



## **NEW YORK MEDICAL COLLEGE** **SUMMARY OF GROUP INSURANCE BENEFITS**

Your **2012** Group Insurance Benefits At A Glance:

1.) **Empire Care Plus Plan (PPO)**

Deductibles, co-insurance, and out-of-pocket maximums apply using both in-network and out-of-network health care providers and hospitals. CVS/Caremark prescription drug program with retail co-payments of: \$10 generic; \$25 preferred brand; \$40 non-preferred brand for a one-month supply. A 90-day supply of maintenance medication is available by mail order or at a local CVS pharmacy with co-payments of \$20 generic; \$50 preferred brand; and \$80 non-preferred brand.

2.) **Oxford Exclusive Provider Organization (EPO) Liberty Network**

Provides health coverage including hospitalization, preventive care, and prescription drug coverage with retail co-payments of: \$10 Tier I; \$25 Tier II; \$50 Tier III for a 30-day supply; Mail Order-\$20 Tier I; \$50 Tier II; \$100 Tier III for a 90 day supply. There is no "out-of-network" option, but referrals from a Primary Care Physician (PCP) are not required to see a specialist. Members have access to the UnitedChoicePlus network when traveling outside the tri-state (NY/NJ/CT) area.

3.) **Enhanced Dental Plan (MetLife PDP)**

Dental expenses are covered from 50-100% of UCR. Maximum claim payment is \$1,500 per covered person per year. Orthodontia is subject to a \$1,500 lifetime maximum and is only applicable to dependent children under age 19.

4.) **Dental Assistance Plan (MetLife PDP)**

Dental expenses are covered on a scheduled basis. Maximum claim payment is \$1,000 per covered person per year. Orthodontia is subject to a \$1,000 lifetime maximum and is only applicable to dependent children under age 19.

5.) **Outlook Vision Services**

A vision-care program offering a 20-50% discount off the regular retail price of eyeglasses and mail-order contact lenses.

6.) **Short-Term Disability (STD)**

The plan provides full and partial pay for employees who are unable to work due to a short-term illness or injury from one day, up to a maximum benefit of twenty-six weeks. Benefits are reinstated each calendar year on January 1<sup>st</sup> based upon continuous College service from date of hire, as follows:

<b>Length of College Service on January 1<sup>st</sup></b>	<b>100% Pay</b>	<b>60% Pay</b>
0-3 years	4 weeks	22 weeks
4-6 years	6 weeks	20 weeks
7-8 years	8 weeks	18 weeks
9-10 years	10 weeks	16 weeks
10+ years	13 weeks	13 weeks

**Exception:**

If an employee is receiving short-term disability pay on January 1<sup>st</sup> as a result of an illness or injury that began in the prior calendar year, the employee would continue to receive the balance of their disability pay from the prior year. An employee must return to work for four continuous weeks in the new year before disability benefits are reinstated.

7.) **Long-Term Disability Insurance (LTD)**

Insurance is effective at employment and benefit payments may begin after six months of disability, if approved for LTD.

**Basic:** (covers annual gross salary to \$40,000). Non-contributory coverage provides 60% of monthly base pay to a maximum of \$2,000 a month.

**Contributory:** (covers annual gross salary from \$40,000 to \$200,000). You may purchase coverage above the \$2,000 a month level up to \$8,000 a month at the rate of 60% of monthly base pay. In no event will the total of basic and contributory exceed \$10,000 a month. To calculate the monthly cost of this insurance, use the table below (rates effective 01/01/09):

Age	60% Rate	X	Monthly Salary Above \$3,333	=	Participant Monthly Cost
Less than 30	\$0.090				
30 – 34	\$0.137				
35 - 39	\$0.145				
40 - 44	\$0.213				
45 – 49	\$0.329				
50 – 54	\$0.487				
55 – 59	\$0.578				
60 – 64	\$0.584				
65 and over	\$0.601				

8.) **Life Insurance**

**Basic:** Non-contributory coverage with a face value equal to one times annual base pay to a maximum of \$300,000.

Accidental Death & Dismemberment (AD&D) coverage equals an additional one times annual base pay.

**Contributory:** Option of 1, 2, 3, or 4 times annual salary to a maximum of \$1,000,000 combined Basic and Contributory.

Medical evidence may be required for Options 1-4. The cost of this insurance is listed below (rates effective 01/01/09):

Age	Annual Base Pay	X	Option 1,2,3,4	=	Result to Next Higher 1,000	X	Monthly Rate Per 1,000	=	Participant Monthly Cost
Less than 30							\$0.060		
30-34							\$0.080		
35-39							\$0.090		
40-44							\$0.100		
45-49							\$0.170		
50-54							\$0.270		
55-59							\$0.520		
60-64							\$0.820		
65-69							\$1.380		
70-74							\$2.200		
75-79							\$4.350		
80 and over							\$4.350		

9.) **Dependent Group Life Insurance**

Benefit	Monthly Rate	OR	Benefit	Monthly Rate
\$ 5,000 spouse/\$4,000 each child*	\$ 2.10		\$ 5,000 spouse only	\$ 2.02
\$10,000 spouse/\$4,000 each child*	\$ 4.33		\$10,000 spouse only	\$ 4.03
\$15,000 spouse/\$4,000 each child*	\$ 6.37		\$15,000 spouse only	\$ 6.05
\$25,000 spouse/\$4,000 each child*	\$10.43		\$25,000 spouse only	\$10.08
			\$ 4,000 child only*	\$ 1.00

\*Children are dependents who are unmarried and under age 19 or full-time students under age 23.

10.) **Personal Accident Insurance**

Provides Accidental Death and Dismemberment Insurance coverage for you, your spouse, and dependent children. It covers you 24 hours a day both on and off the job, worldwide, and is payable in addition to any other insurance you may have.

Amounts may be selected from 1-5x salary at time of election, to a maximum of \$500,000, rounded to the nearest \$1,000. (Subject to a reduction schedule at age 70.) See plan brochure for details, enrollment form and monthly cost of coverage.