

from the HR Department
RIT HUMAN RESOURCES

Dear Colleague:

There are a number of benefit changes for 2005, so we encourage you to review the information in this newsletter carefully. As many of you may remember from the special retiree healthcare newsletter sent in January, RIT is introducing a new prescription drug plan, called RIT Rx, for 2005. In addition, there are a number of new medical plans replacing existing plans. We are pleased to offer these changes to help RIT and you better control rising health care costs.

Last year's online enrollment was very successful and we are pleased to have this year's enrollment online again. The feedback we received from folks last year was overwhelmingly positive. For the most part, people reported that they found the process to be simple, quick, and flexible. We also appreciate your comments on the areas in which we can improve the process and have made some minor modifications based on that feedback.

Please note that you must enroll for 2005—your medical plan election will not carry over from 2004!!

We hope to see you at our 7th annual Benefits Fair and Workshops on November 3 and 4—you will be able to get answers to your questions from the various RIT benefits vendors. If you have questions about the online enrollment, attend one of the open Lab Sessions, at your convenience, for assistance. This newsletter, the other enclosures in your enrollment packet, and the HR website all have valuable enrollment information that is easy to understand. We hope you will take advantage of these various communication and information resources available to help make your enrollment decision-making process an informed one.

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HUMAN RESOURCES

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HUMAN RESOURCES – COMPENSATION & BENEFITS

Do I Have to Do Something?

Yes!

If you are enrolled in an RIT medical plan, you **must** make a medical plan election!! Your 2004 coverage **will not** carry over to 2005.

Welcome to RIT's Annual Open Enrollment for 2005!

The annual benefits open enrollment period gives you the opportunity to re-evaluate your benefits coverage and make new decisions for 2005. You will also learn what's new, including details about the current plans and new plan offerings.

Enclosed with this newsletter is a Medical, Dental & Insurance Rate Summary Sheet. All the rates are also shown when you log on to employee self serve. **Please remember that your changes must be made by Wednesday, November 17, 2004. No annual enrollment changes will be accepted after that date.**

You must complete the online enrollment process if:

- You wish to have RIT medical coverage in 2005 (your 2004 election does NOT continue);
- You want to participate in Beneflex in 2005 (your 2004 election does NOT continue);
- You want to enroll, cancel, or change your life, AD&D, and LTD insurance and Hyatt Legal coverage.

If you have the Medical Opt-Out benefit, it will continue for 2005 unless you elect RIT Medical coverage. Please note that if you are enrolling in or increasing your life insurance or enrolling in Supplemental LTD insurance coverage, you may need the insurance company's approval. You obtain this approval by going through the *Evidence of Insurability (EOI)* process. The insurance company, UnumProvident, now has an easy to use online approval process available.

You are not required to complete the EOI process if you are enrolling in Supplemental Life for yourself for 1 times your base pay or increasing from 1 to 2 times your base pay. All other enrollments and increases require a completed EOI Form.

2005 Rates

Enclosed is a two-sided sheet with the 2005 rates for all of the various benefit plans. We are pleased to announce that there will not be an increase in any of the life, AD&D, and Hyatt Legal rates for 2005. There will be an increase in the Supplemental LTD rates for 2005 (see the article on page 7 for details). Please remember, you may find a change in your supplemental life and AD&D deductions because your coverage amount changed (the coverage amount changes each January 1 based on your January 1 pay) and/or for supplemental life, because your age is in a higher 5-year band.

Once you have completed your online enrollment you may need to complete the following:

- **Beneflex Direct Deposit Authorization Form** If you did not have your Beneflex claims direct deposited in 2004, you can obtain this form from the HR website.
- AND
- **UnumProvident's Evidence of Insurability (EOI) Form** for certain life and LTD changes. Unum has a new online functionality for this process. Please note that you will complete the EOI process online this year. You can link directly to the EOI area after you log into Oracle.

BENEFITS OPEN ENROLLMENT 2004

Key Dates

October 25
Open Enrollment
BEGINS

November 3-4
Open Enrollment
Benefits Fair and Workshops
9AM-3PM
FIRESIDE LOUNGE
STUDENT ALUMNI UNION

November 8
Flu Shots
9AM-4PM
1829 ROOM
STUDENT ALUMNI UNION

November 17
Open Enrollment
ENDS

TOPICS

2005 OPEN ENROLLMENT INFORMATION

2005 MEDICAL PLAN CHANGES

2005 RIT RX: RIT'S NEW PRESCRIPTION DRUG PLAN

OTHER RIT BENEFITS

RETIREE HEALTH CARE UPDATE

ENROLLMENT INFORMATION RESOURCES

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
- divorce
- birth or adoption of a child
- death of a spouse or dependent
- a change in employment (e.g., spouse gaining or losing employment, your status changing from part-time to full-time)

If you have one of these events and you 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.



