2024

Temple Health Benefits Guide



For the Employees of Temple Health

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We are proud to offer one of the most competitive benefits package in the area that will meet you and your family's needs.

This Benefits Guide will help familiarize you with the TUHS Benefits Plan. Carefully consider each benefit option, its cost and value to your particular needs.



Eligibility

Benefits for eligible employees not covered by a collective bargaining agreement (a union) are effective on your first day of employment. Benefits for employees covered by a union begin on the first of the month following your hire date.

Who is Eligible?

Employees scheduled at least 20 hours per week and their:

- Legally Married Spouse
- Children under 26 (through birth, adoption or legal custody)
- Disabled Child through birth, adoption or legal custody, any age (application process required)

Full-time benefits eligible employment is 35+ hours per week. Part-time benefits eligible employment is 20-34 hours per week.

When to Enroll?

- New Hire Orientation
- Life Event marriage, birth, divorce, etc.
- Annual Benefits Open Enrollment in late November, effective January 1st

If you experience a qualifying life event during the plan year, you have 30 days from the date of the event to submit any changes to your benefit elections and provide any required verification documents.

TUHS employees who choose to enroll dependents in coverage will need to provide required documents:

- For Spouses Government issued Marriage Certificate
- For Children under age 26 Birth Certificate, Court Order or Adoption paperwork

Please provide your required documents and a <u>Proof of Relationship form</u> to the TUHS Benefits Department through fax, 215-707-6807 or email <u>HR4U@tuhs.temple.edu</u> to verify dependent eligibility.



How to Enroll

All new hire benefit elections are made through the Employee Self Service Portal. **Benefits Enrollment must be completed within 7 days of your start date.**

- 1. Log on to the Employee Self Service Portal at https://hr.templehealth.org/
- 2. On the Home Page, navigate to the Benefit Details tile then select Benefit Enrollment.
- **3.** After you have made your Benefit elections, click on the Submit Enrollment button above the Enrollment Summary section. Elections will be sent to the Benefits Department for processing.
- **4.** To enroll in a TUHS Retirement Plan (if eligible), log on to Employee Self Service, navigate to the Benefits Details tile then select Retirement Account(s).
- 5. To enroll in a TUHS Retirement Account and authorize retirement contributions, select either Elect or Waive, Before-Tax or Roth (After-Tax), and click SUBMIT (you will be able to see your plan eligibility at this time). Click SUBMIT again.
- 6. To make your investment selections and designate your beneficiary visit TIAA.org/TUHS.

If you have any questions about your benefits enrollment process, please contact the **Benefits Team at 215-707-2500, option 2, prompt 4 or Accolade at 888-659-8302.**

Accolade Health Assistants

Choosing the right benefits for you and your family is a personal matter, but you do not have to go at it alone. Please do not hesitate to reach out to Accolade to help you with this enrollment process. The first time you call, you will be assigned to a personal health assistant who will get to know you and guide you around the financial and emotional barriers that can sometimes get in the way of care decisions.

Your personal Accolade Health Assistant becomes your single point of contact for all your health, medical and prescription questions – at no cost to you! From guiding you through your medical plan enrollment options now, to helping you find the right provider to fit your busy schedule, and even helping you make sense of claims and billing issues.

Contact Accolade at 1-888-659-8302, Monday – Friday 8am – 8pm EST.

Accolade



Medical

The TUHS Medical Plan offers three coverage options:



- Temple Care
- Advantage
- High Option

No physician referrals are necessary with any of the three options, all of which are Personal Choice PPO's through Independence Blue Cross (IBC). Coverage is available in two levels: Single or Family

Temple Health Employee Scheduling Assistance

Employees can contact Temple Family at 215-707-5300 or email TempleFamily@tuhs.temple.edu, to make an appointment.

To find a Temple doctor/location, and learn more about your TUHS medical plan options, contact Accolade Health Assistants at 888-659-8302, for help finding a Temple provider.

Payroll deductions and out-of-pocket expenses at the point of service (deductibles and copays) vary, depending on the plan you select and if you receive services from providers in the Temple network, Personal Choice network, or out-of network.



Think Temple Health

Most non-emergency care from Temple facilities and most Temple Physicians are covered without deductibles or co-pays under all of our plans.

| Multispecialty Centers | Urgent Care |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Fox Chase - Buckingham | Temple ReadyCare - Cottman Avenue |
| Fox Chase – East Norriton | Temple ReadyCare - Port Richmond |
| Temple Health Center City | Temple ReadyCare - Roosevelt Blvd. |
| Temple Health Elkins Park | |
| Temple Health Fort Washington | |
| Temple Health Oaks | |
| TUH - Northeastern Campus | |
| | Fox Chase - Buckingham Fox Chase - East Norriton Temple Health Center City Temple Health Elkins Park Temple Health Fort Washington Temple Health Oaks |

For a list of all Temple Health Community Offices, click here.

Note: The Children's Hospital of Philadelphia and St. Christopher's Hospital are considered Temple Network for inpatient stays and outpatient procedures.



