

2010 Benefits Enrollment NEWSLETTER

Human Resources ■ Finance & Administration

EMPLOYEE EDITION

October 2009

R·I·T

2010 Key Dates

October 21

Seasonal Flu Shot Clinic*

7:00 a.m. – 5:00 p.m.

Louise Slaughter (Bldg 78),
Room 2230

October 22

Open Enrollment Begins

October 27 & 28

Benefits Fair

9:00 a.m. – 3:00 p.m.

(both days)

CIMS, Rooms 2210 – 2240

November 3

Seasonal Flu Shot Clinic*

7:00 a.m. – 5:00 p.m.

Gordon Field House,
Reception Room

(upper level overlooking pool)

November 18

Open Enrollment Ends

November 19

Seasonal Flu Shot Clinic*

7:00 a.m. – 5:00 p.m.

Student Development Center,
(Bldg 55), Room 1310

*If possible, attend the clinic nearest
your work location.



Rochester Institute of Technology
Department of Human Resources
George Eastman Building
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Rochester, New York 14623-5604

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Dear Colleagues:

Once again, it's time to consider your employee benefit needs for the coming year. To help make your decision-making process as easy as possible, we've made some improvements to our enrollment materials. First, you may notice we've updated the design and layout of this enrollment newsletter to be more consistent with the RIT look and more cost effective with printing and production (see details on page 23). In addition, we've improved the organization of the enclosed Medical Benefits Comparison Booklet to make it easier to access the information you need to make informed decisions.

Several noteworthy benefit changes are also taking place for 2010, largely due to your feedback. First, *we're introducing a new low cost medical plan option called POS C*. The POS C Plan responds to employee requests for a low contribution option that includes prescription drug coverage. Be sure to check out all the details of this new plan option starting on page 5.

We've also *improved benefits coverage for people with cochlear implants*. You can learn more about these improvements on page 16. Coverage for diabetic medications and supplies is being *moved out of the medical plans and into the prescription drug program* administered by Medco (details on page 14). And the Beneflex Health Care Spending Account *annual maximum contribution is being increased to \$5,000*.

While you will see a modest rise in your cost for medical and prescription drug coverage, *RIT is, once again, absorbing most of the projected cost increase for 2010*.

While the cost of medical care continues to rise, RIT has taken important steps in the last several years to manage our health care programs as cost effectively as possible. The best "medicine" for containing health care costs over the long term is for people to live healthier lives. RIT strives to help faculty and staff achieve this important goal with our ever-expanding *Better Me* employee wellness program. After a successful pilot, we are excited to enhance the program by *introducing workplace wellness coaching to the entire RIT employee community beginning in January* (see details on page 18). We hope you will take advantage of this tremendous resource to help you maximize your health and wellness. This is just another example of our commitment to make RIT a great place for you to work, learn, contribute, and grow!

Sincerely,

A handwritten signature in black ink that reads 'Renee Brownstein'.

Renee Brownstein

Associate Director, Human Resources

2010

Open Enrollment News

2010 Key Changes

- New low cost medical plan (see page 5)
- Improved coverage for cochlear implants (see page 16)
- Diabetic medications and supplies to be covered by Medco (see page 14)
- Increased Health Care Spending Account maximum (see page 17)
- Decrease in Supplemental Life and LTD rates (see online enrollment screen for your costs)



THE FOLLOWING ARE BENEFITS YOU NEED TO CONSIDER FOR 2010:

- Medical
- Dental
- Vision Care
- Beneflex
- Hyatt Legal Plan
- Supplemental LTD Insurance
- Supplemental, Spouse, Child Life Insurance
- Supplemental, Spouse, Child AD&D Insurance

If you do not take action during the enrollment period, you will not be able to make changes to these benefits during the year, except as described at right. Your 2009 benefit elections for the benefits listed here will continue into 2010 EXCEPT Beneflex. Your 2009 Beneflex election DOES NOT CONTINUE in 2010. If you want to participate in Beneflex for 2010, you MUST enroll.

THIS IS YOUR ONLY OPPORTUNITY TO MAKE A CHANGE

Please remember that the Benefits Open Enrollment period is **your only opportunity to enroll, change, or cancel most of your benefit elections**, unless you have a qualified family or employment status change during the year. A qualified family or employment status change includes:

- Marriage
- Birth or adoption of a child
- Divorce
- Death of a spouse or dependent
- A change in employment (e.g., spouse gaining or losing employment, or your status changing from part-time to full-time)

If you experience one of these events and want to elect, change, or cancel your coverage, you must notify the Human Resources Department **within 31 days of the event**. Otherwise, you must wait until the next Open Enrollment for a January 1 effective date. Please remember that the event must be consistent with the change you want to make (e.g., changing from two person to family coverage after the birth of a child) and allowed under IRS rules. **You cannot change insurance plans during the year** (e.g., Blue Point2 POS B No Drug to Blue Point2 POS A) even if you have a change in family or employment status.

REMEMBER

If you did not add a new baby to your medical or dental plan when he/she was born, Open Enrollment is the time to do it. You cannot add the child during the year.

Help Desk Hours

Monday – Thursday

7:30 a.m. – 9:00 p.m.

Friday

7:30 a.m. – 5:00 p.m.

Saturday and Sunday

12 noon – 5:00 p.m.

Oracle Self-Service Customer Support Hours

Monday – Friday

during regular business hours

HOW TO ENROLL

You can make changes to your benefits, enroll in new benefits or cancel coverage online using Oracle Self-Service at <http://myinfo.rit.edu> (same place you access your online paystub).

We encourage you to take advantage of the many enrollment resources available to you. Enclosed in this packet you will find the 2010 employee contribution information for the various benefit plans. Additionally, your personalized contribution amounts for your benefit choices are displayed on the enrollment screens when you log in to Oracle Self-Service.

Also enclosed with this packet is an improved *Medical Benefits Comparison Book* to help you review your available options. The General Information section remains at the beginning of the book, and the rest of the book now has the services listed in alphabetical order — making it easier to find the services you are looking for.

While the online enrollment process is fairly simple, we have added detailed, step-by-step instructions to the HR website. In addition, each screen has Help Text with important information. And, when you finish your enrollment, you will be able to print the confirmation page so you have a record of your elections for 2010.

We have also scheduled several Open Lab sessions (see schedule below), staffed by HR representatives, where you can come, at your convenience, for help with the online enrollment process and to get questions answered. Please note that computer kiosks will not be available at the Benefits Fair.

Lab Schedule

#	Date	Time	Location
1	Tuesday, November 3	10:00 a.m. – 2:00 p.m.	Wallace Library, Room 3650
2	Tuesday, November 10	7:30 a.m. – 10:00 a.m.	Wallace Library, Room 3650
3	Monday, November 16	11:00 a.m. – 5:00 p.m.	Wallace Library, Room 3650

A sign language interpreter will be provided upon request, subject to availability. Contact the Department of Access Services (DAS) directly at <https://myaccess.rit.edu/>.

