

**TEMPLE UNIVERSITY
REGULAR ADJUNCT FACULTY
PERSONAL CHOICE PPO C3-F3-02**

50% SUBSIDY MONTHLY RATES*

COVERAGE LEVEL	MONTHLY SUBSIDY	PREMIUM PAID BY ADJUNCT	TOTAL PREMIUM COST
SINGLE COVERAGE	\$209.11	\$209.10	\$418.21
FAMILY COVERAGE	\$209.11	\$912.55	\$1,121.66

25% SUBSIDY MONTHLY RATES*

COVERAGE LEVEL	MONTHLY SUBSIDY	PREMIUM PAID BY ADJUNCT	TOTAL PREMIUM COST
SINGLE COVERAGE	\$104.55	\$313.66	\$418.21
FAMILY COVERAGE	\$104.55	\$1,017.11	\$1,121.66

*RATES EFFECTIVE AS OF JULY 2009 AND ARE SUBJECT TO CHANGE.