Online Enrollment—Year Two

Last year’s first ever online enrollment went very well. The majority of employees reported that they didn’t have any problems and provided very positive feedback. We were also able to make some minor modifications based on constructive feedback we received.

RIT will offer several new medical plans for 2005 (see page 3 for details). If you want medical coverage in 2005, you **MUST** enroll during the enrollment period. If you currently do not have medical coverage through RIT (and receive the Medical Opt-Out benefit), the Opt-Out benefit will continue automatically for 2005, unless you elect coverage.

IMPORTANT: When completing your online enrollment, you must go through all the screens until you get to the Confirmation screen. **If you do not get to the Confirmation screen, your enrollment will not occur.** One of the great features of employee self-serve in Oracle is that you can print a confirmation when the enrollment process is completed, giving you a record of your elections for 2005. And, if the enrollment period has not ended, you can log in as many times as you want to make benefit election changes.

How Do I Enroll?

An instruction sheet is enclosed in your open enrollment package. You will also find more detailed, step-by-step instructions on the HR website, if needed. In addition, each screen has Help Text with important information. We have also scheduled several Open Lab sessions, staffed by HR representatives, where employees can come, at their convenience, for help with the online process. Finally, computer kiosks will be available at the Benefits Fair on November 3rd and 4th where HR representatives can help you with your enrollment and answer questions.

Lab Schedule

Session #	Date	Time	Location
1	Thursday, October 28	1 - 3 p.m.	Wallace Library, Room 3650
2	Wednesday, November 3	9 a.m. - 3 p.m.	Fireside Lounge, SAU (Benefits Fair)
3	Thursday, November 4	9 a.m. - 3 p.m.	Fireside Lounge, SAU (Benefits Fair)
4	Monday, November 8*	9 - 11 a.m.	Nathaniel Rochester Hall, Room 1060
5	Tuesday, November 9	9 - 11 a.m.	Wallace Library, Room 3650
6	Thursday, November 11	1 - 3 p.m.	Nathaniel Rochester Hall, Room 1060
7	Monday, November 15	9 - 4 p.m.	Wallace Library, Room 3650
8	Tuesday, November 16*	2 - 6 p.m.	Nathaniel Rochester Hall, Room 1060

* Interpreter will be available

If you have a problem logging in, contact the Help Desk at x5-4357/V and x5-2810/TTY. If you have any questions or experience any difficulty during the enrollment process, please call Val Liegey (x5-5346), Brett Lagoe (x5-5983), Judy DeCoursey (x5-2604) or Julie Hawk (x5-2427) in Human Resources. Our TTY number is x5-2420. Please note that due to the Benefits Fair, our in-office availability will be limited on November 3rd and 4th.

During the Open Enrollment period, there may be times when the system is slower due to other system processes (month-end closing activities, payrolls running, and pay days when employees are viewing their online payslips). Therefore, we suggest avoiding potential peak daytime hours (9-11 a.m. and 2-4 p.m.) and encourage enrolling early in the morning or later in the day or evening.

Please be patient. If the system “kicks you out,” simply log back in and try again.

2005 Benefit Plan Changes

Important Medical Plan Changes

The medical plans offered to RIT employees and pre-Medicare retirees will undergo major changes for 2005. All medical plans for employees and pre-Medicare retirees will be provided through Excellus BlueCross BlueShield under a new “exclusive” arrangement.

The following plans will NOT be available for 2005:

- Preferred Care Community
- Preferred Care Opportunity
- Blue Choice Select
- Blue Choice Plus
- ViaHealth Plan
- BlueCross BlueShield Blue Million

The plans available to employees and pre-Medicare retirees for 2005 are:

- Blue Point2 POS A (new)
- Blue Point2 POS B (new)
- Blue Point2 POS B No Drug (new)
- BlueCross BlueShield Comprehensive
- Blue PPO*

*only available to employees and retirees living outside the 3I-county Excellus Blue Point2 service area

What is “POS?”

POS means Point of Service. A POS plan is similar to an HMO but has the added advantage of an out-of-network benefit. Under a POS plan, if you receive medical care from participating physicians, hospitals, and other providers, benefits will be paid at the “in-network” level. If you receive care from providers who are not part of the plan’s network, benefits will be paid at the “out-of-network” level, which is a lower level than the in-network benefits. Essentially, you get the benefits of an HMO if you use participating providers, and have the flexibility to go outside the network and still have a benefit! To receive in-network benefits, your care must be coordinated by your primary care physician (PCP). If referrals are required for a particular specialty, your PCP must provide the specialist referral through Excellus BCBS. If you receive services from a participating specialist but you do not have a necessary referral from your PCP, benefits will be paid at the out-of-network level.

Can I Keep My Doctor?

