LOCAL 835A BENEFIT SUMMARY INDEX

Health Insurance Options ........................................................................................................................ 2
Personal Choice Plan ............................................................................................................................... 3
Keystone Health Plan East ...................................................................................................................... 4
CVS/Caremark Prescription Plan ............................................................................................................ 5
United Concordia Dental Plan ................................................................................................................... 6
Temple Ophthalmology Plan .................................................................................................................... 7
Prudential Group Term Life Insurance .................................................................................................... 8
Prudential Survivor Income Insurance ................................................................................................... 9
Prudential Accidental Death and Dismemberment Insurance ................................................................. 10
Prudential Accident and Sickness Benefit ............................................................................................... 11
Voluntary Short Term Disability Plan .................................................................................................. 12
Prudential Long Term Disability Insurance .......................................................................................... 13
Retirement Plan – 4898 Defined Benefit Pension Plan ......................................................................... 14
Voluntary Retirement Contributions ..................................................................................................... 15
WageWorks Spending Accounts and Commuter Program .................................................................... 16-17
Temple University Tuition Remission Program .................................................................................. 18-19
Employee Assistance Program ............................................................................................................. 20
HEALTH INSURANCE

Options: Personal Choice (PPO) Preferred Provider Organization
        Keystone Health Plan East (HMO) Health Maintenance Organization

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.

Pre-existing conditions: None

Employee Contribution: 20% of the premium is required for single coverage
                        19% of the premium is required for employee plus 1 dependent coverage
                        19% 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>$0</td>
<td>$100</td>
</tr>
<tr>
<td>Individual</td>
<td>$0</td>
<td>$300</td>
</tr>
<tr>
<td>Family</td>
<td>Not applicable</td>
<td>80% of allowance</td>
</tr>
<tr>
<td>After deductible, plan pays</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Out-of-Pocket-Maximum</strong></td>
<td>$4,400- medical and prescription</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Individual</td>
<td>$13,200-medical and prescription</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Doctor’s Office Visits</strong></td>
<td>$12 copayment*</td>
<td>80% of allowance after deductible</td>
</tr>
<tr>
<td>Primary Care</td>
<td>$12 copayment*</td>
<td>80% of allowance after deductible</td>
</tr>
<tr>
<td>Specialist Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>In-Patient Hospital Services</strong></td>
<td>100% after $50 copayment per day, maximum $150 per fiscal year. Not subject to deductible. Copayment waived at Fox Chase, Jeanes and Temple University Hospital, including its Episcopal campus.</td>
<td>100% after $50 copayment per day, maximum $150 per fiscal year for facility charges; 80% for other charges</td>
</tr>
<tr>
<td><strong>Emergency Treatment</strong></td>
<td>$50 copayment; copayment waived only if admitted</td>
<td>$50 copayment; copayment waived only if admitted</td>
</tr>
<tr>
<td><strong>Urgent Care Center</strong></td>
<td>$35 copayment, 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).
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>Doctor Visits</td>
<td>Primary Care Physician</td>
<td>$12 copayment</td>
</tr>
<tr>
<td></td>
<td>Referred Specialist Care</td>
<td>$15 copayment</td>
</tr>
<tr>
<td>Out-of-Pocket-Maximum</td>
<td>$4,400- medical and prescription</td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$13,200-medical and prescription</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>In-Patient Hospital Services</td>
<td>100% after $50 copayment per day, maximum $150 per fiscal year for facility charges; 80% for other charges</td>
</tr>
<tr>
<td></td>
<td>In-patient doctor care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery</td>
<td></td>
</tr>
<tr>
<td>Out-Patient Hospital Services</td>
<td>Authorized by primary care physician</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>Hospital emergency room</td>
<td>$50 copayment; copayment waived if admitted</td>
</tr>
<tr>
<td>Vision Care</td>
<td>Once every two calendar years</td>
<td>$15 copayment</td>
</tr>
</tbody>
</table>

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](http://www.ibx.com/index.jsp).
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.

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 Retail Pharmacy</th>
<th>You Pay Mail-Order Pharmacy (up to 90 day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 – Generic Drugs</td>
<td>$10</td>
<td>$20</td>
</tr>
<tr>
<td>Tier 2 – Preferred brand-name drugs</td>
<td>$15</td>
<td>$30</td>
</tr>
<tr>
<td>Tier 3 – Non-preferred brand-name drugs</td>
<td>$30</td>
<td>$60</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.
- 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 7835.
UNITED CONCORDIA DENTAL INSURANCE

Eligibility: Begins after 90 days of 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: 25% of the premium is required for single or family coverage.