To log into Oracle Self-Service, you will need to know your Oracle Username and Password. If you do not know your Oracle Username and Password,

- Click on the link “Forgot your Password or Username?” below the login screen. You do not need to know your Employee Number.
- Go to the ITS Help Desk (Gannett Building, Room 7B-1113) — be sure to take your *employee ID card* with you; OR
- Call the ITS Help Desk at x5-4357/V and x5-2810/TTY or Oracle Self Service Customer Support at x5-4905/V. You will need to know your Employee Number.

If you do not know your employee number, check with your manager who can access (or knows who can access) Manager Self Serve to look up your Employee Number for you.



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Open Enrollment News



NO SALARY LEVEL CHANGES FOR MEDICAL COVERAGE COST SHARING

The pay amount for the various medical cost-sharing salary levels will remain at their current amounts. In addition, employees will remain in their current level. Refer to the enclosed rate sheet for details.

ORACLE SELF-SERVICE IMPROVEMENTS

For those who cover their spouse or children for life and/or AD&D insurance, you will see a new section on the “Cover Dependents” screen. In addition to seeing who you cover for your medical, vision, and dental coverage, you will now also see who you cover for life and AD&D insurance for your spouse/domestic partner and children. If you elect this coverage for the first time, be sure to check the appropriate boxes for those you wish to cover.

We are in the process of updating life insurance beneficiary designations in Oracle. This process may not be complete for all employees prior to the benefits enrollment period, so do not be concerned if the information is blank. Feel free to enter your information, if you would like. If you enter information that differs from that on the hard copy form we have in your file, we will contact you directly. The beneficiary designation information will be available for viewing in Oracle Self-Service after the enrollment period has ended. Please note that retirement plan beneficiary information will continue to be held at Fidelity and TIAA-CREF, not in Oracle.

REMINDER ABOUT FAMILY MEMBER VERIFICATION

In order to cover eligible family members, you must supply proof of eligibility. Generally, the approved verification documents are a marriage certificate for a spouse and a birth certificate for a child. For more details, refer to the HR website at <http://finweb.rit.edu/humanresources/benefits/familymemberverification/>. If you do not provide the necessary proof in 2009 for family members you are covering, their coverage will be cancelled effective January 1, 2010. Those with missing information will be contacted directly.



Introducing the POS C Medical Plan

POS C: A NEW LOW CONTRIBUTION OPTION WITH DRUG COVERAGE

When it comes to improving RIT's medical benefits, one consistent message we hear from employees and retirees is the desire to have a low contribution medical plan alternative that includes prescription drug coverage. Although the POS B No Drug Plan offers a low contribution option, we've been told it is not a realistic choice for people who take medications, or for those who do not want to risk being without prescription drug coverage, in the event of an unexpected costly medication need.

In response, RIT is introducing an additional medical option for 2010: **POS C**. POS C includes a prescription drug plan, but it is different than the existing prescription drug plan provided by RIT (see details on page 10).

How the Plan Works

With the new POS C medical plan, you pay significantly less in plan contributions, compared with RIT's POS A and POS B options, and generally more at the time of service (until you reach the plan's annual deductible and out-of-pocket maximum amounts). It is important to clearly understand the differences between these plan options before you elect your medical coverage for 2010.

Like RIT's current POS A and POS B plans, the new POS C plan has different benefit levels, depending on whether you receive medical services from providers within the Excellus BlueCross BlueShield's Blue Point2 network ("in-network benefits"), or you receive care from non-participating providers ("out-of-network benefits"). You are required to have a primary care physician (PCP), and your PCP coordinates your care. While most specialties do not require referrals any longer, there are still some that do. Check with Excellus BlueCross BlueShield if you have questions about whether a particular specialty requires referrals from your PCP.

What's different about the POS C plan is *when* and *how much* you pay for coverage. Unlike RIT's current medical plans that require you to pay small, flat copays at time of service, but higher contributions throughout the year (whether you receive medical services or not), POS C requires participants to pay *less in plan contributions and sometimes pay more at the time of service*. Although you may pay more towards the actual cost of services, with POS C, your annual out-of-pocket costs are limited through the plan's annual deductible and out-of-pocket maximum features (refer to pages 6 - 13). So even if you were to experience a severe and costly medical illness or injury, you would be protected from overwhelming financial expenses (see example beginning on page 11).

Key POS C plan features are described in the "POS C At-A-Glance Plan Summary" chart on page 6.

POS C AT-A-GLANCE PLAN SUMMARY

Select a PCP	Yes				
Referrals Required	Only for a small number of specialties				
Out-of-Network Coverage	Yes, at a lower coverage level*				
Retiree Contributions	Lower than POS A and POS B, slightly higher than POS B No Drug				
Annual Medical Deductible** Single Two-Person Family (see examples on page 3)	\$300 \$300 per individual \$750 combined family total				
Medical Coinsurance (Amount covered by the plan after deductible has been met)	Plan pays 80%; you pay 20%				
Annual Medical Out-of-Pocket Maximum** Single Two-Person Family	\$2,500 \$2,500 per individual \$6,250 combined family total				
Coverage After Medical Out-of-Pocket Maximum is Met	Plan pays 100% of the cost of covered medical services for remainder of plan year (excludes preventive care and prescription drug expenses)				
Prescription Drugs			Coverage After Rx Annual Deductible Has Been Met		
	Copays	Annual Deductible	RETAIL 30-day supply up to 3 fills	RETAIL 30-day supply after 3 fills	MEDCO BY MAIL 90-day supply
	Tier 1: Generic Drugs	Each person must pay the \$250 annual deductible before copayment amounts are charged; drugs in all 3 tiers count toward this deductible.	\$ 10	\$ 25	\$ 25
	Tier 2: Brand Name Formulary Drugs		\$ 50	\$125	\$125
	Tier 3: Brand Name Non-Formulary Drugs		\$100	\$250	\$250
	NOTE: There is no out-of-pocket maximum for prescription drug expenses.				
Preventive Care – Medical (Annual physical examination; routine screenings such as mammography, colonoscopy, Pap smear, cholesterol testing, etc.)	\$30/35 copay (at PCP/specialist), does not apply toward medical deductible or out-of-pocket maximum \$0 copay for well child care				

IMPORTANT NOTE:
Medical benefits and prescription drug benefits are entirely separate under POS C, just as they are with POS A and POS B. The medical portion of the plan is administered by Excellus BlueCross BlueShield. The prescription drug portion is administered by Medco. You will receive two separate ID cards. Keep this in mind as you read the following summary. It will help you understand why there are separate features for medical versus prescription drug benefits.

IMPORTANT NOTE:

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*See Medical Benefits Comparison Book for description of out-of-network coverage.

