

**Monthly Medical Plan Contributions for 2007 Plan Year
Faculty, Administrators, and Professional Research Staff in Codes 100, 102, and 103**

Plan	Coverage Category	Tier 1 Base Salary Under \$50,000	Tier 2 Base Salary \$50,000 to \$74,999	Tier 3 Base Salary \$75,000 to \$124,999	Tier 4 Base Salary \$125,000+
POS Value	Employee	\$8	\$32	\$56	\$75
	Employee + Spouse or Domestic Partner	\$75	\$115	\$165	\$225
	Employee + Child (or Children)	\$69	\$105	\$150	\$205
	Employee + Spouse/Domestic Partner + Child (or Children)	\$108	\$166	\$237	\$323
POS Advantage	Employee	\$24	\$48	\$72	\$91
	Employee + Spouse or Domestic Partner	\$110	\$150	\$200	\$260
	Employee + Child (or Children)	\$100	\$136	\$181	\$236
	Employee + Spouse/Domestic Partner + Child (or Children)	\$157	\$215	\$286	\$372
Aetna HMO	Employee	\$44	\$67	\$91	\$110
	Employee + Spouse or Domestic Partner	\$150	\$190	\$240	\$300
	Employee + Child (or Children)	\$136	\$172	\$217	\$272
	Employee + Spouse/Domestic Partner + Child (or Children)	\$214	\$272	\$343	\$429
Oxford HMO	Employee	\$68	\$91	\$115	\$134
	Employee + Spouse or Domestic Partner	\$200	\$240	\$290	\$350
	Employee + Child (or Children)	\$182	\$218	\$263	\$318
	Employee + Spouse/Domestic Partner + Child (or Children)	\$286	\$344	\$415	\$501
HIP HMO	Employee	\$16	\$40	\$64	\$83
	Employee + Spouse or Domestic Partner	\$93	\$133	\$183	\$243
	Employee + Child (or Children)	\$85	\$121	\$166	\$221
	Employee + Spouse/Domestic Partner + Child (or Children)	\$133	\$191	\$262	\$348

**Monthly Rates for Dental, Life, Disability, & Long Term Care Insurance for 2007 Plan Year
Faculty, Administrators, and Professional Research Staff in Codes 100, 102, and 103**

NYU Dental Assistance Plan

Coverage Level	Monthly Contribution
Employee	\$ 0
Employee + Spouse/Domestic Partner	\$ 27
Employee + Chid(ren)	\$ 25
Employee + Spouse/Domestic Partner +Chid(ren)	\$ 39

Group Long-Term Disability Rates

Participation in the Basic Long-Term Disability plan is mandatory after one year of employment. You and NYU share the cost of this plan equally. currently your cost is 0.177% of your monthly salary.

If you earn more than \$120,000 per year, you may purchase, at your option, Supplemental Long-Term Disability coverage. If you do not purchase this when you are first eligible, you may not enroll at a later date. You pay the full cost for this coverage. Currently the monthly cost is 0.30% of your monthly salary that is in excess of \$10,000. This is in addition to your cost for Basic Long-Term Disability coverage.

Group Long-Term Care Rates

NYU offers a voluntary Long-Term Care Insurance Program. You pay the full cost for coverage. The cost is based on your age at the time your application is received by John Hancock Life Insurance Company, the Daily Maximum Benefit (DMB) you choose, and your state of residence. The chart below is a partial list of monthly premiums. For a complete list, contact John Hancock Life Insurance Company at 1-800-888-3754 or visit the NYU Long-Term Care web site at nyu.jhancock.com (user name: nyu; password: jhancock). **Note: The DMB will increase effective June, 2007.**

Partial List of Monthly Premiums

Age	\$235 DMB	\$295 DMB	\$355 DMB
21	\$ 19.37	\$ 23.85	\$ 28.32
25	23.36	28.85	34.34
30	29.55	36.63	43.72
35	36.41	45.25	54.09
40	44.05	54.84	65.64
45	58.29	72.67	87.05
50	77.14	96.31	115.21
55	102.12	127.67	153.21
60	154.78	193.58	232.37
65	256.74	321.02	385.30

Basic Life Insurance Coverage Amount

NYU provides its employees with free group term life insurance. The amount of coverage provided is based on your age as of the January 1st coinciding with or following your birthday.

Age	Amount	Age	Amount	Age	Amount	Age	Amount
< 21	\$100,000	31	\$87,959	42	\$57,655	71	\$28,971
21	97,116	32	86,815	43	54,839	72	26,653
22	95,673	33	84,681	44	52,473	73	24,521
23	94,233	34	82,694	45	50,451	74	22,682
24	93,565	35	79,086	46-64	50,000	75	20,981
25	92,898	36	75,906	65	46,500	76	19,407
26	92,230	37	73,079	66	43,013	77	17,951
27	91,566	38	70,548	67	39,787	78	16,515
28	90,745	39	67,214	68	36,803	79	15,111
29	89,924	40	63,460	69	34,043	80	13,751
30	89,102	41	60,231	70	31,490	80+	13,751

Supplemental Life Insurance Coverage Rates

You may purchase additional coverage, if you wish. There are six options to choose from, ranging from ½ times your salary to 3 times your salary, to a maximum of \$300,000. The monthly cost is determined by the amount you elect and your attained age as of January 1 coincident with or following your birthday.

Age	Rate	Age	Rate	Age	Rate
< 30	\$0.052	45 – 49	\$0.223	65 – 69	\$1.668
30 – 34	0.070	50 – 54	0.374	70 – 74	2.805
35 – 39	0.093	55 – 59	0.616	75 – 79	5.042
40 – 44	0.135	60 – 64	0.984	80 +	8.418