<table>
<thead>
<tr>
<th>Services</th>
<th>Description</th>
<th>Plan Pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic &amp; Preventive</td>
<td>Exams, X-Rays and Cleanings, twice per year</td>
<td>100% UCR</td>
</tr>
<tr>
<td>Basic Services</td>
<td>Basic Restorative, Endodontic, Repairs, Simple Extractions</td>
<td>100% UCR</td>
</tr>
<tr>
<td>Major Restorative</td>
<td>Inlays, Onlays, Crowns</td>
<td>50% UCR</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>Limited to dependent child under the age of 19.</td>
<td>50% UCR</td>
</tr>
<tr>
<td>Lifetime Orthodontic</td>
<td></td>
<td>$2,000</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime Annual Maximum</td>
<td></td>
<td>$2,000</td>
</tr>
</tbody>
</table>

Temple University’s group number for Local 835A is 256061000
TEMPLE OPHTHALMOLOGY VISION CARE

Eligibility: Begins after 90 days of 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 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.
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 $300,000
- 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 $310,000.
PRUDENTIAL SURVIVOR INCOME BENEFIT INSURANCE

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>$27.00</td>
</tr>
<tr>
<td>Children</td>
<td>$ .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:

<table>
<thead>
<tr>
<th>Loss of:</th>
<th>Coverage Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>100% of policy at time of accident</td>
</tr>
<tr>
<td>Both hands,</td>
<td></td>
</tr>
<tr>
<td>Both feet,</td>
<td></td>
</tr>
<tr>
<td>One hand and one foot,</td>
<td></td>
</tr>
<tr>
<td>One hand and sight of one eye,</td>
<td></td>
</tr>
<tr>
<td>One foot and sight of one eye,</td>
<td></td>
</tr>
<tr>
<td>Sight of both eyes</td>
<td></td>
</tr>
<tr>
<td>One Hand</td>
<td>50% of policy at time of accident</td>
</tr>
<tr>
<td>One Foot</td>
<td></td>
</tr>
<tr>
<td>Sight of one eye</td>
<td></td>
</tr>
<tr>
<td>Thumb &amp; one finger</td>
<td>25% of policy at time of accident</td>
</tr>
<tr>
<td>of either hand</td>
<td></td>
</tr>
</tbody>
</table>

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>.15/$10,000</td>
</tr>
<tr>
<td>Employee and dependent(s)</td>
</tr>
<tr>
<td>.25/$10,000</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 ACCIDENT AND SICKNESS BENEFIT

Eligibility: Begins after 90 days of employment.

Includes Coverage for: Employee only

Employee Contribution: None

Plan

If you are unable to work because of a covered non-occupational accident or sickness and are under the regular care of a doctor, then you are eligible for weekly income accident and sickness income benefits.

Benefits begin as follows:

Covered accident - On the first day you are unable to work and are not entitled to a sick leave benefit from the University

Covered sickness - On the eighth day you are unable to work and are not entitled to a sick leave benefit from the University

Benefit and Amount:

Payment will continue as long as you are disabled; up to 26 weeks at $225 per week.
UNUM PROVIDENT VOLUNTARY SHORT TERM DISABILITY BENEFIT

Eligibility:  Within 31 days of your date of hire

Includes Coverage for:  Employee only

Employee Contribution:  Employee pays the premium

Benefit Plan

Benefit Coverage:  60% of base monthly base salary less Accident and Sickness benefit

Benefit Amount:  You may choose between $400 and $5,000 per month

Waiting Period:  0 days for accidents, 7 days for sickness

Maximum Benefit Duration:  6 months

Premium:  Determined by age, position and amount of coverage.

Enrollment Process:  You must enroll directly with UnumProvident. Your contact information is collected at benefit orientation so that UnumProvident may reach out to you to enroll. You should contact the Benefits Office if you have questions about this.
PRUDENTIAL LONG TERM DISABILITY INSURANCE

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 $3,000.
  - Monthly Maximum Benefit: $3,000
  - 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:
- .42 per $100 of Monthly Base Salary up to $5,000 ($60,000/year)
- Maximum monthly deduction of $21.00
RETIREMENT PLAN

Eligibility: First day of the month following full-time employment.

Vesting: After 5 years of participation.

Basic Plan

The Retirement Plan of Temple University and Temple University Hospital is contributory, which means that the cost of providing benefits is shared by both you and Temple University. Temple University, however, assumes the major portion of the cost.

