

SUMMARY ANNUAL REPORT

FOR THE

DREXEL UNIVERSITY COLLEGE OF MEDICINE WELFARE PROGRAM

This is a summary of the annual report of the Drexel University College of Medicine Welfare Program, Plan Number 501, Employer Identification Number 23-2979433, for the plan year period beginning January 1, 2010 and ending December 31, 2010. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

UNINSURED COMPONENTS

The plan sponsor, Philadelphia Health Education Corp., has committed itself to pay certain prescription and health flexible spending account claims under the terms of the plan.

INSURED COMPONENTS - INSURANCE INFORMATION

The plan had contracts with insurance carriers to pay certain claims incurred under the terms of the plan. The type of benefit provided, name of the insurer, and premiums paid for each component are set forth in the table below. The total amount of experience rated and non-experience rated premiums paid for the plan year ending December 31, 2010 was \$10,720,421

Type of Benefit	Name of Insurer	Premiums Paid
Medical	AmeriHealth Insurance Company	\$45,316
Vision	Combined Insurance Company of America – Eyemed Vision Care	\$106,790
Life Insurance, Short-term Disability, Long-term Disability, Accidental Death and Dismemberment	Hartford Life and Accident	\$712,132
Legal Services	Hyatt Legal Plans, Inc.	\$25,155
Medical	Independence Blue Cross	\$9,091,299
Business Travel Accident	Life Insurance Company of North America	\$4,575
Dental	Metropolitan Life Insurance Company	\$709,954
Employee Assistance Program	Penn Behavioral Health	\$25,200

The Independence Blue Cross medical contract is a so called “experience-rated” contract, such that the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending December 31, 2010, the premium paid under this “experience-rated” contract was \$2,463,849 and the total of all benefit claims paid under the experience-rated contract during the plan year was \$6,124,253.

Because all components of the plan are unfunded and insured, the plan did not have any reportable plan assets and did not earn any income during the plan year.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. Insurance information, including sales commissions paid by the insurance carrier, is included in the report.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Philadelphia Health Education Corp., c/o Human Resources, 3201 Arch Street, Suite 430, Philadelphia, PA 19104, 215-895-2850. The charge to cover copying costs will be \$.25 per page for any part thereof.

You also have the legally protected right to examine the annual report at the main office of the plan: Philadelphia Health Education Corp., c/o Human Resources, 3201 Arch Street, Suite 430, Philadelphia, PA 19104 (or at any other location where the report is available for examination), and at the U.S. Department of Labor in Washington, D.C. or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, and 200 Constitution Avenue, N.W., Washington, D.C. 20210.