

TEMPLE UNIVERSITY

*POST DOCTORAL
FELLOW*

BENEFITS SUMMARY

POST DOCTORAL FELLOW 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:

For employees with annual base compensation \$76,000 or below:

22% of the premium is required for single coverage

23% of the premium is required for employee plus 1 dependent coverage

24% of the premium is required for family coverage.

For employees with annual base compensation above \$76,000:

25% of the premium is required for single coverage

26% of the premium is required for employee plus 1 dependent coverage

27% of the premium is required for family coverage.

Employee contributions are on a pre-tax basis.

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. You should refer to the actual IBC plan for details.

Benefit	In-Network	Out-of-Network
Deductible Individual Family After deductible, plan pays	\$250 \$500 100%-see IBC summary for details	\$500 \$1,000 80% of allowance
Coinsurance Lab & Radiology Services Free Standing Site Hospital Based Setting	No Charge after Deductible 20% after deductible	20% after deductible 20% after deductible
Out-of-Pocket-Maximum Individual Family	\$4,400 - medical and prescription \$13,200 - medical and prescription	Not applicable
Doctor's Office Visits Primary Care Specialist Services	\$20 copayment, no deductible* \$40 copayment, no deductible*	80% of allowance after deductible 80% of allowance after deductible
Telemedicine	\$20 copayment, no deductible	Not applicable
In-Patient Hospital Services	100% after \$150 copayment per day, maximum 3 days. Not subject to deductible. Copayment waived at Fox Chase, Jeanes and Temple University Hospital, including its Episcopal campus.	100% after \$150 copayment per day, maximum 3 days, facility charges; 80% for other charges
Emergency Treatment	\$200 copayment; waived only if admitted	\$200 copayment; waived only if admitted
Urgent Care Center	\$50 copayment, no deductible. Waived at Temple ReadyCare.	80% after deductible

*As a benefit to Temple University employees, Temple University Health System (TUHS) and Temple Faculty Physicians (TFP) will waive applicable office copayments services for current employees and their dependents with medical insurance coverage under the Temple University benefit program. This will apply to all TUP, Fox Chase and TPI physicians. A list of Temple providers may be found at <http://www.temple.edu/hr/departments/benefits/healthplans/TempleProvider.htm>

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>.

Blue Cross Blue Shield Global Core

Personal Choice members have access to doctors and hospital in more than 200 countries and territories around the world. To locate a Blue Cross Blue Shield Global Core doctor or hospital, call Blue Cross Blue Shield Global Core 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

<https://bcbsglobalcore.com/Account/Login?ReturnUrl=%2F>

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. You should refer to the actual IBC plan for details.

Benefit	Benefits and Services	Coverage
Deductible Individual Family After deductible, plan pays	\$250 \$500 100%-see IBC summary for details	
Out-of-Pocket-Maximum Individual Family	\$4,400 - medical and prescription \$13,200 - medical and prescription	
Doctor Visits	Primary Care Physician Referred Specialist Care	\$20 copayment, no deductible* \$40 copayment, no deductible*
Telemedicine	24/7 access to a board-certified doctor by video, phone or app.	\$20 copayment, no deductible
In-Patient Hospital Services	In-patient hospitalization	100% after \$150 copayment per day, maximum 3 days. Not subject to deductible. Copayment waived at Fox Chase, Jeanes and Temple University Hospital, including its Episcopal campus.
Out-Patient Hospital Services	Authorized by primary care physician	Covered 100%
Emergency Care	Hospital emergency room	\$200 copayment; waived only if admitted
Urgent Care Center	Treatment received in urgent care facility	\$50 copayment, no deductible. Waived at Temple ReadyCare.
Vision Care	Once every two calendar years	\$40 copayment

*As a benefit to Temple University employees, Temple University Health System (TUHS) and Temple Faculty Physicians (TFP) will waive all applicable copayments services for current employees and their dependents with medical insurance coverage under the Temple University benefit program.

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>.

HEALTH INSURANCE

Personal Choice \$30 – High Deductible Plan

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. You pay either a copayment or the plan pays a percentage of the eligible charges after the deductible is satisfied. You should refer to the actual IBC plan for details.