2024 <u>BI-WEEKLY</u> Medical Coverage Rates (including Prescription Drug Coverage)

| UNIVERSAL RATES | TempleCare | Advantage | High Option |
|--------------------|------------|-----------|-------------|
| Single coverage | \$36.68 | \$75.38 | \$104.59 |
| Family – full time | \$97.30 | \$199.48 | \$278.24 |
| Family – part time | \$642.83 | \$695.86 | \$799.18 |

| LEADERSHIP GROUP RATES | TempleCare | Advantage | High Option |
|------------------------|------------|-----------|-------------|
| Single coverage | \$55.03 | \$94.23 | \$125.50 |
| Family – full time | \$145.95 | \$249.35 | \$333.88 |
| Family – part time | \$661.17 | \$714.71 | \$820.10 |

<u>Note:</u> The Leadership group includes those that meet both of the following requirements 1) Executives, VPs, AVPs, Physicians and anyone above Director Level but not Directors and 2) Earning a base salary greater than \$150,000.

2024 <u>WEEKLY</u> Medical Coverage Rates (including Prescription Drug Coverage)

| UNIVERSAL RATES | TempleCare | Advantage | High Option |
|--------------------|------------|-----------|-------------|
| Single coverage | \$18.34 | \$37.69 | \$52.29 |
| Family – full time | \$48.65 | \$99.74 | \$139.12 |
| Family – part time | \$321.41 | \$347.93 | \$399.59 |

Note: Rates shown are calculated based on all pay cycles for the year on a pre-tax basis. Rates may vary depending on the 2024 payroll calendar for your location.



2024 Medical Benefit Plan Highlights

| TEMPLECARE OPTION | Temple Network | Personal Choice Netv | ork . | Out-of-Network | |
|------------------------------------------------|----------------------------------|-----------------------------|-----------|--------------------------------|--|
| Annual deductible per person/family | None | \$500/\$1,500 | | \$1,000/\$3,000 | |
| Primary care physician | \$5 copay | \$20 copay | | 60% after deductible | |
| Specialist | \$5 copay | \$20 copay | | 60% after deductible | |
| Inpatient hospital | Plan pays 100% up to 365 days | \$2,000 copay & 80% after o | eductible | Plan pays 60% after deductible | |
| Coinsurance maximum per person/family | None | \$3,000/\$9,000 | | \$4,000/\$12,000 | |
| Total Out-of-Pocket maximum* per person/family | \$1,000/\$3,000 | \$4,200/\$10,700 | | No limit | |
| ADVANTAGE OPTION | Temple Network | Personal Choice Netw | ork | Out-of-Network | |
| Annual deductible per person/family | None | \$250/\$750 | | \$500/\$1,500 | |
| Primary care physician | \$15 copay | \$20 copay | | 70% after deductible | |
| Specialist | \$15 copay | \$20 copay | | 70% after deductible | |
| Inpatient hospital | Plan pays 100% up to 365 days | \$250 copay & 90% after de | eductible | Plan pays 70% after deductible | |
| Coinsurance maximum per person/family | None | \$2,000/\$6,000 | | \$3,000/\$9,000 | |
| Total Out-of-Pocket maximum* per person/family | \$1,000/\$3,000 | \$3,750/\$10,700 | | No limit | |
| HIGH OPTION | Personal Choice Network includes | Temple Network providers | | Out-of-Network | |
| Annual deductible per person/family | None | | | \$500/\$1,500 | |
| Primary care physician | \$10 copay | | | 80% after deductible | |
| Specialist | \$10 copay | | | 80% after deductible | |
| Inpatient hospital | Plan pays 100% up to 365 days | | ı | Plan pays 80% after deductible | |
| Coinsurance maximum per person/family | None | | | \$1,000/\$3,000 | |
| Total Out-of-Pocket maximum* per person/family | \$1,000/\$3,000 | | | No limit | |

2024 1199C Medical Coverage Rates (Advantage Plan only, including Prescription Drug Coverage)

| 1199C TUHS RATES | Bi-Weekly Rates | Weekly Rates |
|------------------------|-----------------|--------------|
| Single coverage | \$90.00 | \$45.00 |
| Family – full time | \$120.00 | \$60.00 |
| Family – part time | \$710.48 | \$355.24 |
| 1199C SURCHARGE RATES* | Bi-Weekly Rates | Weekly Rates |
| Single coverage | \$130.00 | \$65.00 |
| Family – full time | \$160.00 | \$80.00 |
| Family – part time | \$750.48 | \$375.24 |

Note: Under the current contract, you may be subject to a \$20 weekly surcharge effective March 1st each plan year, for medical coverage for not completing your required wellness activities explained on page 8.