Over 75% of RIT’s employees and retirees are covered by Excellus BCBS plans today. Blue Point2 offers an expanded network of providers in a 3I-county area (versus the current 6); this means that some RIT employees and retirees living in outlying areas will now be able to participate in Rochester-based plans. Nearly all Rochester area providers participate in Excellus’ Blue Point2 network, although there are a few that do not. *Be sure to check with your physicians to confirm their participation* by contacting them directly or referring to the Excellus BlueCross BlueShield website at: <https://www.bcbscnny.org/apps/ProviderSeach/providerHome.do> and choose Blue Point2 or contact Excellus BlueCross BlueShield.

Why did RIT agree to an “exclusive” arrangement with Excellus BCBS?

The exclusive arrangement offered by Excellus BCBS is very attractive financially. It allows RIT and its employees and retirees to share in significant savings compared with the projected community rates for 2005. Had we not made this change, the total additional premium required from RIT, employees, and retirees would have been over \$I million, resulting in much higher increases in employee and retiree contributions.

The plans will be offered under “experience-rated” contracts with Excellus BCBS. Experience rating is a form of insurance. Under an experience-rated contract, the insurance company charges a premium that is based directly on the actual utilization experience of the covered group. This is different from community rated plans, such as RIT’s current plans, that factor in the utilization experience of the entire covered community to set premiums. Experience rating offers RIT the opportunity to achieve savings if our utilization is lower than the community at large.

In addition to providing a financial advantage, Excellus BCBS has a consistent reputation for excellence among its members, local physicians, accreditation associations, and other national and state organizations that assess quality.

Another advantage offered by the exclusive relationship with Excellus BCBS is that RIT will receive aggregate claims data that will help us design more tailored plans and programs that best address the specific health needs of our population.

NOTE: RIT will NOT receive individually identifiable claims information on any particular person.

New “Out Of Network” Benefit Replaces Excellus BCBS Guest Membership Program

If you currently participate in one of the Excellus BCBS plans, you may be familiar with the Guest Membership Program that covers individuals under local BCBS plans if they are away from the Rochester area for a significant period of time, such as college students and those on extended travel. The out-of-network benefit under the new POS plans will replace Guest Membership and that program will no longer be available. If you are presently using Guest Membership for a family member you may want to contact Excellus BCBS Member Services to understand the differences between the two programs.

New Plan Comparisons

It is important that you review the **Medical Benefits Comparison Book** to understand the differences between the new plans. You should pay particular attention to any benefit item that is important to you and your covered family members to ensure you understand what coverage is provided by each of the new plans before you make your election. The chart below shows each plan’s in-network benefits for some commonly utilized services.

	Blue Point2 POS A	Blue Point2 POS B & Blue Point2 POS B No Drug
Diagnostic Office Visit	<ul style="list-style-type: none">• \$15 payment per visit	<ul style="list-style-type: none">• \$20 co-payment per visit
Routine Preventive Services	<ul style="list-style-type: none">• Periodic routine physicals covered; \$15 co-payment per visit• 100% coverage of semi-annual pelvic exams, pap smears, and periodic mammograms• 100% coverage for well child visits, immunizations, laboratory and other services ordered at time of visit	<ul style="list-style-type: none">• \$20 co-payment per visit for routine physicals• \$20 co-payment per visit for semi-annual pelvic exams, pap smears, and periodic mammograms• 100% coverage for well child visits, immunizations, laboratory and other services ordered at time of visit
Eye Exams	<ul style="list-style-type: none">• \$15 co-pay for routine eye exams, once every 2 years• Children under age 19, once every year	<ul style="list-style-type: none">• \$15 co-pay for routine eye exams, once every 2 years• Children under age 19, once every year
Eyewear	<ul style="list-style-type: none">• \$60 allowance, once every 2 years, every year for children under age 19, through a participating provider, toward purchase of one pair eyeglasses or contact lenses• 100% coverage of one pair of corrective lenses after cataract surgery	<ul style="list-style-type: none">• 100% coverage of one pair of corrective lenses after cataract surgery• Other eyewear is not covered
Hearing Aids	<ul style="list-style-type: none">• 80% coverage of one aid per year	<ul style="list-style-type: none">• Not covered
Hospital Services	<ul style="list-style-type: none">• 100% coverage for unlimited days of semi-private accommodations and all medically necessary services for acute care	<ul style="list-style-type: none">• \$100 co-pay per admission for unlimited days of semi-private accommodations and all medically necessary services for acute care

Introducing “RIT Rx”



Why is RIT Rx Being Introduced?

Prescription drugs are certainly a critical part of the health care delivery system. They are vital to keeping us healthy. As the population ages, the role of prescription drugs becomes even more important. The good news is that new drugs are contributing to higher quality lives that are longer and more productive.

The not-so-good news is that prescription drug costs are continuing to rise more rapidly than other health care costs. In recent years, the cost of prescription drugs has increased 15-20% per year. Prescription drugs represent about 18% of medical costs for employees during their working years, between 35-45% of medical costs for retirees, and over 50% of costs for retirees age 65 and older.