Benefit	In-Network	Out-of-Network
Deductible		
Individual	\$2,000	\$2,000
Family	\$6,000	\$6,000
After deductible, plan pays	90% unless otherwise noted	70% of allowance
Out-of-Pocket-Maximum		
Individual	\$4,400- medical and prescription	Not applicable
Family	\$13,200-medical and prescription	
Doctor's Office Visits		
Primary Care	\$30 copayment*	70% of allowance after deductible
Specialist Services	\$40 copayment*	70% of allowance after deductible
Telemedicine	\$30 copayment, no deductible	Not applicable
In-Patient Hospital Services		
Facility	90% after deductible	100% after deductible
Physician/Surgeon	90% after deductible	70% of allowance after deductible
Emergency Treatment	\$100 copayment, no deductible. Waived only if admitted	\$100 copayment; waived only if admitted
Urgent Care Center	\$50 copayment, no deductible. Waived at Temple ReadyCare.	70% after deductible

*As a benefit to Temple University employees, Temple University Health System (TUHS) and Temple Faculty Physicians (TFP) will waive applicable office copayments services for current employees and their dependents with medical insurance coverage under the Temple University benefit program. This will apply to all TUP, Fox Chase and TPI physicians. A list of Temple providers may be found at <http://www.temple.edu/hr/departments/benefits/healthplans/TempleProvider.htm>

BlueCard PPO Program

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Blue Cross Blue Shield Global Core

Personal Choice members have access to doctors and hospital in more than 200 countries and territories around the world. To locate a Blue Cross Blue Shield Global Core doctor or hospital, call Blue Cross Blue Shield Global Core 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 <https://bcbsglobalcore.com/Account/Login?ReturnUrl=%2F>

TOTAL WELLNESS REWARDS PROGRAM

Eligibility: Employee only and must be enrolled in one of the University's health plans. Personal Choice, Keystone Health Plan East or Personal Choice High Deductible

Rewards Program:

The Total Wellness rewards program provides tools, resources, and challenging activities to help improve and maintain your overall health and well-being. The program focuses on your physical, emotional, social and financial well-being. The program provides individual preventative care recommendations, on-line health goals and programs, access to a Blue Cross Health and Wellness coach, personal and team challenges, on-line seminars, nutrition counseling, educational resources and much more. Employees earn rewards by participating in activities and completing specific requirements throughout the plan year:

Plan Year: July 1, 2024 to June 30, 2025

Rewards:

- Up to \$200 in e-gift cards
- \$25 monthly premium discount on employee health plan contributions
- Total reward value up to \$500 based on participation level

To get started:

To start your journey login or register on the [Blue Cross Member portal](#) and select the [Health & Well-Being](#) tab, then **Earn Rewards** to access the program. To earn and redeem your first \$50 reward you **must** complete the (3) required activities via the [Blue Cross Member portal](#):

1. Your Well-being Profile
2. On to Better Health Smart Screener Assessment
3. Complete a Doctor's office visit or a virtual visit (included MDLive visits) with your primary physician

Continue Earning and Redeeming Rewards:

Continue earning rewards by participating in activities and challenges throughout the plan year. Earned reward dollars will remain in a pending status on the Blue Cross member portal until you have completed the three required activities. These required activities can be completed at any point during the program year, however you cannot redeem any e-gift cards/money until the three requirements are complete. You must earn and redeem your rewards by June 30, 2025.

Qualify for the Premium Discount:

To qualify for the monthly \$25 premium discount you must complete the 3 required activities and earn a total of \$200 in rewards by the end of the plan year. The premium discount will be applied during the following fiscal year beginning July 2025 and ending June 2026.

Questions:

Please e-mail us at Totalwellness@temple.edu **or call us at 215-926-2285 (7-2285).**

CVS/Caremark PRESCRIPTION PLAN

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.