**Preventive care copays, prescription drug expenses, out-of-network expenses, amounts over reasonable and customary costs and ineligible expenses do not count toward your out-of-pocket maximum or your deductible.

POS C Plan

Terms to Know

Medical Deductible

Most medical services under POS C are subject to an **annual deductible**. This means, each calendar year, you need to pay the full cost of non-preventive in-network expenses until you have paid the individual annual deductible amount of \$300.

EXAMPLE: If you visit your primary care physician in January for an illness, and have not yet had any other medical expenses in the year, you will pay the full allowed charge for the office visit. So if the allowed charge is \$70, you will pay \$70.

Two-Person Coverage

If you have two-person coverage, each covered person has his/her own \$300 individual deductible to meet before the coinsurance (see description to right) begins, except for preventive care services. Once a person has paid the \$300 deductible, coinsurance will begin for that individual.

EXAMPLE: If you have a two-person plan for you and your spouse and you meet the \$300 deductible, you do not have to wait for your spouse to meet his or her \$300 deductible before your coinsurance begins. Your spouse's coinsurance will begin once he or she meets the individual deductible independently.

Family Coverage

If you have family coverage for three or more eligible family members, a special combined deductible feature applies. This means, once your family's combined total eligible expenses meet the family annual deductible amount of \$750, each covered family member will be considered to have met his/her individual deductible and the coinsurance (see description to right) will begin for all family members.

Here's how it works: Each family member pays, at most, \$300 in out-of-pocket medical expenses that applies toward the \$750 family deductible. If an individual family member meets his/her \$300 individual annual deductible, coinsurance (see description at right) begins for that family member only. Once the combined sum of eligible expenses paid by family members equals \$750, then the family deductible is met and the coinsurance applies for *all* covered family members, regardless of whether any or all members have met the \$300 individual deductible.

EXAMPLE: Consider a family plan with three members: John, Sue and Nancy. By the end of March, John paid \$300 in out-of-pocket medical expenses, reaching his individual deductible. Sue paid \$250 in out-of-pocket costs and Nancy paid \$100 for medical expenses. As a result, a total of \$650 was applied toward the family deductible (John - \$300, Sue - \$250, Nancy - \$100). Because John had reached his annual deductible, his coinsurance (see description below) began at the end of March. However, Sue and Nancy had to continue to pay for another \$100 in medical expenses (combined) before the \$750 family deductible was met and they could be eligible for coinsurance too.

Coinsurance

Once you meet the annual plan deductible, most covered services for the rest of the year are paid through a cost-sharing arrangement known as **coinsurance**. Your in-network coinsurance is 20%. This means, once you meet your \$300 individual deductible, the plan pays 80% of the cost for covered expenses within the Excellus Blue Point2 network (the same network as POS A and B) and you only pay 20% for the remainder of the year until you reach your out-of-pocket maximum (see description on next page).

EXAMPLE: If you have met your deductible (but not your out-of-pocket maximum), and you have a doctor's office visit (due to illness) that cost \$70, you will pay only \$14 (20% of \$70) and the plan will pay the remaining \$56.

Preventive Care Services

To encourage preventive care, you pay a flat copay amount for **preventive care services** at the time of service, similar to our current POS A and POS B plans. Preventive care copays cannot be applied toward your annual medical deductible or out-of-pocket maximum (see description on page 8). Preventive care services include routine physical examinations and annual checkups for adults, age-appropriate immunizations, as well as routine screenings such as mammography, colonoscopy, prostate cancer screening, cholesterol screening, routine annual gynecologist visit and Pap smears, and eye exams. It is important to note, a service is not considered preventive care when

provided as part of a diagnostic or treatment plan; if this is the case, then the service is not paid with a copay and is subject to the deductible and coinsurance.

Example: When you go for a routine annual checkup, and the cost is \$70, you will only pay the \$30 copay; regardless of whether you have met your annual deductible.

Well child visits, including immunizations, are covered in full, *with no copay and no out-of-pocket costs*, and cannot be applied toward the annual medical deductible or out-of-pocket maximum (see description below).

Out-of-Pocket Maximum

The POS C “out-of-pocket maximum” feature provides important protection against financial loss from catastrophic expenses. When a person has high medical expenses during the year, once they reach the out-of-pocket maximum, his/her additional eligible medical expenses (not including preventive care or prescription drug expenses) will be covered at 100% for the remainder of the year. *The out-of-pocket maximum is a set dollar amount (\$2,500 per individual/\$6,250 per family) and is the most you will pay for most covered medical expenses in a calendar year before the plan begins paying 100% of the cost of covered expenses.* Eligible medical expenses that apply toward your medical deductible, and for which you pay coinsurance, are applied toward your out-of-pocket maximum. Preventive care copays, prescription drug expenses, out-of-network expenses, amounts over reasonable and customary costs and ineligible expenses do not count toward your out-of-pocket maximum or your annual deductible.

Family Coverage

If you have family coverage for three or more eligible family members, a special *combined out-of-pocket maximum* feature applies, similar to the combined family deductible feature. This means, once your family’s combined total medical costs meet the family out-of-pocket maximum amount of \$6,250, each covered family member will be considered to have met his/her out-of-pocket maximum, and the plan will pay 100% of most family members’ covered medical expenses for the remainder of the year. This feature gives your family even greater financial protection in the rare event that more than one covered family member has significant medical expenses during the year.

Here’s how it works: Each family member pays, at most, \$2,500 out-of-pocket for eligible medical expenses

that applies toward the \$6,250 family deductible. If an individual family member meets his/her \$2,500 individual out-of-pocket maximum, the plan begins paying 100% of eligible medical expenses for that family member only. Once the combined sum of eligible out-of-pocket expenses paid by family members is more than \$6,250 total, then the family deductible is met and the plan begins paying 100% of eligible medical expenses for *all* covered family members, regardless of whether or not all (or any) members have met the \$2,500 individual deductible.

EXAMPLE: Consider a family plan with three members: John, Sue and Nancy. By the end of June, John had \$10,000 in medical expenses, Sue had \$4,000, and Nancy had \$2,000. Because the individual out-of-pocket maximum is \$2,500, both John and Sue reached the out-of-pocket maximum and were able to apply \$5,000 total toward the family out-of-pocket maximum of \$6,250 (\$2,500 each). As a result, the balance of their combined expenses to-date (John - \$7,500 and Sue - \$1,500), and any additional eligible medical expenses incurred through the remainder of the year would be covered at 100% by the plan.

Since Nancy had \$2,000 in expenses, and only an additional \$1,250 was needed to reach the family out-of-pocket maximum ($\$6,250 - \$5,000 = \$1,250$), only this portion of Nancy’s total expenses to-date was applied to the family out-of-pocket maximum, enabling it to be reached. As a result, the balance of Nancy’s covered expenses (\$750) along with any additional covered expenses she incurs through the remainder of the year would be covered at 100% by the plan. So no matter how much additional covered medical expenses this family incurs throughout the year, they will never pay more than \$6,250 total in out-of-pocket costs (except for additional ineligible expenses identified on page 13).



