

## NYU 2006 Monthly Health Plan Rates for Faculty, Administrators, & Professional Research Staff

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 3 Base Salary \$125,000+
<b>POS Value</b>	Employee	\$8	\$29	\$51	\$68
	Employee + Spouse	\$70	\$106	\$152	\$206
	Employee + Child (or Children)	\$62	\$95	\$137	\$186
	Employee + Spouse + Child (or Children)	\$100	\$152	\$217	\$295
<b>POS Advantage</b>	Employee	\$22	\$43	\$65	\$82
	Employee + Spouse	\$100	\$136	\$182	\$236
	Employee + Child (or Children)	\$90	\$123	\$165	\$214
	Employee + Spouse + Child (or Children)	\$143	\$195	\$260	\$338
<b>Aetna HMO</b>	Employee	\$44	\$65	\$87	\$104
	Employee + Spouse	\$146	\$182	\$228	\$282
	Employee + Child (or Children)	\$132	\$165	\$207	\$256
	Employee + Spouse + Child (or Children)	\$209	\$261	\$326	\$404
<b>HIP HMO</b>	Employee	\$15	\$36	\$58	\$75
	Employee + Spouse	\$85	\$121	\$167	\$221
	Employee + Child (or Children)	\$76	\$109	\$151	\$200
	Employee + Spouse + Child (or Children)	\$122	\$174	\$239	\$317
<b>Oxford HMO</b>	Employee	\$68	\$89	\$111	\$128
	Employee + Spouse	\$197	\$233	\$279	\$333
	Employee + Child (or Children)	\$177	\$210	\$252	\$301
	Employee + Spouse + Child (or Children)	\$281	\$333	\$398	\$476

## Monthly Rates for Dental, Life, Disability, & Long Term Care Insurance for Faculty, Administrators, and Professional Research Staff in Codes 100, 102, and 103 (Effective for 2005 and 2006)

### NYU Dental Assistance Plan

Coverage Level	Monthly Contribution
Employee	\$ 0
Employee plus Spouse or Same-sex Domestic Partner	\$ 23
Employee plus Child or Children	\$ 21
Family	\$ 33

### 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 for coverage 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 accepted by John Hancock Mutual Life Insurance Company and the Daily Maximum Benefit (DMB) you choose. The chart below is a *partial list* of monthly premiums. For a complete list, contact John Hancock Mutual Life Insurance Company at 1-800-888-3754 or visit the NYU Long-Term Care Web site at: [nyu.jhancock.com](http://nyu.jhancock.com), user name: nyu, password: jhancock.

**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	\$115.48
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 1<sup>st</sup> 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 the January 1 coincident with or following your birthday.

**Monthly Rates Per \$1,000 Of Insurance**

Age	Rate	Age	Rate	Age	Rate
Less than 30	\$ .052	45 – 49	\$ .223	65 – 69	\$ 1.668
30 – 34	.070	50 – 54	.374	70 – 74	2.805
35- 39	.093	55 – 59	.616	75 – 79	5.042
40 – 44	.135	60 - 64	.984	80 and over	8.418

November 2005