



**Part-Time Lecturer Faculty Chapter**

*Deadline: Friday, February 22, 2008*

**SURVEY ON HEALTH INSURANCE NEEDS OF PTLs**

As part of the contract settlement between the PTLFC-AAUP-AFT and Rutgers University, both sides agreed to establish a joint committee to look at some additional health insurance options for PTLs. Currently, PTLs who are in a state administered pension plan and who have taught two consecutive semesters and are appointed in the subsequent fall semester may purchase health insurance through the State Health Benefits Plan (SHBP). While that plan offers very good benefits, the cost is relatively high.

We (the Rutgers PTL Labor-Management Health Benefits Committee) are currently discussing additional health insurance options that would be less costly for PTLs. To determine which option(s) would be the most useful for PTLs, we are asking you to fill out the 2-page survey below and return it to us by February 22 in one of the following ways:

1. In the envelope provided, mail or send through Rutgers' Intercampus Mail system to:  
Rutgers PTLFC-AAUP-AFT, 48 Street 1603 (Livingston Campus), Piscataway, NJ 08854
2. Fax both pages of the completed survey to Rutgers AAUP-AFT FAX Number: 732-445-5485

Thanks so much for your input.

Name (optional) \_\_\_\_\_

# of semesters teaching at RU \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Marital/Family Status: Single \_\_\_\_\_ Married \_\_\_\_\_ # of Dependent Children: \_\_\_\_\_

1. Do you currently have health insurance? Yes \_\_\_ No \_\_\_
2. If so, how do you obtain health insurance?
  - A. From the group plan of another employer
  - B. From spouse, partner or parent's coverage
  - C. Purchase an individual insurance policy for yourself and/or family members
  - D. Purchase health insurance provided by the State Health Benefits Plan
3. What type of coverage do you have?
  - A. Single
  - B. Parent/Child
  - C. Member/Spouse or Same-Sex/Civil Union Partner
  - D. Family

4. What type of benefit program do you have?

- A. High deductible/High co-pay policy
- B. HMO
- C. PPO or POS
- D. Traditional Indemnity plan

5. If you pay part or all of your insurance costs, how much do you pay a month?

- A. 0 to \$50
- B. \$50 to \$100
- C. \$100 to \$200
- D. More than \$200

6. If you don't have insurance, why not?

- A. Can't afford it
- B. Don't need it

7. If additional health insurance options were offered to PTLs, in which of the following would you be most interested?

- A. HMO, PPO or POS
- B. Catastrophic coverage only
- C. High deductible/high co-pay plan
- D. Plan that covered medical costs up to \$5000 in a year
- E. Other, please describe \_\_\_\_\_

8. If additional health insurance options were available, how much would you be willing to pay for the insurance each month?

- A. 0 to \$50
- B. \$50 to \$100
- C. \$100 to \$200
- D. More than \$200

9. AFT, the national union with which the PTLFC-AAUP-AFT is affiliated, offers a "medical supplemental" policy for AFT members only. This policy provides reimbursements for doctor's visits and diagnostic tests, and a discount on prescription costs. The cost is approximately \$60/month for single coverage. Would you be interested in purchasing this policy either as a supplement to basic health insurance or a stand-alone benefit?

- A. No, I would not be interested
- B. Interested in purchasing as a supplement to basic health insurance
- C. Interested in purchasing as a stand-alone benefit

10. Do you have any additional comments or concerns?:

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**Definitions**

**High deductible/high co-pay policy** = Significant out of pocket costs before insurance payments are available, but covers major medical services

**HMO** = Comprehensive coverage & low out of pocket costs, but limited to specific network of doctors, services & hospitals

**PPO or POS** = Similar to an HMO, but "out of network" doctors, services, and hospitals available

**Traditional Indemnity plan** = Can use any doctor, service, or hospital

Each type of benefit program can have different amounts for deductibles and co-pays.