POS C Coverage for Out-of-Network Medical Services

Like Blue Point2 POS A and POS B Plans, the new POS C also offers reduced benefits coverage for out-of-network services.

When services are rendered from physicians, hospitals, and other medical providers who are not part of Excellus BlueCross BlueShield's 31-county network, or if required referrals are not obtained, these services will be considered out-of-network. For out-of-network care, a separate, higher deductible applies and once the deductible is met, the coinsurance you pay is 30% of the reasonable and customary amount (the plan pays 70%).

The reasonable and customary (R&C) amount of an out-of-network claim is based on the typical cost for treatment, services, or supplies for similar conditions in your geographic area, as determined by Excellus. The R&C amount may be different from the amount charged by a particular provider, and you are responsible for paying the full cost of any amount charged that is over the R&C amount. There is also a separate, higher out-of-pocket maximum for out-of-network services.



Your in-network expenses *do* count toward the out-of-network, out-of-pocket maximum, but out-of-network expenses *do not* count toward the in-network, out-of-pocket maximum. If you reach the out-of-network, out-of-pocket maximum, then eligible expenses will be covered at 100% of the R&C amount for the remainder of the year. However, if an out-of-network provider charges more than the reasonable and customary amount, you are required to pay the difference. Amounts over R&C do not count toward the out-of-network, out-of-pocket maximum. See the Medical Benefits Comparison Book for details concerning out-of-network benefits.



POS C Prescription Drug Coverage

The prescription drug portion of the POS C plan has an **annual Rx deductible** (\$250), which is separate from the medical deductible. Covered drug expenses are applied toward the Rx deductible (but *not* toward the annual medical deductible, which is separate). Once the Rx deductible is met, you will pay flat **copay** amounts for your medications for the remainder of the plan year (see POS C At-A-Glance Summary chart on page 6). This means you will pay the first \$250 of prescription drug expenses each year, but then you will only pay the copays (or the actual cost of the drug, if it is lower than the copay amount) for the remainder of the year when you purchase your medications at a retail pharmacy or through Medco By Mail.

If you take advantage of any of the retail pharmacy special generic programs, such as those offered by Wegmans and Wal-Mart, the amounts you pay for your medications under those programs will only count toward your deductible if:

- You purchase a 30-day supply (since the plan excludes a larger day supply purchased at a retail pharmacy); and
- You show your Medco identification card at the pharmacy.

The prescription drug copays shown on page 6, on the POS C At-A-Glance Plan Summary chart, apply for the remainder of the calendar year once you have met your annual Rx deductible.

All other rules and processes that apply to the current RIT Rx plan will also apply to this new prescription drug plan. For detailed information, see the summary plan description of the current RIT Rx plan on the HR website at <http://finweb.rit.edu/humanresources/benefits/healthy/prescriptionplan.html#5a>, and the article “Reminders About Medco by Mail” on page 15.

Unlike with medical coverage, there is no out-of-pocket maximum for prescription drug coverage.

NOTE: Medications administered to you as an inpatient in a hospital, or injected in a physician’s office, are covered under the medical portion of the plan, and are subject to the annual medical deductible and coinsurance. They are not part of this prescription drug portion of the plan.

Understanding Annual Medical Expenses Under POS C

Following are two examples showing the difference between the total annual POS C cost for covered medical expenses for “Joe” and for the plan in both a “normal” year for medical expenses and a “high-cost” year that includes significant medical expenses due to an inpatient hospitalization. In the “claim” column, it indicates whether the service is preventive care or medical care to help clarify why the portion paid by Joe is a copay (for preventive care) or coinsurance after deductible (for medical treatment). Please note, these examples do not include Joe’s monthly contribution costs.



EXAMPLE 1: Joe has a “Normal” Year for Medical Expenses

Date	Claim	Cost of Service	Portion Paid by Joe	Portion Paid by POS C Plan	POS C Deductible Balance Remaining*	Out-of-Pocket Maximum Balance Remaining*
1/15	Annual physical at PCP (preventive care)	\$ 100	\$ 30 (copay)	\$ 70	\$ 300	\$ 2,500
2/28	Allergist visit (medical treatment)	\$ 100	\$ 100 (toward deductible)	\$ 0	\$ 200	\$ 2,400
4/28	Emergency room visit (medical treatment)	\$ 1,000	\$ 360 (\$200 toward deductible, plus 20% of remaining \$800)	\$ 640 (80% coinsurance)	\$ 0 (deductible now met)	\$ 2,040
6/5	Sick visit to PCP (medical treatment)	\$ 75	\$ 15 (20% coinsurance)	\$ 60 (80% coinsurance)	\$ 0	\$ 2,025
9/30	MRI test (medical treatment)	\$ 1,500	\$ 300 (20% coinsurance)	\$ 1,200 (80% coinsurance)	\$ 0	\$ 1,725
TOTAL ANNUAL COST FOR MEDICAL EXPENSES		\$ 2,775	\$ 805	\$ 1,970		Out-of-pocket maximum not met

*Amount declines as out-of-pocket expenses are incurred.

Example 2 on next page

EXAMPLE 2: Joe has a “High-Cost” Year with a Hospital Admission

Date	Claim	Cost of Service	Portion Paid by Joe	Portion Paid by POS C Plan	POS C Deductible Balance Remaining*	Out-of-Pocket Maximum Balance Remaining*
1/15	Annual physical at PCP (preventive care)	\$ 100	\$ 30 (PCP copay)	\$ 70	\$ 300	\$ 2,500
2/28	Allergist visit (medical treatment)	\$ 100	\$ 100 (toward deductible)	\$ 0	\$ 200	\$ 2,400
4/28	Hospital admission for cardiac pain (medical treatment)	\$ 20,000	\$ 2,400**	\$17,600 (80% coinsurance)	\$ 0 (deductible now met)	\$ 0 (out-of-pocket maximum now met)
5/15	Cardiologist office visit (medical treatment)	\$ 125	\$ 0	\$ 125	\$ 0	\$ 0
6/15	Cardiologist office visit (medical treatment)	\$ 125	\$ 0	\$ 125	\$ 0	\$ 0
7/15	Cardiologist office visit (medical treatment)	\$ 125	\$ 0	\$ 125	\$ 0	\$ 0
9/30	MRI (medical treatment)	\$ 1000	\$ 0	\$ 1000	\$ 0	\$ 0
10/20	Sick visit to PCP (medical treatment)	\$ 100	\$ 0	\$ 100	\$ 0	\$ 0
11/17	Routine eye exam (preventive care)	\$ 100	\$ 35 (specialist copay)	\$ 65	\$ 0	\$ 0
12/15	Cardiologist office visit (medical treatment)	\$ 125	\$ 0	\$ 125	\$ 0	\$ 0
TOTAL ANNUAL COST FOR MEDICAL EXPENSES		\$ 21,900	\$ 2,565***	\$19,335		

* Amount declines as out-of-pocket expenses are paid by Joe.

