

**TEMPLE UNIVERSITY BENEFIT SYNOPSIS
POST DOCTORAL FELLOWS**

Benefits Eligibility	<i>Begins on the first day of full-time employment</i>
Health Insurance/Prescription	<i>Personal Choice/CareMark Prescription Plan or Keystone Health Plan East/CareMark Prescription Plan</i>
Personal Choice /CareMark Prescription	
Employee Contribution	<i>Monthly Cost</i>
Single Coverage	\$106.88
Family Coverage	\$213.07
Keystone Health Plan East/CareMark Prescription	
Employee Contribution	<i>Monthly Cost</i>
Single Coverage	\$96.87
Family Coverage	\$191.12
Aetna Dental Insurance	
Employee Contribution	<i>Monthly Cost</i>
Single Coverage	\$2.50
Family Coverage	\$7.55
Vision Care	<i>Vision evaluation and provision of eyeglasses once every two years provided by the University. You may elect a \$25 allowance contact lenses in lieu of eyeglasses.</i>
Employee Contribution	<i>None</i>
Group Term Life	<i>Prudential Insurance Company</i>
Policy	<i>Employee coverage only: \$10,000</i>
Employee Contribution	<i>None</i>
Optional Supplemental Insurance	<i>1.5, 2 or 3x times annual base salary to a maximum policy total of \$500,000</i>
Employee Contribution	<i>Employee pays premium based on age per \$1,000 of insurance. Under 30 years old \$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</i>
Survivor Income Insurance	<i>Provides percentage of salary to spouse and children</i>
Employee Contribution	<i>Monthly Cost</i>
Spouse	\$27.00
Children	\$7.00
Spouse & Children	\$34.00
Accidental Death and Dismemberment	<i>Employee and dependent(s) coverage available Minimum policy \$10,000 Maximum Policy \$150,000</i>
Employee Contribution	<i>Monthly Cost</i>
Single Policy	\$0.15 per \$10,000 of insurance
Family Policy	\$0.25 per \$10,000 of insurance
Long Term Disability Insurance	<i>Prudential Insurance Company Elimination period 26 weeks Maximum monthly benefit \$2,000 Benefit Continuation</i>
Employee Contribution	<i>Employee pays portion of premium Monthly Cost \$0.29/per \$100 monthly salary</i>
Supplemental Long Term Disability	<i>Prudential Insurance Company Core and Supplemental Maximum monthly benefit \$5,000</i>
Insurance	<i>Core and Supplemental Maximum monthly benefit \$5,000</i>
Employee Contribution	<i>Employee pays premium Monthly Cost \$0.27/per \$100 monthly salary</i>

TEMPLE UNIVERSITY BENEFIT SYNOPSIS POST DOCTORAL FELLOWS	
<i>Flexible Spending Accounts</i>	<i>WageWorks</i>
<i>Dependent Care Expenses</i>	<i>Pre-tax contribution up to \$5,000 annually</i>
<i>Health Care Expenses</i>	<i>Pre-tax contribution up to \$5,000 annually</i>
Supplemental Tax Sheltering	<i>Choice of TIAA-CREF and Fidelity</i>
<i>Holidays</i>	<i>11 per year</i>
<i>Vacation</i>	<i>2 weeks per year on an accrual basis</i>
<i>Sick Time</i>	<i>10 days per year on an accrual basis</i>

This synopsis is for informational purposes only. The actual Benefit Plan documents and University policies will be controlling.