2024 1199C Medical Benefit Plan Highlights

| ADVANTAGE OPTION | Temple Network | Personal Choice Network | Out-of-Network |
|------------------------------------------------|-------------------------------|------------------------------------|--------------------------------|
| Annual deductible per person/family | None | \$250/\$750 | \$500/\$1,500 |
| Primary care physician | \$15 copay | \$20 copay | 70% after deductible |
| Specialist | \$15 copay | \$20 copay | 70% after deductible |
| Inpatient hospital | Plan pays 100% up to 365 days | \$250 copay & 90% after deductible | Plan pays 70% after deductible |
| Coinsurance maximum per person/family | None | \$2,000/\$6,000 | \$3,000/\$9,000 |
| Total Out-of-Pocket maximum* per person/family | \$1,000/\$3,000 | \$3,750/\$10,700 | No limit |

Note: 1199c employees have the option to select TUHS or 1199 benefits and can switch per the rules in the contract. For more information, please contact the Benefit Fund at 215-735-5720.

Healthy Lifestyle Rewards

Lower Your Medical Premium

Staying healthy and saving money is important to all of us, so our Healthy Lifestyle Rewards program gives you an opportunity to do both. This annual program is open to all medical plan participants and enrolled spouses, no matter what plan you choose.



The program, which runs January through October, is accessed through Independence Blue Cross' website and offers two levels of rewards -- one for 1199c union members and one for all other employees.

Visit ibxpress.com to complete the steps below each year by October 31:

- Step 1 Visit your Primary Care Provider
- Step 2 Record the date of your Biometric Screening
- Step 3 Complete the Health Risk Assessment

Report and complete all three required activities to earn a reward based on eligibility:

- Members of 1199c receive a \$20 weekly surcharge waiver as of March 1 of the following year.
- All other employees and covered spouses will earn a \$50 Gift Card

*Step 4 – Complete and log more healthy activities in the portal such as visiting your dentist, completing preventative screenings, and more to qualify for a 10% Medical Premium Reduction the following plan year! You must earn 75 points to qualify for the discount.

Program Requirement:

Spouses must also complete and report the three key activities and earn 75 points (250 total) before the program ends for the employee to qualify for the discount.

Employees and covered spouses/samesex domestic partners can each earn a \$50 gift card (recipients are responsible for applicable taxes) for completing the required activities.

Note: Members of 1199c are not eligible for the premium reduction; however, under the current contract are required to complete annual wellness activities to avoid a \$20 weekly medical premium surcharge.

Prescription

TUHS prescription (Rx) benefits are through **CVS Health** and are included when you enroll in a medical plan.

You can fill your prescriptions at any CVS Pharmacy, through the CVS Mail Service Pharmacy or a Temple Health Pharmacy. Medications that are used daily (often called maintenance medications like those used to treat high-blood pressure or depression), must be a 90-day supply and can only be filled at a CVS Pharmacy, through the CVS Mail Service Pharmacy or a Temple Health Pharmacy.

You can use any pharmacy that accepts CVS Health insurance for one-time medications such as an antibiotic or flu-medication.

| Prescription Costs | | |
|------------------------------|-----------------------------|--|
| Generic | 15% of the cost of the drug | |
| Performance Brand Name | 20% of the cost of the drug | |
| Non-performance Brand Name | 35% of the cost | |
| Annual out-of-pocket maximum | Single: \$1,000 | |
| | Family: \$2,500 | |

Retail Prescription Transfers: Fill your existing prescriptions at CVS Pharmacy

Start filling medications you take regularly (such as asthma or high blood pressure medications) in 90-day supplies at CVS Pharmacy, CVS Mail Service Pharmacy or a Temple Health Pharmacy. If you fill 30-day supplies at another pharmacy, they will not be covered and you will pay the entire cost.

For assistance transferring your prescriptions, visit Caremark.com or call the Customer Care number on your Member ID card.

To learn more about our prescription benefit, including the mail order program, maintenance medications, filling your prescriptions at CVS pharmacy and more, view the Hub or connect with an Accolade Health Assistant at 888-659-8302.



Dental

You have access to a full range of dental coverage through a large network of providers. You have the option to receive care from any dentist inside or outside the network. If you see a dentist outside of MetLife's network, you will be billed for the difference between the provider's charge and the amount covered by the plan. To find out if your dentist participates, download the **MetLife Mobile App** or visit <u>metlife.com/mybenefits</u>.



2024 Dental Coverage Rates and Plan Highlights:

| UNIVERSAL RATES | Bi-weekly Rates | Weekly Rates |
|--------------------|-----------------|--------------|
| Single | \$4.05 | \$2.03 |
| Family – full time | \$12.12 | \$6.06 |
| Family – part time | \$36.31 | \$18.16 |

| 1199C RATES | Bi-weekly Rates | Weekly Rates |
|--------------------|-----------------|--------------|
| Single | \$0 | \$0 |
| Family – full time | \$0 | \$0 |
| Family – part time | \$ 32.26 | \$ 16.13 |

| DENTAL PLAN HIGHLIGHTS | Deductibles/Coinsurance | Lifetime Limits |
|-------------------------------|-------------------------------------|-----------------------------------|
| Class I Services (Preventive) | 100%, no deductible | |
| Class II Service (Basic) | 80%, after \$50 lifetime deductible | \$2,000 annual limit per person |
| Class III Services (Major) | 70%, after \$50 lifetime deductible | |
| Orthodontia (any participant) | | \$2,500 lifetime limit per person |

Note: Rates shown are calculated based on all pay cycles for the year on a pre-tax basis. Rates may vary depending on the 2024 payroll calendar for your location.