Highlighted Plan Provisions: (Please refer to the actual CVS/Caremark plan for detailed provisions)

Drug	You Pay	You Pay
Type	Retail Pharmacy	Mail-Order Pharmacy (up to 90 day supply)
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

- Mandatory Mail Order for Maintenance drugs – Maintenance long term drugs that are used on a regular basis and listed on CVS/Caremark's Maintenance Drug List must be filled either through mail order or at a CVS pharmacy. Members will receive the discounted pricing of 3 months' supply for the price of 2 months' co-pay.
- Generic Step Therapy –Generic alternatives, within the same therapeutic class, must be used as first line therapy before certain targeted brand drugs are covered. If you are using a brand drug, please discuss this new requirement with your physician to ensure that your drug is covered.
- Dispense as Written (DAW) 1 – If your health provider requires a brand drug when a generic substitution is available you will be charged a penalty in the amount of the difference in cost between the generic and brand drug plus your co-pay. This only applies when a multi-source brand medication is dispensed by physician or customer request over available generic equivalents. If you are using a brand drug, please discuss this new requirement with your physician to ensure that your drug is covered.
- Exclusive Specialty – Employees taking specialty drugs may fill their script at a local CVS ONLY or have the physician send the prescription directly to the specialty pharmacy for home delivery.

Exceptions and Limitations: The plan does not include coverage for:

- Drugs available without a prescription
- Injectables and immunizing agents administered by a physician or medical 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, or visit www.caremark.com. Temple University's carrier number is 4103. Your group number is 8003.

DELTA DENTAL INSURANCE

Eligibility:

Begins on the first day of full-time employment.

Includes Coverage for:

Employee, spouse and unmarried legally dependent biological, adopted and stepchildren are covered through the end of the calendar year in which the dependent reaches age 23.

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:

For employees with annual base compensation of \$76,000 or below, 20% of the premium is required for coverage. For employees with annual base compensation in excess of \$76,000 or above, 23% of the premium is required for coverage. Employee contributions are on a pre-tax basis.

Benefits and Covered Services	Delta Dental PPO Dentist	Non-Delta Dental PPO Dentist	Deductible
Diagnostic & Preventive Services (D&P) Exams, cleanings, x-rays and sealants	100%	100%	None
Basic Service Fillings and denture repair	80%	80%	\$50 Lifetime
Endodontics (root canals) Covered under Basic Services	80%	80%	
Periodontics (gum treatment) Covered under Basic Services	80%	80%	
Oral Surgery Covered under Basic Services	80%	80%	
Major Services Crowns, inlays, onlays and cast restorations	70%	70%	\$50 Annual
Prosthodontics Bridges, dentures and implants	70%	70%	
Orthodontic Benefits Adults and dependent children	50%	50%	None
Orthodontic Maximums	\$2,500 Lifetime	\$2,500 Lifetime	
Maximum per person each calendar year	\$2,000	\$2,000	

Your choice of provider: The contracted fee is based on your choice of provider.

Delta Dental PPO Dentist provide you with the greatest cost saving because they have the lowest contracted fees.

Delta Dental Premier Dentist also have contracted fees, but their fees are typically not as low as a PPO dentist. You can save more money when you choose a PPO dentist.

Non-contracted (non-Delta Dental) dentist: When you visit a non-contracted dentist, there are no fee protections, you will pay the difference between the dentist's submitted charges and Delta Dental's maximum plan allowance. Additionally the benefits under your PPO plan may be less when services are provided by an out of network dentist. You are responsible for the payment at the time of your visit and plan reimbursement will be made to you directly.

Access Delta Dental:

Visit **deltadentalins.com** to search for Delta Dental PPO dentist in your area.

Once enrolled you can register at **deltadentalins.com/TempleUniversity** to gain access to your member portal.

Download the **Delta Dental Mobile App**

Contact Customer Service at 800-932-0783.

Temple University's group number 21012

TEMPLE OPHTHALMOLOGY VISION CARE

<u>Eligibility:</u>	Begins on the first day of full-time employment.
<u>Includes Coverage for:</u>	Employee, spouse and unmarried legally dependent biological, adopted and stepchildren to age 23. 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.
<u>Excludes Coverage for Adult Children:</u>	Adult children between the ages of 23 to age 26 are not eligible for vision coverage.
<u>Employee Contribution:</u>	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 offers eye exams and eyeglasses at three convenient locations, listed below:

Temple University Hospital Main Campus 3401 N. Broad Street Parkinson Pavilion, Suite 630 Philadelphia, PA 19140 215-707-5300	Temple University Hospital Jeanes Campus 7500 Central Avenue Physicians' Office Building Suite 201 Philadelphia, PA 19111 215-728-CARE	Temple Health Ft. Washington 515 Pennsylvania Avenue Fort Washington, PA 19034 800-TEMPLE-MED
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Employees calling to make an appointment for themselves or a dependent will need the employee's TUID number for verification of eligibility.