** \$200 toward remaining deductible, plus \$2,200 (20% coinsurance of remaining \$19,800, capped by \$2,500 out-of-pocket maximum).

*** Includes \$2,500 out-of-pocket maximum plus \$65 in copays for preventive services.

UNDERSTANDING APPLICABLE MEDICAL EXPENSES UNDER POS C

As you consider the new POS C plan, it is important to understand what expenses do and do not apply toward the annual deductibles and out-of-pocket maximums. The following is a summary of expenses that **do not** count toward each of these features.

Feature	Expenses that DO NOT apply
Annual In-Network Medical Deductible	<ul style="list-style-type: none">■ Preventive care services for which you pay a copay■ Non-covered medical services■ Services in excess of an annual plan limit■ Out-of-network services■ Prescription drugs covered under the prescription drug portion of the plan
Annual In-Network, Out-of-Pocket Maximum	<ul style="list-style-type: none">■ Preventive care services for which you pay a copay■ Non-covered medical services■ Services in excess of an annual plan limit■ Out-of-network services■ Prescription drugs covered under the prescription drug portion of the plan
Annual Out-of-Network Medical Deductible	<ul style="list-style-type: none">■ Preventive care services for which you pay a copay■ Non-covered medical services■ Services in excess of an annual plan limit■ Amounts over the reasonable and customary (R&C) amount for the covered out-of-network expense■ Prescription drugs covered under the prescription drug portion of the plan
Annual Out-of-Network, Out-of-Pocket Maximum	<ul style="list-style-type: none">■ Preventive care services for which you pay a copay■ Non-covered medical services■ Services in excess of an annual plan limit■ Amounts over the reasonable and customary (R&C) amount for the covered expense■ Prescription drugs covered under the prescription drug portion of the plan
Annual Rx Deductible	<ul style="list-style-type: none">■ Expenses other than covered prescription drugs■ Prescription drugs that are covered under the medical portion of the plan, including drugs dispensed during an inpatient hospital stay, and those injected in a physician's office■ Cost you pay for a greater than 30-day supply of prescription drugs purchased at a retail pharmacy

Preventive Care
is an easy way for you to invest in your health!



2010 Prescription Drug News

CHANGE IN COVERAGE FOR DIABETIC MEDICATIONS AND SUPPLIES

Since RIT's medical plans became self-insured in 2009, these plans are no longer required by New York State law to cover diabetic medications and supplies. As a result, beginning January 1, 2010, diabetic medications and supplies will now be covered under RIT's prescription drug coverage with Medco, rather than under the medical plans (POS A, POS B, POS B No Drug, and the new POS C).

As announced last fall, this change was delayed until 2010 to enable RIT to review the impact on our participants. As expected, as a result of this change, some people will pay less and some will pay more, but the impact is minimal on any one person. Only about 210 people are affected (out of about almost 3,000 employees and pre-Medicare retirees who have coverage). While some people will pay more for these items at the retail pharmacy, most of this increase is eliminated by using Medco By Mail, due to the discounted copays. For those who will pay more, the average cost increase is about **\$34 per year**. On the other hand, some people will pay about the same, and some will even pay less!

This change is good for RIT and good for its medical plan participants because:

- Using one ID card simplifies your medication purchases.
- Medco has pharmacists specially trained to work with diabetics.
- You and RIT get the advantage of Medco's pricing and lower dispensing fees.
- You get the advantage of Medco's mail pharmacy.

For more details about getting started with Medco By Mail, and how you can save money, refer to the article, *Reminders About Medco By Mail*.

Getting Started with Medco By Mail is Simple

Contact your doctor for a new prescription so you can begin using the mail order program — request a prescription for a 90-day supply plus refills. Mail your prescription(s) to Medco or ask your doctor to use the prescription fax service. You can find the mail order form on the Medco website (www.medco.com) or by calling Medco toll-free at (800) 230-0508/V and (800) 759-1089/TTY). If your order is faxed, your doctor must have the member number from your Medco ID card.

Ordering refills is easy too, and you can receive reminder e-mails when it is time to refill a prescription. You can sign up for e-mail reminders and order online at www.medco.com. To order refills, you can also call 1-800-4REFILL (1-800-473-3455) and use the automated telephone system. If you order by phone or via Medco's website, you will need to provide your member number and the 12-digit prescription number found on the medication container and the refill slip.

Please note that whether you purchase your medication at the retail pharmacy or with Medco By Mail, *you will pay the lower of the copay or the actual drug cost.*



REMINDERS ABOUT MEDCO BY MAIL

As you may know, you can save quite a lot of money on your maintenance prescriptions (those taken regularly for an ongoing medical condition, such as to lower blood pressure) by using Medco By Mail. If you (or a family member) use diabetic medications and supplies, remember that these items will be covered under the prescription drug plan and not the medical plan beginning January 1, 2010. To save money, you will want to start using Medco By Mail for these items (see article on page 14).

If the medication is a maintenance medication that can be filled in a 90-day supply with the mail order program, the “retail refill allowance” (RRA) will apply. Under RRA, on the 4th fill (original plus 3 refills) of a maintenance prescription purchased at a retail pharmacy, your copay for a 30-day supply will be equal to the copay for a 90-day supply of the medication, if you had ordered it from Medco By Mail. Copay comparisons are outlined in the charts at right and illustrate the significant cost savings when using Medco By Mail.

POS A and POS B

	RETAIL 30-day supply up to 3 fills	RETAIL 30-day supply after 3 fills	MEDCO BY MAIL 90-day supply
Tier 1: Generic Drugs	\$ 10	\$ 25	\$ 25
Tier 2: Brand Name Formulary Drugs	\$ 25	\$ 62.50	\$62.50
Tier 3: Brand Name Non-Formulary Drugs	\$ 40	\$100	\$100

POS C

		Coverage Under POS C Once Annual Rx Deductible Has Been Met		
	Annual Deductible	RETAIL 30-day supply up to 3 fills	RETAIL 30-day supply after 3 fills	MEDCO BY MAIL 90-day supply
Tier 1: Generic Drugs	Each person must pay \$250 annual deductible before copayment amounts are charged; drugs in all 3 tiers count toward this deductible.	\$ 10	\$ 25	\$ 25
Tier 2: Brand Name Formulary Drugs		\$ 50	\$125	\$125
Tier 3: Brand Name Non- Formulary Drugs		\$100	\$250	\$250

NOTES: The RRA does not apply to acute care drugs such as antibiotics or medications that are not available from Medco By Mail, such as certain controlled substances — your copays for such medications purchased at a retail pharmacy will be the same as the copays for the first three fills.

