

*TEMPLE UNIVERSITY*

*ADMINISTRATION*

*BENEFITS SUMMARY*

## ADMINISTRATIVE BENEFIT SUMMARY INDEX

Health Insurance Options .....	2
Personal Choice Plan .....	3-4
Keystone Health Plan East .....	5-6
CVS/CareMark Prescription Plan .....	7
Aetna Dental Plan .....	8
Temple School of Dentistry.....	9
Temple Ophthalmology Plan.....	10
Prudential Group Term Life Insurance .....	11
Prudential Survivor Income Insurance.....	12
Prudential Accidental Death and Dismemberment Insurance .....	13
Prudential Short Term Disability Insurance .....	14
Prudential Long Term Disability Insurance.....	15
Prudential Supplemental Long Term Disability Insurance .....	16
TIAA/CREF and Fidelity Investments Defined Contribution Pension Plan.....	17
Supplemental Tax Sheltered Annuity Plans .....	18
WageWorks Flexible Spending Accounts .....	19-21
Temple University Tuition Remission Program.....	22-23
Employee Assistance Program.....	24

## 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 unmarried legally dependent biological, adopted, and stepchildren to age 19; to age 23 if a full time student.

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.

Full Time Student verification is required for dependent children over the age of 19.

**Pre-existing conditions:**

None

**Employee Contribution:**

Single Coverage - 20% of the premium is required for single coverage.

Employee and Dependent(s) coverage - The single employee contribution plus 12% of the difference between the single and family premium.  
Employee Contributions are on a pre-tax basis.

## **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.

**In Network Deductible:** None

**Out of Network Deductible:** Annual deductible \$100 individual  
\$300 per employee and dependent(s).

## **In-Patient Hospitalization**

Semi-private room, dietary service & nursing service  
Maternity benefits  
Nervous and mental, drug addiction or alcoholism for 30 days  
Diagnostic studies: x-ray and laboratory  
Examinations  
Emergency treatment  
Surgical operations  
Radiation & chemotherapy  
Diagnostic studies (x-rays, EKG, ECG, etc.)

In Network: Covered 100%

Out of Network: Covered 100%

## **Emergency Room**

In Network: \$25 copay, waived if admitted

Out of Network: \$25 copay, waived if admitted

## **Mental Health - In-Patient**

In Network: Covered 100% for 30 days

Out of Network: Covered 100% for 30 day

## **Mental Health - Outpatient**

In Network: Covered 100% after copay for up to 30 visits per year.  
Copay: Visit 1-9 \$10  
Visit 10-30 \$20

Out of Network: Covered 50% of allowable charges after deductible  
Limit of 30 visits per year

## **Office Visits**

Primary Care and Specialty Care  
Adult Preventative Care  
Physical Exams  
Annual OB/Gyn Exam  
Pap Tests/Mammogram  
Well Baby Care  
Preventative Care  
Immunizations

In Network: Covered 100% with \$10 copay

Out of Network: Covered 80% of allowable charges after deductible

## **Prescription Drugs – During Inpatient Hospitalization**

In Network: Covered 100%

Out of Network: Covered 100%

## **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 [www.ibx.com](http://www.ibx.com)

## **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.

### **In-Patient Hospitalization**

Covered 100%

Semi-private room, dietary service & nursing service  
Maternity benefits  
Nervous and mental, drug addiction or alcoholism for 30 days  
Diagnostic studies: x-ray and laboratory  
Examinations  
Emergency treatment  
Surgical operations  
Radiation & chemotherapy  
Diagnostic studies (x-rays, EKG, ECG, etc.)

### **Emergency Room**

All emergency room care must be reported to Keystone Health Plan East and your Primary care physician within 48 hours of the incident for coverage.

\$35 copay, waived if admitted

### **Mental Health - In-Patient**

Covered 100% for 35 days

### **Mental Health - Outpatient**

20 visits per year  
\$25 copay per visit

### **Office Visits**

Covered 100% with \$10 copay

Primary Care  
Adult Preventative Care  
Physical Exams  
Annual OB/Gyn Exam  
Pap Tests/Mammogram  
Well Baby Care  
Preventative Care  
Immunizations

**Specialist Visits**            Written referral from primary doctor required  
Covered 100% with \$15 copay

**Vision Care**                Covered 100% with a \$15 copay  
Once every two calendar years  
Including screening, eye exams and refractions through  
Davis Vision Participating Providers

**Prescription Drugs – During Inpatient Hospitalization**

In Network:                Covered 100%

Out of Network:            Covered 100%

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 [www.ibx.com](http://www.ibx.com)

## **PRESCRIPTION PLAN**

### **CVS/CareMark**

#### **Eligibility:**

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

#### **Includes Coverage for:**

Employee, spouse and unmarried legally dependent biological, adopted and stepchildren to age 19; to age 23 if a full time student.