PRUDENTIAL GROUP TERM 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

-Amount of Insurance: \$10,000

Optional Supplemental Insurance

Coverage for: Employee only

Employee Contribution: Based on age/salary

-Coverage type: Supplemental Group Term Life Insurance

-Amount of Insurance: 1.5, 2 or 3 times your annual base salary to a maximum policy of \$490,000

-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	\$0.032
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

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

PRUDENTIAL SURVIVOR INCOME BENEFIT 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 or domestic partner: Maximum of \$500 per month until the earlier of age of 65, remarriage or death. Domestic Partners must be an approved Domestic Partner under Temple University's Domestic Partner Policy.
- Children: Maximum of \$200 per month until the age of 19 or (23 for full-time student) or death.
- Spouse/domestic partner & Children: Maximum of \$700 per month.

Premium:

<u>Coverage</u>	<u>Rate per \$100</u>	<u>Maximum Monthly Deduction</u>
Spouse or domestic partner only	\$1.35/\$100	\$27.00
Children	\$.35/\$100	\$ 7.00
Spouse or domestic partner and Children	\$1.70/\$100	\$34.00

PRUDENTIAL ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Eligibility: Begins on the first day of full-time employment. You may enroll in this coverage effective the first day of any month.

Includes Coverage for: Employee and dependent(s)

Plan Covers:

<u>Loss of:</u>	<u>Coverage Level</u>
Life,	
Both hands,	100% of policy
Both feet,	at time of accident
One hand and one foot,	
One hand and sight of one eye,	
One foot and sight of one eye,	
Sight of both eyes	
One Hand	50 % of policy
One Foot	at time of accident
Sight of one eye	
Thumb & one finger of either hand	25% of policy at time of accident

Policy Coverage: Employees may choose a coverage amount of between \$10,000 and \$150,000
Coverage may be for single or employee and dependent(s).

<u>Premium</u>	<u>Monthly Deduction Per \$10,000 of Insurance</u>
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Single	.15/\$10,000
Employee and dependent(s)	.25/\$10,000

Dependent coverage: If enrolled on an employee and dependent(s) basis, your spouse is insured for 1/5 of the total coverage amount and children for 1/10. For example, if you elect \$150,000 of family coverage, you are insured for \$150,000, your spouse is insured for \$30,000 and your children are insured for \$15,000.

PRUDENTIAL LONG TERM DISABILITY INSURANCE (CORE PLAN)

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 for coverage at a later date and the carrier may charge an administrative fee for processing.

- Elimination period: 26 consecutive weeks (6 months)

- Coverage Amount: 60% of your monthly salary to maximum of \$2,000.

- Monthly Maximum Benefit: \$2,000

- Monthly Minimum Benefit: \$50

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.

Premium:

- .29 per \$100 of Monthly Base Salary up to \$3,333.33 (\$40,000/year)
- Maximum monthly deduction of \$9.67

PRUDENTIAL SUPPLEMENTAL LONG TERM DISABILITY 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 for coverage at a later date and the carrier may charge an administrative fee 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 \$5,000 per month.
- Core and Supplemental Monthly Maximum Benefit: \$5,000
- Monthly Minimum Benefit: \$50

Premium:

- .251per \$100 of Monthly Base Salary up to \$7,500 (\$90,000/year)
- Maximum monthly deduction of \$18.83

VOLUNTARY CONTRIBUTIONS

- Allows employees to make contributions on a pre-tax or Roth 403(b) after tax basis
- Voluntary contributions are not matched by the University
- Employees may enroll or change elections effective the first of any month
- Investment alternatives:

Fidelity Investments Voluntary Contributions
TIAA Supplemental Retirement Annuity (SRA)

Detailed information and assistance are available on the Benefits website at <http://www.temple.edu/hr/departments/benefits/retirement.htm>. You may also e-mail the Benefits Office at Retirement@temple.edu or call 215-926-2270.