SPECIAL NOTE FOR DIABETICS: Coverage for diabetic medications and supplies will begin January 1, 2010 under the prescription drug plan (see article to left). DO NOT use your Excellus BlueCross BlueShield ID card for diabetic medications and supplies — it will not work. Please remember to have enough supply on hand to get you through the first part of January since Medco By Mail cannot fill a diabetic-related prescription prior to January 1, 2010. The RRA would apply at the retail pharmacy on your fourth fill after January 1, 2010.



IMPROVED COVERAGE FOR COCHLEAR IMPLANTS UNDER POS A

We are pleased to announce an improvement to the POS A Plan for cochlear implant coverage effective January 1, 2010. With this improvement, a person in POS A can replace their processor every six years — even if it isn't broken or damaged. The Plan will pay 80%, up to \$6,000 in total every six years.

Under insurance plans, replacement of a functioning processor is not typically covered. However, with technology improvements, speech understanding can

be significantly improved with a newer processor. In RIT's unique position as a leader in educational development for the deaf and hard of hearing, it is important for us to serve as a model for other organizations. We took our first step when we introduced coverage for hearing aids many years ago. Now, we take another step with this improvement.

As a reminder, the POS A Plan covers hearing aids at 80%, up to \$3,000 per ear every three years.



Choosing the Plan That's Right for You

Because POS C has a different plan structure and plan features (e.g., deductibles, coinsurance, etc.) than our other POS options, it's important that you carefully consider which plan is right for you before making a choice. To help you do so, RIT Human Resources offers the following assistance to help you evaluate your options:

- Medical plan comparison tool on the HR website
<http://finweb.rit.edu/HumanResources/benefits/>
- Examples of average medical expenses on the HR website
- New format for the Medical Benefit Comparison Book (enclosed with this enrollment mailing) to make it easier for you to locate the categories of expense that are important to you and your family members. Contact your benefits representative with any questions (refer to back of this newsletter for contact information).

If you are moving from POS A or POS B to POS C, you will have significant savings in your monthly contributions. See the 2010 Medical Rate Summary Sheet enclosed with your enrollment mailing for specific comparisons of monthly contribution costs for each plan.

Because you may have higher out-of-pocket expenses throughout the year with POS C, than you did with POS A or POS B, we encourage you to set aside all or some of the savings from your lower monthly contributions to help pay for your medical and prescription drug expenses (while meeting your deductibles and out-of-pocket maximums). One way you can do this is by using a Beneflex Health Care Savings Account. Beneflex lets you pay for your out-of-pocket medical expenses with pre-tax dollars, and can result in significant savings. If you are not familiar with how Beneflex works, see the detailed information on the HR website at <http://finweb.rit.edu/humanresources/benefits/healthy/beneflex.html>. Another way is to set aside the money you will save on contributions in a savings account. Even if you don't end up using these savings during the year, the money will be available for a future year when your out-of-pocket expenses may be higher.

Other 2010 Benefits News

INCREASE IN BENEFLEX HEALTH CARE SPENDING ACCOUNT MAXIMUM

We are very pleased to announce that the annual maximum contribution to the Health Care Spending Account will increase to \$5,000 (from \$3,000) beginning in 2010. The Dependent Day Care Spending Account will remain at \$5,000 — this limit is set by federal law.

We have heard from a number of employees that the \$3,000 maximum is not enough during years that include anticipated high medical/dental expenses; such as when an employee has a child (or two!) with braces or when an employee or another family member needs major dental work.

For new enrollments, two Flex Cards are issued free of charge. However, if you need additional cards, or you need to replace a card, EBS-RMSCO charges \$5.00. Current Beneflex participants should *keep their Flex Card, even if the account funds have been exhausted*. Note the expiration date on your Flex Card; the cards are generally valid for three years from the date of issue, so you can use the same card from year to year.

Don't really understand how Beneflex works?

Beneflex is commonly referred to as a “flexible spending account (FSA).” Beneflex allows you to pay certain eligible expenses with pre-tax dollars. Contributions are deducted from your paychecks before taxes are

calculated, thus saving you the cost of federal and state income taxes, and Social Security and Medicare (FICA) taxes. Additionally, you do not pay taxes when you are reimbursed, so payment for these expenses is truly tax free!

There are two types of Beneflex accounts:

- **Health Care Spending Account** for eligible medical and dental expenses for you and your eligible tax-dependent family members. The maximum annual contribution is \$5,000. Eligible expenses include eyeglasses, prescription sunglasses, contact lens supplies, orthodontia, childbirth classes, over the counter medications like Tylenol and Advil, as well as many other medically necessary items/services that aren't covered by medical and dental plans. You can also use this account to reimburse yourself for deductibles, coinsurance and copays you pay to your medical and dental providers.
- **Dependent Day Care Spending Account** for expenses to care for your children under age 13, or adults whom you claim as dependents (e.g., parent) on your tax return, so you and your spouse can work or attend school full-time. The maximum annual contribution is \$5,000.

A worksheet is provided in your enrollment package to help you calculate your Beneflex contribution for 2010. It is important to calculate your expected eligible expenses carefully. The IRS requires that any account balance remaining after April 30th must be forfeited. However, with the addition of some recent conveniences, RIT participants are now forfeiting fewer dollars than in the past.

Refer to the HR website for more details about Beneflex.





Takes It Up a Notch in 2010!

The *Better Me* employee wellness program is pleased to announce the availability of on-site health and wellness coaching services for RIT employees beginning in January 2010. Information sessions will be held from November through January so interested employees can learn more about the confidential coaching process provided by Wellness Coaches USA.

RIT faculty and staff from several buildings on campus (Eastman, Grace Watson Hall, College of Liberal Arts, Hettie Shumway, and the Commons) participated in a voluntary year-long pilot to evaluate the effectiveness of on-site wellness coaching.

To provide this resource to employees, RIT's *Better Me* wellness program is partnering with Wellness Coaches USA, a premier, national wellness coaching organization that places wellness coaches directly on-site at

participating employers. RIT selected this organization after extensive research on health and wellness coaching methodology. "What makes Wellness

Coaches USA and on-site coaching

such a perfect fit for RIT is that it truly helps focus our wellness program on our people and their health.

This personalized and active approach to coaching is what will continue to make our wellness initiative stand out

above others," states Renee

Brownstein, Associate Director of Benefits, Health and Wellness.

"It is a voluntary program that is entirely confidential and respectful of employees' privacy, which should help employees feel comfortable about taking advantage of these services."

During this year's pilot, approximately 650 RIT employees had ongoing access to a wellness coach here at RIT. Participants were encouraged to work with the coach on a voluntary basis.

The first step in the process is the completion of a "health risk assessment," a health care questionnaire designed to assist a person in identifying areas of opportunity regarding their health and wellness. Next, the wellness coach helps individuals establish their personal wellness plan based on the identified needs, along with any other employee health priorities and interests.

