

**TEMPLE UNIVERSITY BENEFITS  
LOCAL 835  
CONTRIBUTION CHART**

**Health Insurance**

Biweekly Employee Contribution Amounts	<u>Single</u>	<u>EE+1</u>	<u>Family</u>
Personal Choice \$20	\$108.08	\$231.80	\$290.13
Keystone HMO \$20	\$99.01	\$212.38	\$290.13

**Prescription Insurance**

CVS/Caremark: included in amounts above

**Dental Insurance**

Biweekly Employee Contribution Amounts	<u>Single</u>	<u>Family</u>
United Concordia (UCCI)	\$2.78	\$9.33

**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

**Accident & Sickness Benefits**

Employee Only: Non-contributory

**Long Term Disability**

Per \$100/Monthly Salary    \$0.42  
Maximum deduction is \$21.00 per month