Vision

Vision benefits are provided by TU Department of Ophthalmology and The Eye Institute, Pennsylvania College of Optometry at Salus University, and are administered *separately* from medical coverage. Your coverage includes a routine eye exam every two years and if you need corrective lenses, you can choose between selected lenses and frames or a contact lens credit. This benefit only applies to services at Temple Ophthalmology and The Eye Institute (Salus University).

Contacts:

Please call to schedule an appointment, no ID cards are needed.

TU Ophthalmology Department: 215-707-5300 College of Optometry: 215-276-6111

2024 Vision Coverage Rates:

| UNIVERSAL RATES | Bi-weekly Rates | Weekly Rates |
|--------------------|-----------------|--------------|
| Single | \$0 | \$0 |
| Family – full time | \$0 | \$0 |
| Family – part time | \$1.70 | \$0.85 |

| 1199C RATES | Bi-weekly Rates | Weekly Rates |
|--------------------|-----------------|--------------|
| Single | \$0 | \$0 |
| Family – full time | \$0 | \$0 |
| Family – part time | \$1.70 | \$0.85 |

Supplemental Vision Insurance

Supplemental Vision insurance (through *Corestream) is also available for purchase. See page 17 for more information.

Life and AD&D + Disability

Life and AD&D

Reliance Standard Life Insurance Company

Temple Health offers three Life Insurance Programs to benefits eligible employees: Basic Life, Accidental Death & Dismemberment (AD&D), and Supplemental Life.

All of the plans are portable, which means if you leave TUHS or transfer to a non-benefit eligible position, the benefit can be converted to a personal, whole life insurance benefit. Employees will need to ensure that their beneficiaries are listed under the plans.

Basic Life and AD&D Insurance

Temple Health pays for \$10,000 of basic group life insurance for you, which includes basic AD&D coverage in the same amount. If you pass away, benefits are paid to your named beneficiary.

Supplemental Life and AD&D Insurance

You may buy Supplemental (voluntary) Life Insurance coverage up to 3 times your annual salary (maximum \$500,000) without Evidence of Insurability. Insurance is available up to 5 times your annual salary (maximum \$1 million) with Evidence of Insurability. Supplemental Accidental Death & Dismemberment (AD&D) coverage is also available for you and your dependents.

Application for additional life, STD or LTD after initial offering would be through an Evidence of Insurability process and there is no guaranteed issue.

<u>Note</u>: Please complete the **required** beneficiary form found on page 24 or on the $\underline{\text{Hub}}$.

Disability

Reliance Standard Life Insurance Company

Disability Benefits are voluntary and require employee contribution.

Short-Term Disability (STD)

STD benefits provide replacement income for up to 26 weeks (approximately 6 months) when you are unable to work due to a non-work related accident or illness. You pay the entire cost of STD coverage, if you elect it. If you decline, STD when first offered future enrollment is subject to providing Evidence of Insurability (medical questionnaire/examination).

Long-Term Disability (LTD)

LTD benefits begin after you have been totally disabled (as defined by the Plan) for 26 weeks. You must exhaust any accrued (sick, personal, and/or vacation) time prior to receiving LTD benefits. TUHS shares the cost of LTD with you. One-half of the LTD benefits you receive are treated as taxable income.

Once the insurance company for LTD benefits has approved you, TUHS will continue your core benefits during total disability. These core benefits include: Medical, prescription, dental, vision, FSA, basic life and employee/employer contributions to the TUHS Defined Contribution Retirement Plan.

Application for additional life, STD or LTD after initial offering would be through an Evidence of Insurability process and there is no guaranteed issue.

Note: Pre-existing conditions may apply.

Flexible Spending Account (FSA)

Temple Health partners with WEX Health, Inc. as your Flexible Spending Account (FSA) Administrator.

Using a Flexible Spending Account (FSA) is like getting a discount on everyday health and/or dependent care expenses because you are paying with tax-free money. Since FSAs allow you to set aside money each pay period, it lowers your taxable income, which means you pay less in taxes. A tax account can give you the best estimate on your savings, but you can get an estimate using an online calculator through WEX.

We have three FSA options at TUHS through WEX: Health Care/Medical FSA, Dependent Care FSA and Transit FSA.

Visit the <u>Hub</u> to learn more about your three FSA options (Human Resources > Pay & Financial Benefits > FSA Information).

Contribution Limits & IRS Regulations

The IRS sets the maximum dollar amount you can elect and contribute to a medical FSA. The annual contribution limit is \$3,200.