Creating a separate, self-funded plan will allow RIT to gain some long-term control over a key factor in rising health care costs. With a self-funded plan, RIT can receive aggregate claims experience data to better understand and address the health needs of our population.*

Because prescription drugs represent such a large portion of medical costs for retirees, savings will reduce not only RIT’s current expense but also the liability for retiree medical benefits that is required to be reported on RIT’s financial statements, called FAS 106. This initiative is an important part of the new strategy for retiree health care benefits which was adopted by RIT’s Board of Trustees in November 2003, and communicated to you in January 2004.

* RIT will **not** receive individually identifiable claims data.

Uniform Prescription Drug Coverage in 2005

The RIT Rx plan design will be the same regardless of which medical plan you elect, except for Blue Point2 POS B No Drug, which does not include prescription drug coverage. Prescription drug benefit differences will no longer be a factor in your selection of a medical plan.

RIT’s New Prescription Drug Plan

The benefit change for 2005 that will affect nearly every RIT employee and retiree is in the area of prescription drug benefits. Beginning January 1, 2005, prescription drug coverage for RIT employees and retirees will be provided under the new RIT Prescription Drug Plan called “RIT Rx.” Detailed information about RIT Rx is outlined on pages 4–6.

What is RIT Rx?

RIT Rx is a self-funded plan managed by a Pharmacy Benefit Manager (PBM), Medco. If you are covered by an RIT-offered medical plan (other than Blue Point2 POS B No Drug, which does not include drug coverage), you will automatically be covered by RIT Rx. This coverage will replace the insured drug riders that are presently provided by the insurance carriers.

RIT Rx Plan Design

Your cost for a prescription will be based on a 3-tier copay structure, and will differ depending on:

- the drug’s tier—generic, formulary brand or non-formulary brand;
- whether you choose (or your doctor prescribes) a brand name drug when a generic is available;
- whether you purchase your drug through a retail pharmacy or the PBM’s home delivery pharmacy;
- whether you purchase your drug from a participating or nonparticipating retail pharmacy; and
- whether your prescription is subject to any special procedure such as prior authorization or quantity limitations.

Standard Plan Design

Copays for employees, pre-Medicare retirees and those becoming eligible for Medicare after 1/1/2005

Following are the standard copays for a 30-day supply that you will pay when you purchase your drug at a participating retail pharmacy:

- Tier 1: Generic: \$10
- Tier 2: Formulary Brand: \$25
- Tier 3: Non-Formulary Brand: \$40

If you purchase your maintenance medications (those you take for chronic conditions on an ongoing basis) from Medco’s home delivery pharmacy, Medco By Mail, your copays for a 90-day supply will be:

- Tier 1: Generic: \$20
- Tier 2: Formulary Brand: \$50
- Tier 3: Non-Formulary Brand: \$80

The rest of the cost of your drugs will be paid by RIT Rx. While the retail pharmacy copays listed above apply to each 30-day supply, you are able to fill your prescription for up to a 90-day supply at one time at a retail pharmacy. To do so, your physician must write the prescription for a 90-day supply. Your cost for a 90-day supply at a retail pharmacy will be equal to three 30-day supplies. For example, for a 90-day supply of a generic drug, you will pay \$30 at a retail pharmacy (3x \$10). To save money, consider using Medco By Mail (see article on page 5).

PAYROLL CONTRIBUTIONS FOR MEDICAL AND PRESCRIPTION DRUG COVERAGE

When you review the 2005 medical plan rates and view the rates online when you enroll, you will see one contribution amount for medical coverage. This amount includes both the medical plan portion **and** the prescription drug portion of the premium. Therefore, when you enroll in a medical plan, your prescription drug coverage will be automatically set up (for all plans except the Blue Point2 POS B No Drug). However, when you review your online payslip next year, you will note that there are two separate contribution amounts: 1) Medical BC and 2) RIT Rx. Please note that RIT Rx cannot be elected without coverage under an RIT Medical plan.

Medco, Our New Pharmacy Benefit Manager

Who is Medco and why were they selected? Medco is one of the largest and most experienced full-service pharmacy benefit management firms (PBM) in the nation. Medco contracts with pharmaceutical manufacturing companies and pharmacies to ensure we receive the most competitive prices and discounts for prescription drugs. This helps both the university and our employees and retirees save on prescription drug costs.

Medco has a broad network that includes more than 50,000 pharmacies nationwide. The network includes nearly all major retail pharmacy chains such as CVS, Eckerd, Rite Aid, (but not Walgreen’s); certain stores containing pharmacies such as Wegmans, Target, Tops, K-Mart and Wal-Mart; and most smaller, independent pharmacies, including virtually all in the Rochester area.

Medco also has a home-delivery pharmacy service, Medco By Mail, for convenient ordering of maintenance medications. In addition, Medco offers a full complement of Internet services on their website, sophisticated drug use checks and balances, an around-the-clock hotline for patients staffed with clinical pharmacists, and well-trained member service representatives. Medco has won awards for excellence in its clinical aspects as well as its customer service.

