profile on the Blue Cross member portal at https://www.ibx.com/login/
3. Complete at least one Achieve Well-being program on the Blue Cross member portal at https://www.ibx.com/login/

Getting started:

- Once enrolled in one of the University’s health plans and you have your health insurance member ID number you can register on the Blue Cross member portal at https://www.ibx.com/login, to register click the Log in or Register button on the right-hand side and complete the electronic registration form.

If you have any issues registering or already have an account with Independence Blue Cross and have forgotten your username, please call the Blue Cross website support team at 215-567-4002.

For additional details about the Total Wellness program visit the wellness section of the HR website at http://www.temple.edu/hr/

Questions: Please e-mail us at Totalwellness@temple.edu or call us at 215-926-2285. (7-2285).
CVS/Caremark PRESCRIPTION PLAN

Eligibility: You must be enrolled in one of the Health Insurance plans.

Includes Coverage for: Employee, spouse and biological, adopted and stepchildren under the age of 26 are eligible for health and prescription drug coverage.

Domestic Partner – Coverage is available for employees with certification that he/she is a member of a domestic partnership in accordance with Temple University’s policy.

Employee Contribution: Included in the health insurance employee contribution.

Highlighted Plan Provisions: (Please refer to the actual CVS/Caremark plan for detailed provisions)

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>You Pay</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Retail Pharmacy</td>
<td>Mail-Order Pharmacy (up to 90 day supply)</td>
</tr>
<tr>
<td>Tier 1 – Generic Drugs</td>
<td>10%</td>
<td>2 co-payments for 3 months supply</td>
</tr>
<tr>
<td>Tier 2 – Preferred brand-name drugs</td>
<td>20%</td>
<td>2 co-payments for 3 months supply</td>
</tr>
<tr>
<td>Tier 3 – Non-preferred brand-name drugs</td>
<td>30%</td>
<td>2 co-payments for 3 months supply</td>
</tr>
</tbody>
</table>

- Mandatory Mail Order for Maintenance drugs – Maintenance long term drugs that are used on a regular basis and listed on CVS/Caremark’s Maintenance Drug List must be filled either through mail order or at a CVS pharmacy. Members will receive the discounted pricing of 3 months’ supply for the price of 2 months’ co-pay.
- Generic Step Therapy – Generic alternatives, within the same therapeutic class, must be used as first line therapy before certain targeted brand drugs are covered. If you are using a brand drug, please discuss this new requirement with your physician to ensure that your drug is covered.
- Dispense as Written (DAW) 1 – If your health provider requires a brand drug when a generic substitution is available you will be charged a penalty in the amount of the difference in cost between the generic and brand drug plus your co-pay. This only applies when a multi-source brand medication is dispensed by physician or customer request over available generic equivalents. If you are using a brand drug, please discuss this new requirement with your physician to ensure that your drug is covered.
- Exclusive Specialty – Employees taking specialty drugs may fill their script at a local CVS ONLY or have the physician send the prescription directly to the specialty pharmacy for home delivery.

 Exceptions and Limitations: The plan does not include coverage for:
- Drugs available without a prescription
- Injectables and immunizing agents administered by a physician or medical professional, except insulin
- Any drug administered by a physician
- Therapeutic devices or appliances regardless of their intended use

Prior Authorization: The plan requires prior authorization for specific drugs. To contact CVS/Caremark customer service, call 1-800-966-5772, or visit www.caremark.com. Temple University’s carrier number is 4103. Your group number is 8003.
AETNA DENTAL INSURANCE

Eligibility: Begins on the first day of full-time employment.

Includes Coverage for: Employee, spouse and unmarried legally dependent biological, adopted and stepchildren to age 23.

Excludes Coverage for Adult Children: Adult children between the ages of 23 to age 26 are not eligible for dental coverage.

Employee Contribution: For employees with annual base compensation $76,000 or below, 20% of the premium is required for coverage. For employees with annual base compensation in excess of $76,000, 23% of the premium is required for coverage. Employee contributions are on a pre-tax basis.

