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, 2014 and ending December 31, 2014. 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 medical, prescription drug, severance, and healthcare 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 premiums paid for contract years that ended during the 2014 plan year was \$1,802,358.

| Type of Benefit | Name of Insurer | Premiums Paid |
|--|---|------------------|
| Dental (Indemnity) | Cigna Health and Life Insurance Company | \$773,006 |
| Vision | Independence Blue Cross | \$87,660 |
| Employee Assistance Program | Health Advocate, Inc. | \$33,430 |
| Legal Services | Hyatt Legal Plans, Inc. | \$24,345 |
| Business Travel Accident | Life Insurance Company of North America | \$4,346 |
| Life Insurance, Long Term Disability Accidental Death & Dismemberment | Metropolitan Life Insurance Company | \$879,571 |

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 insurance carrier, is included in that 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, 200 Constitution Avenue, N.W., Washington, D.C. 20210.