Medco currently manages pharmacy benefits for Preferred Care plan participants.

RIT Joins the Preferred University Rx Purchasing Coalition

RIT has agreed to join the Preferred University Rx Purchasing Coalition (the Coalition). The Coalition was originally comprised of four universities: Boston University, Columbia, Cornell, and Princeton. These four original universities formed the Coalition in 2002 for the purpose of gaining volume leverage to negotiate deep discounts on both prescription drugs and services.

With the help of a consultant specializing in pharmacy benefits, the Coalition conducted an extensive search process that resulted in the selection of Medco as its Pharmacy Benefit Manager (PBM). In joining the Coalition, RIT will benefit from the attractive financial arrangements that have been negotiated. Several other universities have joined the Coalition or are in the process of joining. Each participating university has its own self-funded benefit plan with its own unique plan design, and the cost to each university is based on its own population’s utilization. The other universities in the Coalition report that they and their employees have had very positive experiences with Medco.

IMPORTANT COVERAGE ALERT: DIABETIC MEDICATIONS AND SUPPLIES

If you or a covered family member is a diabetic, the following information is very important.

Under New York State law, insured medical plans are required by mandate to include coverage for diabetic medications and supplies, even if there is no insured prescription drug rider. Because of this law, the medical plans offered by RIT through BlueCross BlueShield will continue to provide coverage for diabetic medications and supplies. RIT Rx will not provide coverage for these items because it does not make sense to do so when the insurance premium for the medical plans already includes the cost of these items. When you go to the pharmacy to purchase your diabetic medications and supplies, you will need to use your BlueCross BlueShield medical plan ID card. Your copays will be determined by the medical plan. For all other covered non-diabetic pharmaceuticals, you should use your RIT Rx (Medco) ID card at the pharmacy.

REMEMBER TO USE:

- Medical ID Card**
For diabetic medications and supplies
- RIT Rx Medco ID Card**
For other covered medications

Medco By Mail: A Way to Save You and RIT Money

If you are taking medication for an ongoing medical condition, you’ll want to consider Medco’s home delivery pharmacy, Medco By Mail, to purchase your prescription medications.

With the home delivery service you have lower copays than with retail pharmacies, so you can save money (see plan design on page 4). Keep in mind that the copays for home delivery are based on a 90-day supply, versus the retail pharmacy copays that are based on a 30-day supply. For example, your cost for a 30-day supply of a brand name drug on Medco’s formulary, if you purchase it at a participating retail pharmacy, is \$25, and the cost of a 90-day supply at retail is \$75 (3x \$25). Your cost for a 90-day supply of the same drug through Medco By Mail is \$50; so your savings on a 90-day supply will be \$25. Assuming you fill the prescription four times during the year, your annual savings for this medication would be \$100 by using Medco By Mail!

Your copays can be lower because RIT is sharing the savings that come from deeper discounts through Medco By Mail. In addition, you’ll save time with the convenience of home delivery. Your initial prescription will be delivered within 10 to 14 days. Refills can be ordered online at www.medco.com and delivered within seven days.

Let your doctor know that you have a home delivery prescription drug program and that you would like to have the maximum supply of medication (usually 90 days) plus refills for up to one year. You may mail your prescription(s) in Medco special home delivery order envelopes or ask your doctor to call 1-888-EASYRXI (1-888-327-9791) for instructions on how to fax the prescription. If your order is faxed, your doctor must have the member number from your Medco ID card.

To check on the status of an order, you may call Medco member services or you can track your order online at www.medco.com. You can find out the date your prescription was received, the status of your order, the date your prescription was mailed to you, and other billing and timing data.

If you would like to order refills, you can do this through Medco By Mail. You can order online at www.medco.com, or call 1-800-4REFILL (1-800-473-3455) and use the automated telephone system. You can also mail in your refill orders by using the special home delivery envelope. 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.

If you need to order home delivery envelopes or retail claim forms, you can do this online also. Or, if you prefer, you can call Medco Member Services toll-free number found in your enrollment package to use the automated telephone system. The requested materials will be mailed to you right away.

Occasionally, a particular drug will not be available through Medco By Mail. In this situation, you will need to fill your prescription at a retail pharmacy and pay the appropriate retail pharmacy copay.

CHANGES TO EXPECT

RIT Rx is a new plan. It has been designed with the input of several medical and pharmacy specialists, including those at Medco.

Please do not assume that if the medication you are currently taking is on your medical plan’s formulary, it will automatically be on Medco formulary—even if you are presently in Preferred Care Community, for which Medco is the pharmacy benefit manager. Preferred Care has its own separate formulary, which will no longer apply to RIT participants.

There will also be some different requirements that you will want to be aware of regarding prior authorizations, plan limitations and other rules. Specific information about these items can be found on Medco’s website when you “price a medication.”