Funds on Day 1

All of your FSA dollars are available on the very first day of the plan year. You can use your funds for expenses incurred by you, your spouse or eligible dependents.

Use-it-or-Lose-it Rule

FSAs have a use-it-or-lose-it rule. This means you forfeit any unused funds after March 15 after the election year. We strongly encourage you to connect with an Accolade Health Assistant who can help you calculate how much you should contribute so that you maximize your tax savings and have enough to cover your expenses without forfeiting unused money. You can reach Accolade Monday – Friday, 8am – 8pm, at 888-659-8302.

WEX Participant Resources:

- 866-451-3399 (7am 10pm)
- Eligible Expense List
- WEX Employee Knowledgebase
- Savings Calculator
- customerservice@wexhealth.com



Tuition

Temple Health and its subsidiary corporations value the continued education and the professional development of its eligible employees and dependents. If you are part of a collective bargaining agreement, should review your specific union contract to understand your tuition benefits.



Employee Tuition Remission/Reimbursement

Full-time employees are eligible for tuition remission at Temple University for up to six (6) credits per semester, maximum 24 credits per academic year. Tuition remission is not available to part-time employees. Professional schools such as medical, dental and law are excluded.

Full-time employees are eligible for tuition reimbursement at any approved school for up to six (6) credits per semester up to \$315.00 per credit, maximum 24 credits per academic year. Part-time employees are eligible for tuition reimbursement at any approved school for a maximum of \$750.00 per academic year.

There is a course requirement of a "C" or better to be receive tuition benefits. You are required to remain an employee in a benefits eligible position at least 1 year after your last tuition benefit. If you do not fulfill the obligation, you will be required to repay the health system.

Dependent Tuition Remission

Remission is limited to the Eligible Dependent (s) of Eligible Full-time Employees only. Remission is not available for the dependents of part-time employees, or for otherwise Eligible Dependents not enrolled in a Full-time Undergraduate Degree Program at Temple University.

Eligible full time matriculated dependents (starting prior to age 23) at Temple University will be covered for 6 credits tuition remission to only for up to 10 semesters or the attainment of their undergraduate degree, whichever comes first.

For more details about these plans, see the policies on the Hub.

Retirement Benefits

TUHS retirement plan options are record kept by **TIAA**, a leading not-for-profit retirement provider.

TUHS offers a 403(b) plan, which is where all of your employee contributions will be directed and a 401(a) plan for employer contributions. Retirement contributions are made by payroll deduction on a pre-tax or Roth after-tax basis.



After three years of credited service, you become 100% vested in the employer contributions from Temple Health. One year of credited service is earned each calendar year that you work at least 1,000 hours. You are always vested in your own contributions.

It's important to select a beneficiary for your retirement savings as soon as you enroll. You will designate your beneficiary and select your investment options at ITAA.org/TUHS. TUHS continually reviews it's investments offered to ensure we are offering a competitive retirement plan.

For more details about the Temple Health retirement plans, including an investment line-up go to <u>TIAA.org/TUHS</u> (the code needed will auto populate if you use this link).

Retirement Enrollment:

- **1.** To enroll in a TUHS Retirement Plan, log on to <u>Employee Self Service</u>.
- 2. On the Home Page, navigate to the Benefits Details tile then select Retirement Account(s).
- **3.** To enroll your TUHS Retirement Account and authorize retirement contributions, select either Elect or Waive, Before-Tax or Roth (After-Tax), and click SUBMIT (you will be able to see your plan eligibility at this time).
- **4.** To make your investment selections and designate your beneficiary visit <u>TIAA.org/TUHS</u>.

Note: You are able to enroll or make changes to your TUHS retirement plan at any time. Changes will go into effect the 1st of the month.

Retirement Plans

There are two types of employer contribution plans. The employer contribution plan that you are eligible for varies depending on your job title or if you are covered by a collective bargaining agreement. Plan eligibility will be available in Employee Self Service during the enrollment process. If you are a union employee, please refer to your collective bargaining agreement for eligibility details.

| Contributory | Non-Contributory |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Employee contribution of 4.5% required to qualify for employer contribution Employer contribution starts at 4.5% and increases over time | No employee contribution required to qualify for employer contribution of 3%, which increases to a maximum of 5% as long as you participate in the plan if you contribute 2%, Temple Health will contribute a 2% match Generally, applies to clerical, service and secretarial employees |

Supplemental Retirement Account

A Supplemental Retirement Account allows you to save for retirement up to the IRS annual limit. These limits may change when Cost of Living Adjustments are updated annually so please go to IRS.gov/retirement-plans for details. Under the TUHS 403(b) plan, you can contribute up to \$23,000 to your TUHS retirement account. If you are 50 or older, you are eligible to contribute an additional \$7,500 for a total of \$30,500 in 2024.

All full, part-time, supplemental and pool employees, including residents, and fellows are eligible to enroll in an SRA. You can also enroll in an SRA even if you're not participating in one of the employer contribution plans. Since SRA contributions are employee only, there is no Temple Health contribution or match, and they are directed to the 403(b) plan.