EMPLOYEE CONTRIBUTIONS In order to be covered under the Plan, you must complete certain forms provided by the Benefits Office and agree to contribute a percentage of your earnings. This percentage is 2% of your earnings up to the amount of the Social Security wage base for the year, and 4% of the balance of your earnings of your earnings.

Detailed information and assistance are available on the Benefits website at 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.
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. 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 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 $2,600 for the 2017 calendar year.

Expenses must be incurred from January 1, 2017 through March 15, 2018 for the 2017 plan year. Claims for reimbursement of expenses may be submitted through May 31, 2018.

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 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, 2017 through December 31, 2017. Claims for reimbursement of expenses may be submitted through March 31, 2018.

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 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 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.
TUITION REMISSION PROGRAM

Eligibility: Tuition benefits begin the first day of the semester after hire date.

Includes Benefits for: Full-time employee and legally dependent children of employee, including natural, adopted, or non-adopted stepchildren of the employee who are less than 24 years of age when initially enrolled in a Temple University undergraduate degree program.

Benefit Entitlement

Employee: 100% tuition remission for eligible Temple University courses, up to (6) credits for undergraduate and/or graduate courses per semester.

Employees may register for any class that does not interfere with their regular work schedule. Upon request, a Vice President or Dean may approve a flexible work schedule for an employee to allow the employee to take a course during normal work hours. Under such an arrangement, the flexible schedule must not negatively impact the functioning of the office.

Dependent Children:

Year one of service: 50% tuition remission
Year two of service: 75% tuition remission
Beginning the semester following the completion of three years of service: 100% tuition remission

Fall/Spring Semester: Tuition remission for up to 10 semesters to complete their degree in a Temple University undergraduate program. Dependent children may be full-time matriculated, or they may be part-time matriculated or non-matriculated students.

Summer Sessions: An eligible dependent child who is a full-time matriculated student at any University, including Temple, may receive tuition remission for Temple University courses taken over the summer sessions. For purposes of this policy, either one or both consecutive summer sessions are counted as a single semester, and therefore, will be counted as one of the 10 semesters for which a dependent child is eligible under Temple University’s tuition remission program.

Temple Abroad: An eligible dependent child who is a full-time matriculated student at any University, including Temple, may receive tuition remission for Temple University courses taken as part of Temple Abroad provided that he/she applies for and is accepted into the program through Temple University’s standard admission process.

No tuition remission is given for courses taken in Temple University’s schools of Law, Medicine, Dentistry or Podiatric Medicine, with the exception of specially designated graduate courses as determined by the Dean’s office of the specific professional school. In the School of Pharmacy, tuition remission is limited to undergraduate programs.
TUITION REMISSION PROGRAM

The tuition remission program includes expenses for tuition only; any other fees are not covered under the program. Employees should also be aware that in any given semester, the value of tuition remission benefits on a per-credit-hour basis will equal the per-credit-hour rate of the least costly program offering the degree at Temple University. For example, the calculated rate of tuition remission pre-credit-hour for the Executive MBA program will not exceed the standard per-credit-hour rate for the traditional MBA program.

The first step is to register for the course(s). For assistance with the registration process, you may contact the Academic Resource Center.

Procedure for Submitting Tuition Remission Request:

Once the student has registered, Temple University employees need to log into TUportal to submit the online Tuition Remission request.

- Select Staff Tools
- Scroll down to “Employee Forms” Channel and select Bursar forms
- Select Tuition Remission Tab
  - Employee’s information will be displayed in the ”Requested By” frame
  - Select Term from Drop Down Box
  - Select Recipient – Dependent or Self/Employee
- Click the Radio button for the Recipient you would like processed
  - If Self/Employee is selected, you will need to answer a question in a pop-up dialogue box
- Click Submit
- Student will receive an e-mail notification once the tuition remission is posted to the student account.

PLEASE NOTE: Graduate tuition benefits are considered taxable. Under current tax law, the value of employee graduate tuition benefits in excess of $5,250.00 will be included in the employee’s taxable wages and all applicable taxes will be withheld during the year that the tuition benefits are received.

A detailed description of the tuition remission benefit may be found in the Employee Manual and/or in your collective bargaining agreement.
EMPLOYEE ASSISTANCE PROGRAM

LifeWorks

Program Highlights

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

- Parenting
- International Issues
- Older Adults
- Midlife and Retirement
- Disability
- Financial
- Stress Management
- Legal
- Work
- Managing People
- Emotional well-being
- Addiction and Recovery
- Health
- Smoking Cessation

LifeWorks can be reached 24 hours per day at 1-888-267-8126 or at 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.