Some of the exciting initiatives implemented in 2009 by Wellness Coaches USA include:

- **Fit It In** A program that teaches participants simple exercises to do at their desks, providing some activity during an otherwise sedentary workday.
- **Goal Weight** A tailored weight control program to assist those working directly with the wellness coach to develop a personalized plan and approach for achieving their goal weight.
- **Control Your Blood Pressure**
- **Control Your Stress Levels**
- **Noon Time Walking Groups** led by our wellness coach.

Over 50% of employees in the pilot have taken advantage of the wellness coach services with some amazing results (see the success story at right).



A Better Me... A Better RIT... *Are You Ready?*

Heather Engel from Development
shares her powerful story:



"You always have it in the back of your mind that you want to exercise more, lose weight, and be healthier. But actually doing it is another story. We all have distractions and other priorities that stand in our way. The convenience and the scope of the wellness coaching

program at RIT make it easier to be successful. The weekly check-ins allow you to never lose sight of your goal and the personalization allows the program to be specifically tailored to your individual needs. By increasing my exercise and being diligent about what I was eating, I was able to lose 35 pounds and lower my cholesterol by 66 points. When I first started the program in January, I could barely run a mile. I have now completed six 5k races over the summer and I feel great!"

Based upon the pilot's success, the decision was made to expand the program's availability. "This is such an exciting time for RIT's employees," states Midge Berfield, Manager of Employee Health and Wellness. "Now all of our faculty and staff can have their own wellness coach guiding them through the maze of often complex health and wellness concerns." No matter where we are on the wellness spectrum, we can all be better. The assistance of a wellness coach makes it much easier to start a plan of improvement and stick with it. If you have specific questions concerning wellness coaching, please e-mail the *Better Me* program at betterme@rit.edu.

Dental, Vision Care, Hyatt Legal

The premiums for Dental, Vision Care, and Hyatt Legal will increase slightly in 2010. See the Rate Sheet enclosed with this enrollment packet for specific pricing.

2010 Benefit Premium Costs

SOME GOING UP,
SOME GOING DOWN

Supplemental Life and Supplemental LTD Insurance

Based on RIT's better-than-expected claims experience, Unum, our Life and LTD plan carrier, has announced that the premiums for Supplemental Life Insurance and Supplemental Long-Term Disability Insurance will decrease by about 5% each for 2010. In addition, due to a change in New York State Insurance law, an employee can now cover a domestic partner under the Spouse Life and Spouse AD&D coverage. The employee and domestic partner must complete the Affidavit of Domestic Partnership if they have not already completed one. You can find the form on the HR website at <http://finweb.rit.edu/humanresources/forms/domesticaffidavit.pdf>.

Community Conversations

on Compassionate Care



**Know your choices,
Share your wishes.**

**Maintain control,
Achieve peace of mind,
Assure your wishes are honored.**

**Complete or update your
Advance Care Directives.**

What if sudden illness prevented you from making your own medical decisions? Would you receive the kind of care you want? Would your loved ones know enough about your values and beliefs to make decisions about your care? Would you want your health care decisions left to the courts or made by trusted loved ones who understand what is important to you?

A Rochester-based program, *Community Conversations on Compassionate Care*, provides resources to help people with Advance Care Planning (ACP). ACP is a process of planning for future medical care in case you are unable to make your own decisions. When you can't make your own decisions, ACP takes the worry and guessing out of end-of-life care. It reduces uncertainty about what you would want and avoids potential conflict among your loved ones, giving your family peace of mind.

Preparing for future medical care is appropriate, not only for individuals with life-limiting illness, but for all adults 18 years of age and older. Anyone can have a sudden, unexpected life-limiting illness or injury. The time to make your wishes known is when you're well.

Community Conversations on Compassionate Care promotes the following "Five Easy Steps" to assist you in completing your Health Care Proxy and Living Will:

- 1** Learn about advance directives
- 2** Remove barriers
- 3** Motivate yourself
- 4** Complete your Health Care Proxy and Living Will:
 - Have a conversation with your family and health care provider
 - Choose the right health care agent
 - Discuss your values, beliefs, and what is important to you
 - Understand life-sustaining treatments
 - Share copies of your completed advance care directives
- 5** Review and update

Each state has its own laws governing ACP and the use of health care proxy forms and living wills. Advance care directives from each state can be found at your state's Department of Health website or at www.caringinfo.org.

The *Community Conversations on Compassionate Care* website has an array of videos illustrating stories from real patients and families and describes the ACP process using the Five Easy Steps. Visit their website at www.CompassionAndSupport.org.

If you haven't completed or recently updated your advance care directives, we urge you to visit their website or call their toll-free phone number, (877) 718-6709/V.



Urgent Care is Convenient Care

Urgent care centers can be a convenient and cost-effective alternative to the emergency room, if you have an urgent need (not an emergency) or you cannot get in to see your physician. Earlier this year, Excellus BlueCross BlueShield (BCBS) launched a campaign to promote the benefits of urgent care centers and mailed each plan participant a refrigerator magnet with contact information for the nearest urgent care centers.

For many urgent medical needs, an urgent care center can be a much better alternative than the emergency room for several reasons:

- Shorter wait times
- Convenient locations
- Licensed professionals
- No appointment necessary at some centers
- Extended and weekend hours
- Less costly than the emergency room
- Almost all insurances are accepted

If you don't have the urgent care magnet, check for the urgent care center nearest you on the Excellus BCBS website. An urgent care center link is on the home page to help you find a center easily. You can also get to the page directly at <http://www.findanurgentcarecenter.com/>.

Locate the urgent care center nearest your home now, before a need arises, and keep the number in an easy-to-access place, like your cell phone.



"I am so glad BlueCross sent the urgent care mailing. I didn't know there was an immediate care center so close to my home. When my son was injured in a soccer game on the weekend, I decided to try the urgent care center instead of the emergency room. I am glad I did! He was called in to the exam room within two minutes of checking in. In fact, we were in and out in about an hour (even with x-rays!)."

It was much better than our past experiences in the emergency room."

— RIT employee

AWARD

RIT HUMAN RESOURCES RECEIVES THREE AWARDS IN 2009 FOR

A Great Place to Work

For the second year in a row, RIT has been named on *The Chronicle of Higher Education's* "**Great Colleges to Work For**" list. RIT ranked among the top schools in six survey categories, including:

- Overall satisfaction with benefits
- Compensation and benefits
- Tuition reimbursement
- 403(b) or 401(k) plans
- Disability insurance
- Life insurance

The Chronicle's list is similar to *Fortune's* "100 Best Companies to Work For" list. Unlike *Fortune's* ranking style, *The Chronicle* recognizes small groups of colleges (arranged by size of the student population) for specific best practices and policies. Results are based on responses from more than 41,000 administrators, faculty members, and staff members at 300 colleges and universities. Survey participants are selected randomly.

