

***TEMPLE UNIVERSITY***

***PODIATRIC  
FACULTY***

***BENEFITS SUMMARY***

## Podiatric Faculty Benefit Summary Index

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## **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 biological, adopted, and stepchildren under the age of  
26 are eligible for health and prescription drug coverage.
- 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.
- Pre-existing conditions:** None
- Employee Contribution:** 21% of the premium is required for coverage.

## 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	\$10 \$10	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	\$10 copayment
	Referred Specialist Care	\$15 copayment
<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	\$35 copayment; copayment waived if admitted
<b>Vision Care</b>	Once every two calendar years	\$15 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.

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.

<b>Drug Type</b>	<b>You Pay Retail Pharmacy</b>	<b>You Pay Mail-Order Pharmacy (up to 90 day supply)</b>
Tier 1 – Generic Drugs	10%	2 co-payments for 3 months supply
Tier 2 – Preferred brand-name drugs	20%	2 co-payments for 3 months supply
Tier 3 – Non-preferred brand – name drugs	30%	2 co-payments for 3 months supply

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

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.

**Excludes Coverage for Adult Children:**

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

**Employee Contribution:** 15% of the premium is required for coverage

Services	Description	Plan Pays	Deductible
<b>Basic I - Type A</b>	Oral exam and cleaning, 2 per year Bitewing x-rays, 2 per year Complete x-ray series, once every 3 years	100% UCR	None
<b>Basic II - Type B</b>	Fillings, Periodontics, Endodontics, Denture Repair	80% UCR	\$50 Lifetime
<b>Major Services – Type C</b>	Inlays, Crowns Pontics Removable bridges and dentures	70% UCR	\$50 Annual
<b>Orthodontic</b>	Comprehensive Treatment	50% UCR	None
<b>Annual Maximum Benefit</b>	Basic and Major Service	\$2,000	
<b>Lifetime Orthodontic Maximum Benefit</b>	Comprehensive Treatment	\$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

## 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.

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.

**Excludes Coverage for Adult Children:** Adult children between the age of 23 to age 26 **are not eligible for dental 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  
215-707-3185

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

**Maximum Life Insurance Policy:** Total maximum amount of insurance including the standard life insurance policy provided by the University may not exceed \$500,000.

## **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><b>Coverage</b></u>	<u><b>Rate per \$100</b></u>	<u><b>Monthly Deduction</b></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

### For Members of the Clinical Practice Plan:

UNUM

**Eligibility:** The first day of employment for all full-time members of the Clinical Practice Plan.

**Includes Coverage for:** Employee only

**Plan:**

- Elimination period: 26 consecutive weeks (6 months)
- Coverage Amount: 60% of your monthly base salary to maximum benefit of \$10,000.
- Benefit Continuation: all Health and Welfare 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.

**Employee Contribution:** None

### For Faculty Not Members of the Clinical Practice Plan (CORE PLAN):

**Prudential Insurance** Optional 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 at a later date. An administrative fee of \$50 per application is charged by carrier for processing.

- Elimination period: 26 consecutive weeks (6 months)
- Coverage Amount: 60% of your monthly salary to maximum of \$4,000.
- Monthly Maximum Benefit: \$4,000
- Monthly Minimum Benefit: \$50

**For Faculty Not Members of the Clinical Practice Plan (CORE PLAN):**

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.

**Employee Contribution:**

- .62 per \$100 of Monthly Base Salary up to \$6,666.67
- Maximum monthly CORE Plan deduction: \$41.33

**SUPPLEMENTAL LONG TERM DISABILITY INSURANCE**  
**(supplements CORE Plan)**

**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

**Plan:** 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.

- 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 \$10,000 per month.

- Core and Supplemental Monthly Maximum Benefit: \$10,000
- Monthly Minimum Benefit: \$50

**Employee Contribution:**

- .605 per \$100 of Monthly Base Salary up to \$15,000
- Maximum monthly Supplemental Plan deduction: \$97.50

## **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 \$110,100
	+5.0%	over \$110,100
Temple	8.5%	up to \$110,100
	+13.0%	over \$110,100

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 \$250,000 in 2012.

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: 7-2270.

**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 and health care expenses. **These are two separate accounts.** You do not pay federal income tax or Social Security tax on these contributions.

### **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 Wage Works at 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 Wage Works how much to pay your provider and when you want them to send the payment. Wage Works will write a check directly from your spending account.

### **How to file a Paper Claim for your Health and Dependent Care Expenses:**

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

### **Dependent Care Account**

Eligible dependents are defined as:

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

## **FLEXIBLE SPENDING ACCOUNTS**

### **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.

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

### **Dependent Care Claims:**

Claims for reimbursement of expenses may be submitted through March 31, 2013. Expenses must be incurred from January 1, 2012 through December 31, 2012. 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 you.

### **Health Care 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
- 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.

### **Wage Works Debit Card: This only applies to health care expenses:**

When you enroll in the account you will receive a debit card valued at your annual election amount. You may 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.

### **Health Care Claims**

Claims for reimbursement of expenses may be submitted through May 31, 2013. Expenses must be incurred from January 1, 2012 through March 15, 2013. 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 Wage Works customer service, call 877-924-3967.

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

## **COMMUTER BENEFIT PROGRAM**

### **WAGeworks**

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

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.*

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

Enrollment is on-line at [www.wageworks.com](http://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.

**INTEREST FREE COMPUTER LOAN PROGRAM**  
**MEDICAL, DENTAL AND PODIATRIC FACULTY**

**Program**

All full-time Medical, Dental and Podiatric faculty are eligible for an interest free loan to purchase a computer and computer related equipment.

The lifetime maximum amount of the loan is \$2,500.

Repayment of the loan must be made within one year of the date of the loan. Options for re-payment are either in equal installments through payroll deductions or in a lump sum payment.

**Purchasing and Re-Payment Procedure**

You may purchase your computer through the vendor of your choice. Business Computer Services is available to assist you with selecting a computer. They may also have information about vendor discounts, but they cannot purchase the equipment for you. Computer Business Services can be reached at 1-5000.

You need to complete an Authorization for Computer Loan form and a Travel and Expense Voucher form. The Computer Loan form can be obtained from the Human Resources Benefits Office. The Benefits Department can be reached at 7-2270 or in TASB – 1<sup>st</sup> FL. The T & E form is located on the Controllers website at <http://www.temple.edu/controller/travel/>. You are not required to submit the T & E form to your supervisor for signature. For purposes of the computer loan program, HR has signature authorization.

Bring the completed Computer Loan form, Expense Report and the original paid receipt to Human Resources Benefits for signed approval of the loan. Your original receipts will be returned to you.

Reimbursement will be processed by the Travel Reimbursement Center, and Human Resources Benefits will process your loan re-payment through payroll deductions.

## TUITION REMISSION PROGRAM

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

**Includes Benefits for:** Full-time employee, their spouse/domestic partner, 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 (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.

**Spouse/Domestic Partner:** 50% tuition remission for eligible Temple University courses.

**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 and spousal 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. Spousal tuition benefits, both undergraduate and graduate are considered a taxable benefit.

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, your spouse 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, Chair, 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 Chair or 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.
5. There will be no refund for the one-half tuition paid at registration for the courses taken by a spouse and/or domestic partner.

**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 (215-926-2270)

## 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.