<table>
<thead>
<tr>
<th>Services</th>
<th>Description</th>
<th>Plan Pays</th>
<th>Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic I - Type A</td>
<td>Oral exam and cleaning, 2 per year</td>
<td>100% UCR</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>Bitewing x-rays, 2 per year</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Complete x-ray series, once every 3 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic II - Type B</td>
<td>Fillings, Periodontics, Endodontics, Denture Repair</td>
<td>80% UCR</td>
<td>$50 Lifetime</td>
</tr>
<tr>
<td>Major Services – Type C</td>
<td>Inlays, Crowns Pontics Removable bridges and dentures</td>
<td>70% UCR</td>
<td>$50 Annual</td>
</tr>
<tr>
<td>Orthodontic</td>
<td>Comprehensive Treatment</td>
<td>50% UCR</td>
<td>None</td>
</tr>
<tr>
<td>Annual Maximum Benefit</td>
<td>Basic and Major Service</td>
<td>$2,000</td>
<td></td>
</tr>
<tr>
<td>Lifetime Orthodontic Maximum Benefit</td>
<td>Comprehensive Treatment</td>
<td>$2,500</td>
<td></td>
</tr>
</tbody>
</table>

Type of Plan: Passive PPO design - If your provider is a participating dentist in the Aetna network, then that dentist has agreed to a negotiated fee schedule with Aetna. Participating dentists will not balance bill you any additional charges for covered services beyond your normal co-pay.

Aetna has gone green and does not produce ID cards. If you would like an ID card, you may print one by using the Aetna secure member website at www.aetna.com. Set up a user name and password and you can use the Aetna Navigator site to print out ID cards, search for a participating dentist, check the status of a claim, review the claim payment information and review your claims history. You can also download the Aetna mobile app for smartphones and tablets. To contact Aetna Dental customer service, call 1-800-843-3661. Temple University’s group number is 815029.
TEMPLE OPHTHALMOLOGY VISION CARE

**Eligibility:**
Begins on the first day of full-time employment.

**Includes Coverage for:**
Employee, spouse and unmarried legally dependent biological, adopted and stepchildren to age 23.

Domestic Partner – Coverage is available for employees with certification that he/she is a member of a domestic partnership in accordance with Temple University’s policy.

**Excludes Coverage for Adult Children:**
Adult children between the ages of 23 to age 26 are not eligible for vision coverage.

**Employee Contribution:**
None

**Plan:** Vision evaluation and provision of eyeglasses once every two years. Employees and their eligible dependents must have their eye exam performed by the Temple University Department of Ophthalmology in order to receive benefit coverage for the exam. Employees then have the option to choose a standard pair of frames and lenses for free, or different frames and specialty lenses and pay the additional cost. In lieu of eyeglasses, some employees may elect to receive a $25 allowance for the purchase of contact lenses.

**Exam:** A vision care exam consists of an evaluation of refractive error (glasses) and an exam of the eye that includes an exam of the anterior part of the eye, the optic nerve and the central retina. Such an exam is designed to detect cornea problems, cataracts, glaucoma and macular degeneration. Advances in examination techniques often permit these exams to be done without dilating the pupil. If necessary, a dilated exam for a peripheral retinal exam or for diabetes may be done during the vision care appointment, but a follow up medical exam may be required.

**Contact Lenses:** If you wish to have an exam for contact lenses, there is an additional charge for this type of exam. Please check with the Temple Department of Ophthalmology.

The University Department of Ophthalmology provides eye exams and eyeglasses at the Health Sciences Campus:

**Temple University Physicians’ (TUP) Optical Boutique**
Temple Hospital, Parkinson Pavilion, 6th Floor
Suite 640
3401 North Broad Street
Philadelphia, PA 19140
215-707-5300

Employees calling to make an appointment for themselves or a dependent will need the employee’s TUID number for verification of eligibility.
PRUDENTIAL GROUP TERM LIFE INSURANCE

Eligibility: Begins on the first day of full-time employment.