When Your Doctor Prescribes a New Medication

When you are filling a prescription for a new drug for the first time, you should have your physician write two prescriptions—one for a 30-day supply and one for a 90-day supply. You should first fill the 30-day prescription at a retail pharmacy and try the new drug to ensure you will not experience any adverse reaction and that the drug will be effective for you. Once you determine that the new drug will work for you, you can fill the 90-day prescription through Medco By Mail, if you choose—but you have the option to fill it at a retail pharmacy if you prefer. The choice is up to you, although the cost of a 90-day supply through Medco By Mail will be lower.

NOTE: Do not submit 30-day prescriptions to Medco By Mail because you will automatically be charged the copay for a 90-day supply.

Other RIT Rx Details to Know

ID Card: You need to use your Medco ID card for all of your prescription drug purchases (except diabetes-related, see page 5). The medical plans will not cover your claims at the pharmacy counter or by mail order. Remember, you will still need to use your medical plan ID card to receive all other medical services.

Participating Pharmacies: More than 50,000 retail pharmacies nationwide participate in Medco’s network. All major retail pharmacy chains are included except for Walgreen’s. Most if not all pharmacies in the Rochester area are in the network. Outside Rochester, many small chain and independent pharmacies also participate. Medco conducted a geographic access analysis against the RIT population’s zip codes and found that 97% of RIT’s employees and retirees live within six miles of at least two participating retail pharmacies. The other 3% live in more rural areas where it’s likely there aren’t any retail pharmacies whatsoever within six miles.

To locate a participating pharmacy close to your home, you can call Medco Member Services or check Medco’s website.

If you purchase a prescription at a non-participating pharmacy, you will have coverage but your out-of-pocket cost may be higher. You will need to pay the full cost of your prescription at the non-participating pharmacy, and then file a claim for reimbursement. Reimbursement will be based on the plan’s cost if you had obtained your prescription at a participating pharmacy, so it is possible that your cost may be higher than the applicable retail copay at a participating pharmacy.

Formulary: For many medical conditions, there are several comparable drugs available, both brand name and generic. A “formulary” is a list of preferred drugs. These medications are selected by Medco’s Pharmacy & Therapeutics Committee based on both the drugs’ clinical effectiveness and an opportunity to help contain the plan’s costs. The Pharmacy & Therapeutics Committee is an independent committee of community physicians and pharmacists (*not* employed by Medco) who meet regularly to review medications for their safety and effectiveness.

To find out if the medication you are currently taking is on Medco’s formulary, you can call Medco Member Services at (877) 722-6279. **This is a special number set up only for the enrollment period;** there is a different number that will be used beginning in January. Be sure to tell them that you are an employee of Rochester Institute of Technology (tell them the full name, not “RIT”). Member Services will be able to help you determine if your medication is on Medco’s formulary and at which tier (which helps determine the copay).

You can access Medco's formulary on the web by following the instructions below:

- Go to **www.medco.com**
- Scroll to the bottom right hand of the screen and select "CLIENTS"
- Next screen click on "DRUG FORMULARY"
- The following screen gives you a few options. Select "PREFERRED PRESCRIPTIONS FORMULARY"
- On the last screen you can enter a specific drug name to determine if that drug is on the formulary (second tier). Click search and you will be directed to the formulary screen.

Key to Reading the Formulary: Generic drugs are shown with a “circle”, meaning the drugs fall under the 1st tier. Formulary drugs are shown with a “check”, meaning the drugs fall under the 2nd tier. Non Formulary drugs are shown as “NF” in an octagon shape and this means the drugs fall under the 3rd tier.

MORE RIT RX COMMUNICATIONS COMING IN DECEMBER

In late December, you will receive an important “welcome package” from Medco that will include:

- Your new **Medco ID cards** (two cards will automatically be provided; if you need more, just call Medco Member Services);
- A **brochure** on how to use your RIT Rx benefit;
- The **drug formulary pocket guide**;
- **Detailed information** about how to use Medco’s home delivery pharmacy, Medco By Mail, including how to transition your existing prescriptions if you desire, and order forms;
- An **envelope** for your first Medco By Mail order;
- A **health questionnaire**; and
- A **guide** you can provide to your physician with the information he/she will need to help you use your plan most effectively.

For Additional Information

Medco Member Services is available 24 hours a day, 7 days a week. The toll-free telephone number to call during the enrollment period is (877) 722-6279. Be sure to tell them that you are an employee of Rochester Institute of Technology (tell them the full name, not “RIT”). Additionally, the Medco website (**www.medco.com**) contains a wide assortment of information.

Other Benefit Changes



RIT Life Insurance Includes Survivor Financial Counseling Services

None of us likes to think about death or the diagnosis of a life-threatening illness, especially when we have loved ones depending on us. What would they do? How would they manage? There are so many questions. As your employer, RIT believes an important way we can assist you during this time is to include survivor financial counseling services, called SurvivorSupport®, as part of your RIT life insurance benefit.