To enroll in an SRA: visit Employee Self Service; navigate to the Benefits Details tile; select Retirement Account(s); and click Supplemental Retirement Account on the left side of the screen. Once you have entered in your enrollment amount or percent, please click submit.

Note: You are able to enroll or make changes to your SRA retirement plan at any time. Changes will go into effect as soon as possible.

Temple Health Perks - Voluntary Benefits

Temple Health Perks (through Corestream) offers a number of programs to assist you with personal and legal issues, health care needs, financial savings, accident insurance and more. The affordable benefit choices and resources available to you can give you peace of mind and help protect you and your family's future.



Take advantage of special employee rates and convenient payroll deductions when applying for these valuable programs. All full-time and part-time (work at least 20 hours/week) employees are eligible to enroll in Temple Health Perks.

VSP Vision

Do not take your vision for granted. With the VSP Vision Care plan, you can have high-quality care with a low out-of-pocket expense. With a large network of providers, including Temple Ophthalmology and The Eye Institute, you are sure to find a convenient location for your busy schedule. The VSP Vision Care plan covers a **routine annual eye exam** and savings on **frames and spectacle lenses or contact lenses every year.**

| VSP Vision Care Cost | Bi-weekly Rates |
|----------------------|-----------------|
| Employee | \$10.70 |
| Employee + Spouse | \$21.38 |
| Employee + Children | \$22.88 |
| Employee + Family | \$36.56 |

Other Benefits: Reliance Accident & Critical Illness, LegalEase, Allstate Identity Protection, Pet Insurance, Life + Long Term Care, and more!

Enroll in Corestream

Enrollment for these voluntary benefits will be exclusively online at the TUHS employee discount portal, www.TempleHealthPerks.com. Benefits eligible employees have 30 days from their hire date to enroll in voluntary benefits.

Temple Health Perks customer service handles all coverage, payment and support questions 24/7/365 at 1-888-935-9595 or by email.

Paid Time Off

This Paid Time Off summary is for **Non-bargaining, regular employees** with standard hours of 20 hours or more per week. Paid time off is calculated based on the fiscal year (July 1st through June 1st). The first pay of each fiscal year (the pay containing July 1st) usually will start at the end of June and is different each year based on pay groups. If you work 10 or 12 hour shifts, you only receive paid time off using the standard hours based on a 5-day work week.

<u>Note:</u> Collectively bargained or contracted employees should review your specific contract to understand those differences and how it impacts your paid time off benefits.

| Temple Health Official Holidays | | | | |
|-------------------------------------|--|--|--|--|
| Memorial Day Day after Thanksgiving | | | | |
| Juneteenth Day before Christmas | | | | |
| Independence Day Christmas Day | | | | |
| Labor Day New Year's Day | | | | |
| Thanksgiving Holiday | | | | |

To see a list of this year's observed dates, visit the Time Off page on the Hub (Human Resources > Time Off).

Sick Time

Benefits eligible employees with standard hours of 20 hours or more per week accrue **10 sick days each fiscal year**. Temple Physicians Inc. (TPI) employees accrue 8 sick days each fiscal year. Sick time is accrued each fiscal year either on a weekly or bi-weekly schedule based on your pay group and your budgeted weekly hours. Your sick time accrues over the first 10 months of the fiscal year. Sick time accrues from July – May beginning on your date of hire, but will not be displayed on your pay statement until the pay after you complete 90 days of service. There is **no maximum limit** to your sick balance. Sick time is not paid out upon separation from Temple Health.

| Hours/Week | 40 Hrs. | 36 Hrs. | 35 Hrs. | 20 Hrs. |
|-----------------------|---------|---------|---------|---------|
| Annual Sick (10 days) | 80.00 | 72.00 | 70.00 | 40.00 |
| Bi-weekly Accrual | 3.70 | 3.33 | 3.18 | 1.85 |
| Weekly Accrual | 1.85 | 1.67 | 1.59 | 0.93 |

For more information about Sick Time, visit the Vacation & Sick Time page on the Hub (Human Resources > Time Off > Vacation & Sick Time).

Personal Time

Regular employees with standard hours of 20 hours or more per week are entitled to 3 days of personal time.

Personal time will not be displayed on your pay statement until the pay after you complete 30 days of service. Personal Time **must be used** by the end of the fiscal year or the time will be forfeited. Personal time is not paid out upon separation from Temple Health.

| Hours/Week | Hours/Day | JUL – SEP | OCT – DEC | JAN – MAR | APR - JUN |
|------------|-----------|-----------|-----------|-----------|-----------|
| 40.00 | 8.00 | 24.00 | 16.00 | 8.00 | 0.00 |
| 36.00 | 7.20 | 21.60 | 14.40 | 7.20 | 0.00 |
| 20.00 | 4.00 | 12.00 | 8.00 | 4.00 | 0.00 |

For more information about Personal Time, visit the Vacation & Sick Time page on the Hub (Human Resources > Time Off > Vacation & Sick Time).