Includes Coverage for: Employee only

Employee Contribution: None

- Coverage type: Standard Group Term Life Insurance
- Amount of Insurance: $10,000

Optional Supplemental Insurance

Coverage for: Employee only

Employee Contribution: Based on age/salary

- Coverage type: Supplemental Group Term Life Insurance
- Amount of Insurance: 1.5, 2 or 3 times your annual base salary to a maximum policy of $490,000
- Pre-existing conditions: waived if you enroll within 31 days of employment. Proof of insurability is required to apply at a later date.
- Premium: Payroll deduction rates per $1,000 of coverage:

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under age 30</td>
<td>$0.032</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.048</td>
</tr>
<tr>
<td>35-44</td>
<td>$0.056</td>
</tr>
<tr>
<td>45-49</td>
<td>$0.088</td>
</tr>
<tr>
<td>50-54</td>
<td>$0.136</td>
</tr>
<tr>
<td>55-59</td>
<td>$0.256</td>
</tr>
<tr>
<td>60-64</td>
<td>$0.384</td>
</tr>
<tr>
<td>65-69</td>
<td>$0.744</td>
</tr>
<tr>
<td>70+</td>
<td>$1.208</td>
</tr>
</tbody>
</table>

Maximum Life Insurance Policy: Total maximum amount of insurance including the standard life insurance policy provided by the University may not exceed $500,000.
Eligibility: First day of full-time employment. You must be enrolled in the Optional Supplemental Life Insurance program to be eligible to enroll in this plan. This plan provides income to your spouse and children if you pass away while insured.

Coverage:

- Spouse: Maximum of $500 per month until the earlier of age of 65, remarriage or death.
- Children: Maximum of $200 per month until the age of 19 or (23 for full-time student) or death.
- Spouse & Children: Maximum of $700 per month.

Premium:

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Rate per $100</th>
<th>Maximum Monthly Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse only</td>
<td>$1.35/$100</td>
<td>$27.00</td>
</tr>
<tr>
<td>Children</td>
<td>$0.35/$100</td>
<td>$7.00</td>
</tr>
<tr>
<td>Spouse &amp; Children</td>
<td>$1.70/$100</td>
<td>$34.00</td>
</tr>
</tbody>
</table>
PRUDENTIAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Eligibility:  Begins on the first day of full-time employment. You may enroll in this coverage effective the first day of any month.

Includes Coverage for:  Employee and dependent(s)

Plan Covers:

Loss of:  Coverage Level
Life,  100% of policy
Both hands,  at time of accident
Both feet,
One hand and one foot,
One hand and sight of one eye,
One foot and sight of one eye,
Sight of both eyes

One Hand
50% of policy
One Foot
at time of accident
Sight of one eye

Thumb & one finger
25% of policy
of either hand
at time of accident

Policy Coverage:  Employees may choose a coverage amount of between $10,000 and $150,000
Coverage may be for single or employee and dependent(s).

Premium

<table>
<thead>
<tr>
<th>Monthly Deduction Per $10,000 of Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
</tr>
<tr>
<td>Employee and dependent(s)</td>
</tr>
</tbody>
</table>

Dependent coverage: If enrolled on an employee and dependent(s) basis, your spouse is insured for 1/5 of the total coverage amount and children for 1/10. For example, if you elect $150,000 of family coverage, you are insured for $150,000, your spouse is insured for $30,000 and your children are insured for $15,000.
PRUDENTIAL LONG TERM DISABILITY INSURANCE (CORE PLAN)

**Eligibility:** Begins on the first day of full-time employment.

**Includes Coverage for:** Employee only

**Plan:**
- Pre-existing conditions: waived if you enroll within 31 days of employment. Proof of insurability is required to apply for coverage at a later date and the carrier may charge an administrative fee for processing.
  - Elimination period: 26 consecutive weeks (6 months)
  - Coverage Amount: 60% of your monthly salary to maximum of $2,000.
  - Monthly Maximum Benefit: $2,000
  - Monthly Minimum Benefit: $50

**Benefit Continuation:**
1) If enrolled, all Health, Welfare and Pension benefits you are enrolled in at the time of disability will continue AT NO COST to you during the time you are on an approved disability leave and are receiving periodic payments from the long-term disability carrier.
2) If NOT enrolled, your benefits will be terminated when accrued sick time has been exhausted.

