

**TEMPLE UNIVERSITY BENEFITS  
ADMINISTRATIVE EMPLOYEE  
CONTRIBUTION CHART**

**Health Insurance**

Monthly Employee Contribution Amounts	Salary below \$76,000			Salary above \$76,000		
	<u>Single</u>	<u>EE+1</u>	<u>Family</u>	<u>Single</u>	<u>EE+1</u>	<u>Family</u>
Personal Choice \$20	\$202.62	\$434.24	\$657.22	\$230.25	\$490.88	\$739.37
Keystone HMO \$20	\$184.75	\$395.95	\$598.17	\$209.95	\$447.60	\$672.94
Personal Choice \$30 - High Deductible	\$180.49	\$386.82	\$584.10	\$205.11	\$437.28	\$657.11

**Prescription Insurance**

CVS/Caremark: included in amounts above

**Dental Insurance**

Monthly Employee Contribution Amounts	Salary below \$76,000		Salary above \$76,000	
	<u>Single</u>	<u>Family</u>	<u>Single</u>	<u>Family</u>
Delta	\$7.17	\$21.65	\$8.25	\$24.90

**Vision Insurance**

Temple University Ophthalmology: Non-contributory

**Life Insurance**

\$10,000 group term policy: Non-contributory

**Voluntary Supplemental Life Insurance**

Monthly Rates are based on age per \$1,000 of Insurance

Under 30	\$0.032
30-34	\$0.048
35-44	\$0.056
45-49	\$0.088
50-54	\$0.136
55-59	\$0.256
60-64	\$0.384
65-69	\$0.744
70+	\$1.208

**Accidental Death & Dismemberment Insurance**

Monthly Rate	Per \$10,000
Single Policy	\$0.15
Family Policy	\$0.25

**Survivor Income Benefit Insurance**

Spouse or Domestic Partner Only	\$27.00/month
Children Only	\$7.00/month
Spouse or Domestic Partner & Children	\$34.00/month

**Short Term Disability**

Monthly Cost	\$22.68
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**Long Term Disability**

Per \$100/Monthly Salary	\$0.62
<i>Maximum deduction is \$41.33 per month</i>	

**Supplemental Long Term Disability**

Per \$100/Monthly Salary	\$0.605
<i>Maximum deduction is \$90.75 per month</i>	