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.

#### **Plan:**

Employee pays 20% of the wholesale cost for brand name drugs and 10% of the wholesale cost for generic drugs at the pharmacy.

#### **Exceptions and Limitations:**

The Plan does not include coverage for:

Drugs available without a prescription.  
All injectable and immunizing agents, except insulin.  
Any drug administered by a physician.  
Therapeutic devices or appliances regardless of their intended use.

#### **Limitation on quantity per prescription:**

A 31-day supply or 100 doses whichever is less.

#### **Refill Limitation:**

Prescriptions may be refilled a maximum of 5 times in any six month period upon written authorization of the prescriber. No prescription may be refilled after six (6) months from the date of issue.

#### **Mail Order Program:**

Available for up to a (90) day supply.

All prescriptions for narcotics and controlled substances are subject to local and federal laws imposing quantity limitations.

Prior authorization required 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 8003.

## DENTAL INSURANCE

### Aetna Dental

**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.

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:** 7.5% of the premium is required for coverage

### **Benefit Levels:**

<b><u>Type</u></b>	<b><u>Description</u></b>	<b><u>Plan Pays</u></b>	<b><u>Deductible</u></b>
I Basic	Visits examinations x-rays, cleaning Lab studies	100% UCR	None
II Basic	Fillings, Periodontics Endodontics, Denture Repairs	80% UCR	\$50 lifetime
Major Services	Inlays, crowns, pontics removable bridges & dentures	70% UCR	\$50 annually
Orthodontics		50% UCR	None

Annual Basic and Major Services Maximum benefit: **\$2,000**

Lifetime Orthodontic Maximum benefit: **\$2,500**

**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.

To contact Aetna Dental customer service, call 1-800-843-3661. For additional information you may also visit their website at [www.aetna.com](http://www.aetna.com) and use the Aetna Navigator member website to search for a participating dentist. The Navigator website also lets you review your covered dependents, check the status of a claim, and review your claims history.

Temple University’s group number is 815029.

## **TEMPLE SCHOOL OF DENTISTRY**

If your dental work is done at the Temple School of Dentistry deductibles and co-payments may be waived under the Program.

Acceptance into this Program is subject to the policies of the Dean of the Temple School of Dentistry. These policies may change from time to time. The current policy covers services provided at the Undergraduate Clinic. These services must meet the educational purposes of the School of Dentistry.

## 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.

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.

Full Time Student verification is required for dependent children over the age of 19.

**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.

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 \$500,000

\* 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

## 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

## **SHORT 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.
- \* Plan:
  - Elimination period: 4 weeks
  - Coverage Amount: 60% of your monthly benefit base salary
  - Income replacement may continue for a maximum of 22 weeks per occurrence
- \* 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 payments from the short-term disability carrier.
  - 2) If NOT enrolled, your benefits will be terminated when accrued sick time has been exhausted.
- \* Premium:
  - \$24.75 per month

## LONG TERM DISABILITY INSURANCE (CORE PLAN)

### 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 \$5,000.00
  - Maximum monthly deduction: \$21.00

## SUPPLEMENTAL LONG TERM DISABILITY INSURANCE

### Prudential Insurance

Optional 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

\* 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: 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 \$6,000 per month.

- Core and Supplemental Monthly Maximum Benefit: \$6,000

- Monthly Minimum Benefit: \$50

\* Premium:

- .29 per \$100 of Monthly Base Salary up to \$9,000

- Maximum monthly deduction: \$26.10

## DEFINED CONTRIBUTION PLAN

**Eligibility:** You may begin contributions effective first of the month following hire date.

**Contributions:** The contribution level is based on the annual Social Security Wage Base as follows:

<u>Source</u>	<u>Contributions</u>	<u>Of Base Annual Salary</u>
Employee	4.5%	up to \$106,800
	+5.0%	over \$106,800
Temple	8.5%	up to \$106,800
	+13.0%	over \$106,800

Vesting in the University's contributions requires three (3) years of participation.

### **Investment Alternatives:**

You may allocate your and Temple's contributions between Fidelity Investments and TIAA-CREF (Teachers Insurance Annuity Association & College Retirement Equities Fund).

Both Fidelity Investments and TIAA-CREF offer a wide choice of investments. The investment choices include a variety of growth, stock, bond, money market, balanced, and fixed interest funds.  
Plan Type: 403(b)/401(a)

Employee contributions may be pre-tax salary reductions or Roth 403(b) after-tax payroll deductions for Federal Income Tax purposes.