**Premium:**
- .29 per $100 of Monthly Base Salary up to $3,333.33 ($40,000/year)
- Maximum monthly deduction of $9.67
PRUDENTIAL SUPPLEMENTAL LONG TERM DISABILITY INSURANCE

Eligibility: Begins on the first day of full-time employment. You must be enrolled in the Core Long Term Disability plan to be eligible to enroll in this plan.

Includes Coverage for: Employee only

Plan:
- Pre-existing conditions: waived if you enroll within 31 days of employment. Proof of insurability is required to apply for coverage at a later date and the carrier may charge an administrative fee for processing.
- Elimination period: 26 consecutive weeks (6 months)
- Coverage Amount: The Supplemental plan in conjunction with the Core Plan, will increase your total LTD benefit to 66 2/3% of your monthly base salary, to a maximum monthly disability benefit of $5,000 per month.
  - Core and Supplemental Monthly Maximum Benefit: $5,000
  - Monthly Minimum Benefit: $50

Premium:
- .251 per $100 of Monthly Base Salary up to $7,500 ($90,000/year)
- Maximum monthly deduction of $18.83
Voluntary Contributions

- Allows employees to make contributions on a pre-tax or Roth 403(b) after tax basis
- Voluntary contributions are not matched by the University
- Employees may enroll or change elections effective the first of any month
- Investment alternatives:

  Fidelity Investments Voluntary Contributions
  TIAA Supplemental Retirement Annuity (SRA)

Detailed information and assistance are available on the Benefits website at [http://www.temple.edu/hr/departments/benefits/retirement.htm](http://www.temple.edu/hr/departments/benefits/retirement.htm). You may also e-mail the Benefits Office at Retirement@temple.edu or call 215-926-2270.

**Please Note:** Employee contributions are subject to Federal maximums.
WAGEWORKS FLEXIBLE SPENDING ACCOUNTS

**Eligibility:** Begins on the first day of full-time employment.

**Accounts:** A Flexible Spending Account allows you to contribute money, on a pre-tax basis, to pay for eligible healthcare expenses and for dependent care expenses. You may enroll in one or both – healthcare and dependent care are set up as separate accounts. You do not pay federal income tax or Social Security tax on these contributions.

You elect an annual amount to contribute and Temple will deduct the amount in equal installments from your pay for the balance of the calendar year. You cannot change your contribution amount or suspend your payroll deductions during the year unless you have a qualified change in family status, as defined by the Internal Revenue Service.

**Enroll:** Enrollment is on-line at [www.wageworks.com](http://www.wageworks.com) or you may call Wage Works at 1-877-924-3967. To enroll on-line, register as a first time user and create a password to set up your account. You have 31 days from the date of your benefits orientation to complete the enrollment process. Enrollment is for the current calendar year only; you must re-enroll each December for the next calendar year.

**Healthcare Account**

Healthcare Account Expenses can include those incurred by yourself, your spouse, or any dependent that you claim on your income tax return.

Some examples of qualified expenses are as follows:

- Deductibles and co-payments for Healthcare plans (medical, dental and vision)
- Co-payments for prescription drugs
- Amounts over usual and customary plan limits
- Purchase of prescription sunglasses, contact lenses and cleaning solutions

The maximum annual deduction qualifying for pre-tax reimbursement is $2,650 for the 2018 calendar year.

Expenses must be incurred from January 1, 2018 through March 15, 2019 for the 2018 plan year. Claims for reimbursement of expenses may be submitted through May 31, 2019.

In accordance with Federal Tax Law, any unused account balances will be forfeited if not used for qualified expenses by the end of the plan year. The University is not permitted to refund it to you.