Please Note: Employee contributions are subject to Federal maximums.

HEALTHEQUITY|WAGeworks FLEXIBLE SPENDING ACCOUNTS

Eligibility: Begins on the first day of full-time employment.

Accounts: A Flexible Spending Account allows you to contribute money, on a pre-tax basis, to pay for eligible healthcare expenses and for dependent care expenses. You may enroll in one or both – healthcare and dependent care are set up as separate accounts. You do not pay federal income tax or Social Security tax on these contributions.

You elect an annual amount to contribute and Temple will deduct the amount in equal installments from your pay for the balance of the calendar year.

Enroll: Enrollment is on-line at 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 a password to set up your account. You have 31 days from the date of your benefits orientation to complete the enrollment process. Enrollment is for the current calendar year only; you must re-enroll each December for the next calendar year.

Healthcare Account

Healthcare Account 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 Healthcare 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 deduction qualifying for pre-tax reimbursement is \$3,300 for the 2025 calendar year.

When you enroll, you will receive a Healthcare Prepaid Visa debit card with the value of your annual election amount loaded onto the card. You may use the card like a credit card to pay for eligible Healthcare expenses. The money is deducted directly from your Healthcare spending account. As an alternative, you may elect to file claims for reimbursement.

For additional information, visit their website at www.wageworks.com or contact Wage Works customer service at 877-924-3967.

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.

Eligible dependents are defined as:

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

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

You may arrange for direct payments to your provider or you can file claims along with the required documentation and be reimbursed by direct deposit or check.

For additional information, visit their website at www.wageworks.com or contact Wage Works customer service at 877-924-3967.

Commuter Benefits Program

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.*

Enroll: Enrollment is on-line at 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.

LifeWorks – Employee Assistance Program (EAP) & Total Well-being Platform

LifeWorks blends the employee assistance program (EAP) with personalized well-being resources that can support you and your dependents with issues related to family, health, life, money and work. The Employee Assistance Program is offered through LifeWorks to all full-time University faculty and staff.

LifeWorks provides free confidential counseling, consultations, community referrals and online access to hundreds of articles, toolkits, podcast, webinars and much more. **Services and are available 24/7 on-line or at 888-267-8126.**

<u>FAMILY</u>	<u>HEALTH</u>	<u>LIFE</u>	<u>MONEY</u>	<u>WORK</u>
<i>Adoption</i>	<i>Mental Health</i>	<i>Crisis</i>	<i>Bankruptcy</i>	<i>Career</i>
<i>Child Care</i>	<i>Addictions</i>	<i>Disabilities</i>	<i>Budgeting</i>	<i>Development</i>
<i>Couples</i>	<i>Healthy Habits</i>	<i>Legal</i>	<i>Estate Planning</i>	<i>Communication</i>
<i>Death/Loss</i>	<i>Mindful Living</i>	<i>Resources</i>	<i>Home Buying</i>	<i>Coping with</i>
<i>Education</i>	<i>Managing Stress</i>	<i>Midlife</i>	<i>Investing</i>	<i>Change</i>
<i>Older Relatives</i>	<i>Sleep</i>	<i>Personal</i>	<i>Managing Debt</i>	<i>Managing People</i>
<i>Parenting</i>	<i>Alternative</i>	<i>Issues</i>	<i>Renting</i>	<i>Shift Work</i>
<i>Separation/Divorce</i>	<i>Health</i>	<i>Relationships</i>	<i>Savings</i>	<i>Time Management</i>
		<i>Retirement</i>		<i>Work Relations</i>
		<i>Student Life</i>		<i>Work Stress</i>

LifeWorks Total Well-being Platform:

On-line Chat Features	Lifestyle Assessments
Webinars	Financial Well-being Assessments & Calculators
Personalized Daily Well-being Tips	Wellness Health Assessments
LIFT Free Fitness App	Toolkits
Childcare Search Resources	Elder Care Locator

Access to the program is available via the TUportal:

Login to the TUportal and select the Staff Tools tab from the top menu, then under the TUApplications section scroll down to the Lifeworks Employee Assistance Program link to gain access to the all of the program resources.

Contact LifeWorks: 888-267-8126