Who provides SurvivorSupport® Service? How does it work? How can they help?

A financial counseling organization, The Ayco Company, L.P., provides this service on behalf of UnumProvident Life Insurance Company as part of your RIT life insurance benefit. The services provide personalized financial advice and assistance following the death of a covered loved one, or during a terminal illness suffered by you or your covered spouse.

Highly trained counselors answer the questions that arise seemingly overnight:

- There's so much paperwork—where do I begin?
- Do I need to do anything with the will?
- Do I have enough money to live like I do now?
- How do I pay my bills? Which ones should I pay first?
- How should I invest for the future?
- Do I qualify for any Social Security benefits?
- How is all this going to affect my taxes?

You get personalized, objective financial advice that includes:

- **Financial counseling by phone.** The counselor will work with the beneficiary to help identify personal financial issues, objectives and priorities.
- **A personal financial plan.** From this initial conversation, a comprehensive plan recapping major financial goals and priorities will be created.
- **Continuing toll-free access to advice and assistance.** For up to 12 months, the financial counselor will continue to be available by phone to provide additional financial planning assistance and advice.

The counselors who provide these services, all of whom are attorneys, understand the crucial nature of the decisions that must be made after the death of a loved one. They appreciate that these decisions can have a major impact on a family's future financial well-being, and they work to bring clarity and comfort during this trying time.

Survivor financial counseling services are absolutely objective, without additional cost to you, and free of sales pitches. This valuable service can provide you and your loved ones with the peace of mind that comes from knowing that, should the need arise, someone will be there to help.

Long Term Disability (LTD) Changes

Change in Effective Date for LTD Pay

Under RIT's Long Term Disability (LTD) plan which covers regular full-time employees, the effective date used for determining your salary used when calculating your Long Term Disability (LTD) coverage has been July 1. In addition, if you were covered by the Supplemental LTD plan, your employee contributions changed each July 1 as well. This past July was the last time this was the effective date used; in the future, this effective date will be January 1.

Therefore, the next time the LTD coverage amount and Supplemental LTD employee contributions will be adjusted is January 1, 2005 and they will be adjusted each January 1 thereafter (subject to plan maximums). This change makes the LTD benefit consistent with most of the other RIT benefits, which are adjusted each January 1.

Premium Increase for Supplemental LTD

In the fall of 2002, we communicated with you that the employee premium for Supplemental LTD was increasing in 2003 because the premium charged by the insurance company, UnumProvident, had been insufficient. At that time we indicated that we expected annual increases in the Supplemental LTD premium for the next several years. While this did not occur for 2004, it will occur for 2005. The premium is currently \$0.19 per \$100 of coverage (up to \$120,000 of base pay), but will increase to \$0.32 per \$100 of coverage (up to \$120,000 of base pay).

The impact on an employee's paycheck will vary depending on salary. For instance, a semi-monthly paid employee earning \$40,000 per year is currently paying a contribution of \$3.17 from each paycheck. In 2005, this will increase to \$5.33.

While the premium is increasing, the value of having the protection of additional LTD coverage cannot be stressed enough. Your and your family's financial security, may depend upon it sometime in the future, in the event you become disabled.

Dental Dependent Eligibility Improves!

We are pleased to announce that the rules for dependent eligibility under RIT's dental plan will be improved. In the past, a child was covered until age 19, and then to age 23 only if he/she was a full-time student. These rules have been different than the eligibility rules under the medical plans and it has been confusing for employees.

Therefore, beginning January 1, 2005, the eligibility rules for children covered under the dental plan will be the same as for the medical plan, as follows:

- A child can be covered to the age of 19;
- Coverage can continue to the age of 26 if:
 - The child is a full-time student; or
 - The child is living at home, financially dependent on you, and does not have coverage available through his/her own employer.

If your child is currently age 23 or older, but under age 26 and would qualify for the dental plan under these new rules, please enroll the child during the online enrollment process. If your child is currently covered on the COBRA continuation coverage and you enroll the child during the enrollment period, please do not pay the COBRA bill for January.

Employee Flu Shot Clinic

RIT will again sponsor a flu shot clinic for employees, courtesy of Sibley Nursing. The clinic is scheduled for Monday, November 8 from 9:00 a.m. to 4 p.m. in the Student Alumni Union in the 1829 Room. Depending on the number of people attending, you may have a short wait; in addition, you will need to wait 15 minutes after the shot to make sure you do not have an adverse reaction. Please remember to wear clothing that provides easy access to your upper arm.

You should bring your medical plan ID card and your RIT employee ID card. There may be a payment required, depending on the medical plan you have:

- Blue Choice, Preferred Care, and ViaHealth Plans—covered in full (provided you show your medical plan ID card; coverage does not have to be through RIT)
- BlueCross BlueShield traditional plans (BCBS Comprehensive and Blue Million)—not covered; \$20 payment required
- Other medical plan: \$20 payment required. If your plan covers flu shots, you may be eligible for reimbursement from the plan. Contact your insurance carrier for details.