When you enroll, you will receive a Healthcare Prepaid Visa debit card with the value of your annual election amount loaded onto the card. You may use the card like a credit card to pay for eligible Healthcare expenses. The money is deducted directly from your Healthcare spending account. As an alternative, you may elect to file claims for reimbursement.

For additional information, visit their website at [www.wageworks.com](http://www.wageworks.com) or contact Wage Works customer service at 877-924-3967.
**Dependent Care Account**

Eligible expenses are only those expenses that you incur because you work, and are expenses for services received during the calendar year in which you are participating. If you are a two-parent family, both parents must be working in order to qualify for the Plan.

Eligible dependents are defined as:
1) children under the age of 13;
2) older, disabled dependents that you can claim on your tax return.

The maximum annual deduction qualifying for pre-tax reimbursement is $5,000 per household $2,500 if married, filing separately.

Expenses must be incurred from January 1, 2018 through December 31, 2018. Claims for reimbursement of expenses may be submitted through March 31, 2019.

In accordance with Federal Tax Law, any unused balances will be forfeited if not used for qualified expenses by the end of the calendar year. The University is not permitted to refund it to you.

You may arrange for direct payments to your provider or you can file claims along with the required documentation and be reimbursed by direct deposit or check.

For additional information, visit their website at [www.wageworks.com](http://www.wageworks.com) or contact Wage Works customer service at 877-924-3967.

**Commuter Benefits Program**

You place your order based on how you currently get to work (regional rail, bus or subway) and Wage Works will fulfill your order by mailing you a pass or recharging your commuter card just prior to the beginning of the month. These charges are deducted from your paycheck each month. The portion of your cost that is deducted pre-tax reduces the amount of earnings on which you have to pay taxes (this is how you save). If you choose the "Every Month" frequency, you will automatically get the same order each month until you change or cancel it or become ineligible for the program.

Unlike health care and dependent care flexible spending accounts, there is no open enrollment period for the commuter benefits program and you can enroll or cancel your enrollment at any time.

**Enroll:**

Enrollment is on-line at [www.wageworks.com](http://www.wageworks.com) or you may call Wage Works at 1-877-924-3967. To enroll on-line register as a first time user and create your own account.
EMPLOYEE ASSISTANCE PROGRAM

**LifeWorks**

**Program Highlights**

LifeWorks can help you and your family with a wide range of issues, including:

<table>
<thead>
<tr>
<th>Category</th>
<th>Type of Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parenting</td>
<td>Legal</td>
</tr>
<tr>
<td>International Issues</td>
<td>Work</td>
</tr>
<tr>
<td>Older Adults</td>
<td>Managing People</td>
</tr>
<tr>
<td>Midlife and Retirement</td>
<td>Emotional well-being</td>
</tr>
<tr>
<td>Disability</td>
<td>Addiction and Recovery</td>
</tr>
<tr>
<td>Financial</td>
<td>Health</td>
</tr>
<tr>
<td>Stress Management</td>
<td>Smoking Cessation</td>
</tr>
</tbody>
</table>

LifeWorks can be reached 24 hours per day at 1-888-267-8126 or at [www.lifeworks.com](http://www.lifeworks.com).

User id: temple
Password: eap

After logging onto the web site, employees may set up their own individual account and sign up for monthly newsletters and bookmark items of personal interest. The service is free and completely confidential.

LifeWorks offers service such as:

- 24 hour/365 day access to a toll-free phone line manned by masters level social workers.
- Unlimited number of phone calls by employees and their family members for issues and advice ranging from crisis intervention, family counseling, day care resources, elder care concerns, substance abuse, financial concerns, legal advice, etc.
- Access to LifeWorks information and referral web-site.
- Referrals to local certified and licensed providers for face-to-face counseling on various issues. Employees have 5 lifetime free counseling sessions, per family member, per issue.
- Legal referral service for free 30 minute consultation with an attorney versed in state specific statutes. 25% discount for work beyond the consultation.