Vacation Time

Vacation time is accrued each fiscal year either on a weekly or bi-weekly schedule based on your pay group. You can accrue up to 1.5 times your annual entitlement. Vacation base is determined by the specific job, standard hours and years of service. Vacation time accrues from your date of hire but will not be displayed on your pay statement until the pay after you complete 90 days of service.

2 Week Vacation Base = 10 Days * 8 hrs. = 80 hours

Cumulative Maximum = 15 Days * 8 hrs. = 120 hours

| Hours/Week | 40 Hrs. | 36 Hrs. | 35 Hrs. | 20 Hrs. |
|-------------------|---------|---------|---------|---------|
| Hours/Day | 8.00 | 7.20 | 7.00 | 4.00 |
| Bi-weekly Accrual | 3.08 | 2.77 | 2.70 | 1.54 |
| Weekly Accrual | 1.54 | 1.39 | 1.35 | 0.77 |

3 Week Vacation Base = 15 Days * 8 hrs. = 120 hours

Cumulative Maximum = 22.5 Days * 8 hrs. = 180 hours

| Hours/Week | 40 Hrs. | 36 Hrs. | 35 Hrs. | 20 Hrs. |
|-------------------|---------|---------|---------|---------|
| Hours/Day | 8.00 | 7.20 | 7.00 | 4.00 |
| Bi-weekly Accrual | 4.62 | 4.16 | 4.04 | 2.31 |
| Weekly Accrual | 2.31 | 2.08 | 2.02 | 1.16 |

4 Week Vacation Base = 20 Days * 8 hrs. = 160 hours

Cumulative Maximum = 30 Days * 8 hrs = 240 hrs

| Hours/Week | 40 Hrs. | 36 Hrs. | 35 Hrs. | 20 Hrs. |
|-------------------|---------|---------|---------|---------|
| Hours/Day | 8.00 | 7.20 | 7.00 | 4.00 |
| Bi-weekly Accrual | 6.16 | 5.54 | 5.38 | 3.08 |
| Weekly Accrual | 3.08 | 2.77 | 2.69 | 1.54 |

For more information about your Vacation Time, visit the Vacation & Sick Time page on the <u>Hub</u> (Human Resources > Time Off > Vacation & Sick Time).

Leaves of Absence

Temple Health partners with Matrix Absence Management to administer FMLA and other leaves.

Two ways to request a leave:

- By phone at (877) 202-0055
- Electronically at <u>matrixabsence.com</u>

To review leave policies and other information, please visit the leaves page on the <u>Employee HUB</u> (Human Resources > Time Off > Leaves of Absence)

Once there, you will find:

- Frequently Asked Questions
- Video tutorials about filing a claim and reporting intermittent FMLA absences
- Manger resources such as FMLA/ADA training for Supervisors and Managers
- "Planning Your Leave of Absence" training for employees
- Leave policies

Important Contact Information:

- Phone 215-707-9009
- Email <u>LeaveManagment@tuhs.temple.edu</u>
- Fax 215-707-7696



Wellbeing Resources

Explore the robust resources provided by Temple Health to empower the mental, physical and financial wellbeing of our employees and their families. To see a full list of our wellbeing benefits, please visit the Hub or call Accolade.

Join the Wellbeing Champion Committee!

Looking for employees with a desire to support wellbeing and promote Temple Health benefits in the workplace! Email wellbeingbenefits@tuhs.temple.edu to join the committee or to learn more.

Learn about our mental wellbeing benefits below that are available to all Temple Health employees and family members' ages 13 years and older – at no cost!

| Carebridge Employee Assistance Program | Headspace Care | Headspace |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Carebridge EAP, a confidential 24/7/365 service regarding depression, grief, relationships, stress, and more. | Download Headspace Care, for on-demand coaching & video based therapy and psychiatry supporting your emotional well-being. | Headspace offers hundreds of meditations, sleepcasts and sleep music, guided workouts, and focus music to help you feel happier and healthier every day. |
| Call 800.437.0911 or go to www.myliferesource.com, access code RBMNE. | Register for Headspace Care in the App store. | Register for Headspace online at |
| carebridge EMPLOYEE ASSISTANCE PROGRAM | headspace care | https://work.headspace.com/tuhS/member-enroll headspace |
| Savi Student Loan Program | GreenPath Debt Solutions | ScholarShare529 |
| Savi can help you lower your monthly payments and find the best federal repayment programs for your financial situation while simplifying the task of navigating the way to forgiveness. | GreenPath offers 1:1 debt coaching and education resources, making it easier for people to pay off debt, build credit, and take charge of their financial lives. | A 529 plan is aimed at helping families save specifically for future education expenses such as, higher education, eligible apprenticeships and private K-12 education. |
| Savi Student Loan Program SQVI | GreenPath Debt Solutions GreenPath financial wellness | To get started, visit <u>ScholarShare529.com</u> or call 800-544-5248 ScholarShare529 |