**Please note:** Employee and Temple University contributions are subject to Federal tax law maximums for employees enrolling in the Defined Contribution Pension Plan after 12-31-95. IRS Section 401 (a) (17) limits the amount of annual compensation that may be considered in calculating pension benefits to \$245,000 in 2009.

To contact TIAA/CREF customer service, call 1-800-842-2888. For additional information, you may also visit their website at [www.tiaa-cref.org](http://www.tiaa-cref.org)

To contact Fidelity Investments customer service, call 1-800-343-0860. For additional information, you may also visit their website at [www.fidelity.com/atwork](http://www.fidelity.com/atwork)

## **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: 1-1321.

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

## **FLEXIBLE SPENDING ACCOUNTS**

### **WAGeworks**

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

### **FSA Accounts:**

A Flexible Spending Account allows you to contribute money, on a pre-tax basis, to pay for eligible dependent care expenses and eligible health care expenses. These are two separate accounts. You do not pay federal income tax or Social Security tax on these contributions. When you incur an eligible expense, you are then reimbursed from your account.

### **Dependent Care Account**

Eligible dependents are defined as:

- 1) children under the age of 13;
- 2) older, disabled dependents whom you can claim on your tax return.

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.

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

### **Health Care Expense Account:**

Health care 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 health care plans (medical, dental and vision)
- Co-payments for prescription drugs
- Over the counter drugs that treat a medical condition (allergy medicine, antacid, cold relief and pain relievers)
- Amounts over usual and customary plan limits
- Purchase of prescription sunglasses, contact lenses and cleaning solutions

The maximum annual contribution qualifying for pre-tax reimbursement is \$5,000 per family.

## **FLEXIBLE SPENDING ACCOUNTS**

### **How the FSA Plans Work:**

You designate the amount to be deducted in equal installments from your paycheck. 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.

### **How to Enroll in the Plan:**

Enrollment is on-line at [www.wageworks.com](http://www.wageworks.com) or you may call WageWorks at 1-877-924-3967. To enroll on-line register as a first time user and create your own account. You have 31 days from the date of your benefits orientation to complete the enrollment process. Enrollment in the plan is for the current calendar year only. You must re-enroll each December to continue your participation in the plan.

### **How to Pay for your Health and Dependent Care Expenses:**

#### **Pay My Provider:**

Tell WageWorks how much to pay your provider and when you want them to send the payment. WageWorks will write a check directly from your spending account.

#### **File a Paper Claim:**

To receive reimbursement from your account you can submit a claim form along with the proper documentation for your eligible expenses to WageWorks via fax or mail. Your reimbursement will be processed either in the form of a check payable to you, or a direct deposit to your checking or savings account.

#### **WageWorks Debit Card: This only applies to health care expenses.**

Use the card like a credit card to pay for eligible health care expenses. The money is deducted directly from your health care spending account.

Claims for reimbursement of expenses incurred from January 1, 2009 through March 15, 2010 may be submitted through May 31, 2010. Expenses may be incurred from January 1, 2009 through March 15, 2010. 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.

To contact WageWorks customer service, call 877-924-3967.

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

## **FLEXIBLE SPENDING ACCOUNTS**

### **Commuter Benefit program:**

#### **How the Commuter Benefits Program works:**

You place your order based on how you currently get to work (regional rail, bus or subway) and WageWorks 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.*

#### **How to Enroll in the Plan:**

Enrollment is on-line at [www.wageworks.com](http://www.wageworks.com) or you may call WageWorks 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 employees, 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 (8) 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:**

*Fall/Spring Semester.* 100% 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**

**PLEASE NOTE:** Graduate tuition benefits are considered taxable benefits.

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 the tuition benefits are received.

The Tuition Remission program includes expenses for tuition cost only; any other fees are not covered under the program.

### **Procedure**

1. Register for the course(s).
2. You or your dependent child will receive a bill from the Bursar's Office for tuition and fees.
3. Obtain a Tuition Remission form from your department administrator, Vice President, or Dean. Tuition Remission forms are also available on the Bursar's web site at [www.temple.edu/bursar/admin/tuitionremission.htm](http://www.temple.edu/bursar/admin/tuitionremission.htm). Complete the tuition remission form and have it signed by your Dean or Vice President.
4. Bring the completed and signed Tuition Remission form and the bill to the cashier in the Bursar's Office. You will be required to pay any applicable fees, and your bill will be credited for the applicable tuition amount.

**NOTE:** The above is a summary only. Complete University policy and related legal documents shall prevail. Full details may be obtained from the Benefits Office (215-204-1321)

## EMPLOYEE ASSISTANCE PROGRAM

### Ceridian LifeWorks

#### Program Highlights

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

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

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.