"This is wonderful news not only for RIT, but for the greater Rochester community where higher education is a major component of the economic engine," says RIT President Bill Destler. "We are proud to be a university that attracts the best and brightest. This honor is a testament to our employees who make RIT a great place to work."

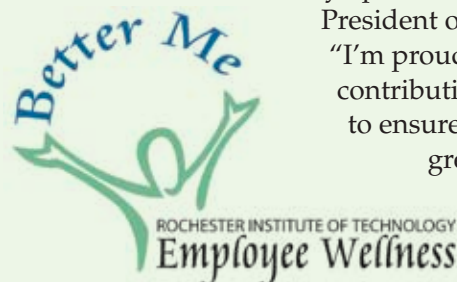
The recognition appeared in the July 6 issue of *The Chronicle of Higher Education*.

Encouraging Healthy Employees

RIT was selected for the "**Wealth of Health Award**," sponsored by the *Rochester Business Journal*, which is designed to encourage and support workplace wellness programs. RIT is recognized in the "3,000 employees and up" category for its **Better Me** employee wellness program. Led by Midge Berfield, RIT's Manager of Employee Health and Wellness, **Better Me** is provided to campus employees to help them explore healthy lifestyles while connecting participants to a variety of related services available on campus. *Rochester Business Journal* presented the award during a ceremony on June 9.

"These awards are external recognition of the leading-edge work that is being done by our benefits and wellness staff to deliver the very best practices and programs to RIT faculty and staff," says

Patty Spinelli, Assistant Vice President of Human Resources. "I'm proud of the significant contribution our staff makes to ensure that RIT is a great place to work."





BEST PRACTICES

Excellence in Human Resource Practices

The eastern region of the College and University Professional Association for Human Resources (CUPA-HR) honored RIT with the “**Excellence in Human Resource Practices Award**” for the *Fit for Retirement* program. The award recognizes outstanding achievement in improving the quality of programs and services offered through effective human resource administration practices.

Fit for Retirement is RIT’s branded educational and promotional initiative designed to encourage and assist employees in increasing their retirement savings. Since its creation in 2006, faculty and staff contribution rates to the university’s 403(b) retirement plans have increased dramatically. The program has been submitted to CUPA-HR’s national awards committee, and will now be considered for the “**National Excellence in Human Resource Practice Award**” to be announced in October.



RIT Human Resources Gets a NEW LOOK!

To better reflect RIT’s emphasis on innovation and growth, we’ve updated the design of our Human Resources materials, including this newsletter.

Using the latest digital technology offered by the HUB, RIT’s internal printing, production, and mailing facility, we’re able to save time and money while improving the quality and appearance of our communications.

2009 Benefits Fair

October 27 & 28

9:00 a.m. – 3:00 p.m. (both days)

CIMS, Rooms 2210 – 2240

Free Services including:

Chair Massages
Blood Pressure Checks
Body Fat Analysis

Enter and WIN!

Raffles & Free Stuff

This year there will be a shuttle bus to take employees to CIMS. The shuttle will run continuously from 10:00 a.m. to 2:00 p.m. Stops will be at Grace Watson, NTID, the SAU loop by the sculpture, and CIMS.

Representatives available from:

- Medical, Dental, and Beneflex (Excellus BlueCross BlueShield)
- RIT Rx (Medco)
- RIT Vision Care Plan (VSP)
- Retirement Plan providers (Fidelity and TIAA-CREF)
- Life, AD&D, and Disability insurance (Unum)
- EAP Provider (ESI Employee Assistance Group)
- New York’s 529 College Savings Program
- Hyatt Legal
- Marsh @Work Solutions (auto/homeowners)
- RARES Employee Discount Program
- RIT’s *Better Me* Employee Wellness Program, CPD, Workplace Ergonomics Lab, Dining Services, Human Resources, Margaret’s House, Ombuds Office

2010

Resource Information



For any benefits questions you may have, please contact your benefits representative in the Human Resources Department (TTY (585) 475-2420):

Last Name	Contact	Telephone (V)	E-mail Address
A – L	Valerie Liegey	(585) 475-5346	valpsn@rit.edu
M – Z	Brett Lagoe	(585) 475-5983	blpsn@rit.edu

Enrollment Information Resources

Assembled here is a list of contact names, phone numbers, and websites to assist you as you begin to carefully evaluate your many choices.

Name	Voice	TTY	Website
RIT Human Resources	(585) 475-2424	(585) 475-2420	http://finweb.rit.edu/HumanResources/benefits/
Health Care			
Medical (Excellus BlueCross BlueShield)	(877) 668-7636	(585) 454-2845	www.excellusbcbs.com
Prescription Drug (Medco)	((800) 230-0508	(800) 759-1089	www.medco.com
Vision Care Plan (VSP)	(800) 877-7195	(800) 428-4833	www.vsp.com
Dental (Excellus BlueCross BlueShield)	(800) 724-1675	(585) 454-2845	www.excellusbcbs.com
Beneflex (EBS-RMSCO)	(800) 327-7130		www.myebssaccount.com
Employee Assistance Program (EAP) (ESI Employee Assistance Group)	(800) 252-4555 (800) 225-2527	(800) 417-6304	www.theEAP.com
Long-Term Care (MedAmerica)	(800) 544-0327	(585) 454-2845	www.yourlongtermcare.com
Retirement Program			
Fidelity	(800) 343-0860	(800) 259-9743	www.fidelity.com
TIAA-CREF (New York City)	(800) 842-2776	(800) 842-2755	www.tiaa-cref.org
TIAA-CREF (Rochester)	(585) 246-4600 (877) 209-3144	(585) 246-4610	www.tiaa-cref.org
Other Discount Services			
NYS College Savings Program	(877) 697-2837	Use Relay	www.nysaves.org
U.S. Savings Bonds	(800) 487-2663	Use Relay	www.nbtco.com
Employee Discount Services			
Hyatt Legal	(800) 821-6400	(800) 821-5955	www.legalplans.com password = 570005
Auto/Homeowners Insurance (Marsh @WorkSolutions)	(866) 272-8902	Use Relay	
RARES	(585) 503-8160	Use Relay	www.rares.org
Veterinary Pet Insurance	(800) 872-7387 ext 4937	Use Relay	http://eb.petinsurance.com

The RIT 2010 Benefits Open Enrollment Newsletter is distributed to employees to help explain RIT's Employee Benefits plans, describe features and provide hints on how to better use benefits. Some information contained in this newsletter may not apply to you. This newsletter does not replace the document/contract, unless specifically identified as a change in plan provision. If there is any confusion or conflict regarding plan features, the document/contract will be the final authority. RIT reserves the right to change, modify, discontinue, or terminate benefits at any time for any reason.