Resources

Benefits Department

TUHS Benefits Call Center: 215-707-2500; Option 2; Prompt 4 or HR4U@tuhs.temple.edu

Health & Wellbeing Benefits: wellbeingbenefits@tuhs.temple.edu

TIAA: 800-842-2252 or TIAA.org/tuhs

Accolade: 888-659-8302 or log in to your account here

Compliance, Employee & Labor Relations

HR Compliance: HRCompliance@tuhs.temple.edu or 215-707-0884

Workplace Concerns Hotline: 215-707-0884

Learning & Development:

Training Calendar: https://hub.templehealth.org/group/training/training-calendar

HealthStream: https://www.healthstream.com/hlc/templehealth

Human Resources Information Systems (HRIS)

Employee & Manager Self-Service Login: https://hr.templehealth.org

HRIS, PeopleSoft or Taleo: <u>HRIS@tuhs.temple.edu</u>

Employment Verification Contact Information: www.TheWorkNumber.com; employer code: 28413

Time Off

TUHS Leave Management: 215-707-9009 or LeaveManagement@tuhs.temple.edu for FML or time off due to illness or injury

Matrix Absence Management: file a claim here http://www.matrixabsence.com/ or 877-202-0055

Workers' Compensation Department: 215-707-8814

Payroll

Payroll Department@tuhs.temple.edu



Submit to Benefits Dept. by Fax 215-707-6807 or 6806 Need Help? Call 215-707-2500 option 2, prompt 4.

Life Insurance Beneficiary Form

| Employee Name | | | TUid# | 21 | |
|---------------------------------------------|-----------------------------|------------------|---------------------|--------------------------|-------------|
| (PRINT | First Name Last Name) | | | | |
| Work Phone | | Alternate P | hone | | |
| rimary Beneficiary Designation | | | | | |
| Name (First Name, Last Name) | Relationship to Employee | Date of Birth | Gender | Address | % Share* |
| | | | | | |
| | | | | | |
| condary Beneficiary Designation | A1 | | | | =22 |
| Name (First Name, Last Name | Relationship to Employee | Date of Birth | Gender | Address | % Share* |
| | | | | | |
| | | | | | |
| * % | of Share must tota | l 100% and | be in whole numb | er increments. | |
| ection of beneficiary information will be e | ffective the date the | completed | form is received by | the Benefits Department. | |
| mployee's Signature | Date | e | | | |



Proof of Relationship Form

Fax to Benefits Dept. 215-707-6807

Need Help? Call 215-707-2500, option 2, prompt 4.

| Employee Name | TUid# | Contact Number |
|------------------------------|-------|----------------|
| (PRINT First Name Last Name) | | |

Please list your benefit eligible dependent(s) below. Fax, 215-707-6807, or send this form <u>and</u> the appropriate Proof of Relationship (listed below) to the TUHS Benefits Office. Questions? Please contact the Benefits Call Center at 215-707-2500, option#2, prompt 4.

| Name (First Name Last Name) | Date of Birth (MM/DD/YY) | SS# | Gender | Relationship | Medical | Dental | Vision |
|--------------------------------|-----------------------------|-----|--------|--------------|---------|--------|--------|
| | 1 1 | | | | Y/N | Y/N | Y/N |
| | 1 1 | | | | Y/N | Y/N | Y/N |
| | 1 1 | | | | Y/N | Y/N | Y/N |
| | 1 1 | | | | Y/N | Y/N | Y/N |
| | 1 1 | | | | Y/N | Y/N | Y/N |
| | 1 1 | | | | Y/N | Y/N | Y/N |
| | 1 1 | | | | Y/N | Y/N | Y/N |

| Eligible Dependents for Benefits Coverage | Acceptable Proof of Relationship |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Legally married spouse | Marriage Certificate or License |
| Birth child | State issued birth certificate showing employee as birth parent |
| Step-child | Birth certificate of child showing employee's spouse as birth parent PLUS marriage certificate showing marriage to child's birth |
| | parent |
| Adopted child | Court provided adoption paperwork |
| Child for whom you have legal custody | Court order showing responsibility for medical coverage for the child |
| Child that you are required to provide coverage due to a | Copy of the Qualified Medical Support Order |
| Qualified Medical Support Order | |
| Unmarried totally disabled child | Carrier specific applications are required for carrier approval of coverage within 30 days of this enrollment |

| I certify that the individuals listed above qualify as eligible dependents for coverage under the TUHS medical plan and have provided appropriate documentation with this form. I |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| understand that knowingly enrolling ineligible dependents may be subject to disciplinary action up to and including discharge. I understand that I can only make changes to my |
| benefits elections at a future Open Enrollment or if I have an eligible Life Event (including but not limited to birth or adoption of a child, marriage, divorce, death, spouse loss of other |
| benefits, etc.) I must notify Temple University Health System within 30 days of the event in order to make a change to these benefits. |

| Employee's Signature | Date |
|----------------------|------|