

**TEMPLE UNIVERSITY & TEMPLE HEALTH SYSTEM, INC
TEMPLE FACULTY PHYSICIANS (TFP)
CONTRIBUTION CHART**

Health Insurance

Monthly Employee Contribution Amounts	<u>Single</u>	<u>EE+1</u>	<u>Family</u>
Personal Choice \$20	\$230.25	\$490.88	\$739.37
Keystone HMO \$20	\$209.95	\$447.60	\$672.94
Personal Choice \$30 - High Deductible	\$205.11	\$437.28	\$657.11

Prescription Insurance

CVS/Caremark: included in amounts above

Dental Insurance

Monthly Employee Contribution Amounts	<u>Single</u>	<u>Family</u>
Delta	\$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

Long Term Disability

Unum Plan: Non-contributory