

***TEMPLE UNIVERSITY***

***1199C & PTEA  
PART TIME  
EMPLOYEES***

***BENEFITS SUMMARY***

**1199C & PTEA BENEFIT SUMMARY INDEX**

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## **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:** **Personal Choice**

**Single Coverage** \$40.00 per week is required single coverage

**Employee and Dependent(s) Coverage**

Employee pays the single employee contribution plus the difference in premium between the single and employee and dependent(s) premium. Total bi-weekly cost is \$486.28. Employee Contributions are on a pre-tax basis.

**Keystone Health Plan East**

**Single Coverage** \$40.00 per week is required single coverage

**Employee and Dependent(s) Coverage**

Employee pays the single employee contribution plus the difference in premium between the single and employee and dependent(s) premium. Total bi-weekly cost is \$485.67. 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.

<b>Benefit</b>	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Deductible</b> Individual Family	\$0 \$0	\$100 \$300
<b>Out-of-Pocket-Maximum</b> Individual Family	None None	\$1,000 \$2,000
<b>Doctor's Office Visits</b> Primary Care Specialist Services	\$5 \$5	80% of allowance after deductible 80% of allowance after deductible
<b>In-Patient Hospital Services</b>	100%	100%
<b>Emergency Treatment</b>	\$25 copayment; copayment waived if admitted	\$25 copayment; copayment waived if admitted

### 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>.

### 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>.

## 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.

<b>Benefit</b>	<b>Benefits and Services</b>	<b>Coverage</b>
<b>Doctor Visits</b>	Primary Care Physician	\$2 copayment
	Referred Specialist Care	Covered 100%
<b>In-Patient Hospital Services</b>	In-patient doctor care	Covered 100%
	Surgery	Covered 100%
<b>Out-Patient Hospital Services</b>	Authorized by primary care physician	Covered 100%
<b>Emergency Care</b>	Hospital emergency room	\$15 copayment; copayment waived if admitted
<b>Vision Care</b>	Once every two calendar years	\$35 copayment

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>.

## PRESCRIPTION PLAN

### CVS/CareMark

**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:** No employee contribution is required for single coverage and \$78.82 bi-weekly contribution is required for family coverage.

### **Plan:**

Drug Type	You Pay	You Pay
	<b>Retail Pharmacy (up to 30-day supply)</b>	<b>Mail-Order Pharmacy (up to 90-day supply)</b>
Generic drugs	<b>\$5</b>	<b>\$10</b>
Brand-name drugs	<b>\$10</b>	<b>\$20</b>

### **Exceptions and Limitations:**

The Plan does not include coverage for:

- Drugs available without a prescription.
- Injectables and immunizing agents administered by a physician or medial 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.

For additional information, you may also visit their website at [www.caremark.com](http://www.caremark.com)

Temple University's carrier number is 4103. Your group number is 9500.

## DENTAL INSURANCE

### United Concordia Dental Plan Concordia FLEX

**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 19; to age 23 if a full-time student. Full Time-Student verification is required for dependent children over the age of 19.

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

**Employee Contribution:** No employee contribution is required for single coverage and \$22.23 bi-weekly contribution is required for family coverage.

<b>Services</b>	<b>Description</b>	<b>Plan Pays</b>
<b>Diagnostic &amp; Preventive</b>	Exams, X-Rays and Cleanings, twice per year	100% UCR
<b>Basic Services</b>	Basic Restorative, Endodontic, Repairs, Simple Extractions	100% UCR
<b>Major Restorative</b>	Inlays, Onlays, Crowns	50% UCR
<b>Orthodontics</b>	Limited to dependent child under the age of 19.	50% UCR
<b>Lifetime Orthodontic Maximum</b>		\$1,200
<b>Lifetime Annual Maximum</b>		\$1,200

Temple University's group number for 1199C is 256061001.

## VISION CARE

### Temple University Ophthalmology

- 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 19; to age 23 if a full-time student. Full Time-Student verification is required for dependent children over the age of 19.
- Excludes Coverage for Adult Children:** Adult children between the age of 23 to age 26 **are not eligible for dental coverage.**
- Employee Contribution:** No employee contribution is required for single coverage and \$1.70 bi-weekly contribution is required for family coverage.

**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  
215-707-3185

Employees calling to make an appointment for themselves or a dependent will need the employee's TUID number for verification of eligibility.

## GROUP TERM LIFE INSURANCE

### Prudential 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

\* Coverage: \$10,000

### Optional Supplemental Insurance

**Coverage for:** Employee only

**Employee Contribution:** Based on age/salary

\* Coverage type: Supplemental Group Term Life Insurance

\* Coverage: 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:

<u>AGE</u>	<u>MONTHLY DEDUCTION</u>
Under age 30	\$0.04
30-34	\$0.06
35-44	\$0.07
45-49	\$0.11
50-54	\$0.17
55-59	\$0.32
60-64	\$0.48
65-69	\$0.93
70+	\$1.51

**Maximum Life Insurance Policy:** Total maximum amount of insurance including the standard life insurance policy provided by the University may not exceed \$310,000.

## SURVIVOR INCOME BENEFIT INSURANCE

### Prudential Life Insurance

#### Optional 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 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 (payroll deduction) per \$100 of covered monthly salary:

<u>Coverage</u>	<u>Rate per \$100</u>	<u>Monthly Deduction</u>
Spouse only	\$1.35/\$100	\$27.00
Children	\$ .35/\$100	\$ 7.00
Spouse & Children	\$1.70/\$100	\$34.00

## ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

### Prudential Insurance

Optional Insurance

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

**Includes Coverage for:** Employee and dependent(s)

### **Plan Covers:**

<b><u>Loss of:</u></b>	<b><u>Coverage Level</u></b>
Life, Both hands, 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	100% of policy at time of accident
One Hand One Foot Sight of one eye	50 % of policy at time of accident
Thumb & one finger of either hand	25% of policy at time of accident

\* **Premium:**

<b><u>Coverage</u></b>	<b><u>Monthly Deduction Per \$10,000 of Insurance</u></b>
Single	.15/\$10,000
Employee and dependent(s)	.25/\$10,000

\* Policy: Minimum: \$10,000 Maximum: \$150,000

\* Dependent coverage: If enrolled on an employee and dependent(s) basis, for each \$5,000 of your coverage your dependents coverage will be:

<b><u>Dependent</u></b>	<b><u>Benefit</u></b>
Spouse	\$1,000
Children	\$500
Spouse and children	\$1,500

## LONG TERM DISABILITY INSURANCE

### Prudential Insurance

Optional Insurance

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

**Includes Coverage for:** Employee only

- \* Pre-existing conditions: waived if you enroll within 31 days of employment. Proof of insurability is required to apply at a later date. An administrative fee of \$50 per application is charged by carrier for processing.
- \* Plan:
  - 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
  - Maximum monthly deduction: \$21.00

## **SUPPLEMENTAL TAX SHELTERED ANNUITY PLANS**

### **Tax Sheltered Annuity (TSA):**

- Allows employees to make contributions on a pre-tax basis.
- A TSA is in addition to any other pension plan for which you may be eligible.
- Investment alternatives:

Fidelity Investments Voluntary Contributions  
TIAA-CREF Supplemental Retirement Annuity (SRA)

Detailed information and assistance are available from the Benefits office at: 7-2270.

**Please Note:** Employee contributions are subject to Federal tax deferred maximums.