You may pay in cash or by check (made payable to Sibley Nursing).



RIT will offer flu shots to employees on Monday, November 8 from 9AM – 4PM in the 1829 Room in the Student Alumni Union.

IDENTITY THEFT AND YOUR MEDICAL ID NUMBER

In response to the growing concern about the use of the Social Security Number (SSN) as an identifier, Congress recently enacted the Social Security Number Privacy and Identity Theft Prevention Act of 2004. With the implementation of this legislation in 2006, insurance companies will no longer use your SSN as your identification number (it will continue to be used during 2005). This has been a very complex systems issue for insurance companies and one that ours had already been working on. You will hear more about this issue as more information becomes available.

New Web Tool Helps You Compare Area Hospitals

Excellus BlueCross BlueShield has developed a valuable online tool to help consumers make more informed medical decisions. Called *Click and Compare Care*, the tool allows you to compare the performance of hospitals in a specific area.

You can create a personalized report comparing up to ten hospitals by procedure or by diagnosis—more than 175 procedures and conditions are covered. Your report will include:

- The number of patients treated annually at each hospital for that condition.
- The percentage of patients who developed complications.
- The percentage of patients who died.
- The average number of days people stay in each hospital.
- The average price each hospital charged.

The hospitals are ranked based on your own designation of which criteria are most important.

Anyone who participates in an Excellus BlueCross BlueShield plan (including the RIT Dental plan) has access to the *Click and Compare Care tool*. You will need to register on the Excellus website, if you have not already done so. Use of the tool is completely anonymous and is designed to protect your privacy.

In addition to the hospital comparisons, the *Click and Compare Care* website includes general information about conditions and procedures to assist you in making informed decisions. With so much medical information now on the Internet, it is often difficult to know what is reliable and accurate. With *Click and Compare Care*, you have access to a credible source of medical information that can serve as the basis for discussions with your physician.

We urge you to take a tour of the *Click and Compare Care* website to see how it can work for you. Here's how:

- Go to www.excellusbcbs.com
- Log in as a member (or register for the website, if you haven't already)
- Go to *Click and Compare Care* on the left side of the screen to get started

Choosing the Right Medical Plan — Consider the Big Picture

It is critical to review an entire plan's features and benefits to determine if they're the right fit for your and your family's care. Even though one plan's required employee contribution may be higher or lower than another plan's, the overall value to you may differ depending on specific coverage items (e.g., office visit copays, mental health benefits).

The enclosed **Medical Needs** worksheet can help you determine what the medical needs are for you and your family. Then, using that information, complete the **Medical Cost Comparison** worksheet on the reverse side to compare the various plan offerings (you can even use the worksheet to compare a non-RIT plan to an RIT plan). For help in estimating certain expenses such as eyewear and prescription drugs, contact the insurance company or your medical provider.

An added benefit with the **Medical Cost Comparison** worksheet is that it will help you determine an amount to consider for your 2005 Health Care Spending Account under Beneflex.

Beneflex News

Participation in Beneflex DOES NOT continue from one year to the next. If you'd like to participate in the Beneflex Health Care and/or Dependent Day Care Spending Account for 2005, you MUST enroll! If you do not enroll, you will not participate for 2005.

THERE ARE TWO BENEFLEX ACCOUNTS

- **Dependent Day Care Spending Account** for expenses to care for your children who are under age 13 or dependent adults whom you claim on your tax return so you and your spouse can work or attend school full-time. This account is NOT for your family member's health care expenses. As a result of some past confusion by a few people about the account's purpose, we have changed the plan name from Dependent Care to Dependent Day Care.
- **Health Care Spending Account** for eligible medical and dental expenses for you AND your eligible tax-dependent family members.

Not really sure what Beneflex is all about? We encourage you to review the Beneflex section in your employee benefits handbook or check the HR website for details.

Here is a simple example to help you understand how the Health Care Spending Account works. Let's say you and your family have maintenance prescription drugs with copayments totaling \$100 per month, for a total of \$1,200 for the year. You decide to sign up for a \$1,200 Beneflex Health Care Spending Account for 2005. If you are paid on a bi-weekly basis, \$46.15 will be deducted on a pre-tax basis each pay period. If you are paid on a semi-monthly basis, \$50.00 will be deducted on a pre-tax basis each pay period. Let's assume you order your prescription through the new home delivery pharmacy, Medco By Mail, and you send a payment in for \$100. You will be reimbursed for the \$100 with tax-free money. You do not pay tax on it when it comes out of your paycheck and you do not pay tax on it when you are reimbursed. Therefore, the tax savings can be significant.



GREAT BENEFLEX FEATURES

- **Automatic Claims Transfer (ACT)** The ACT feature is available for Health Care Spending Account claims if you participate in an RIT medical and/or dental plan under your name. Your claims can be automatically processed under the ACT feature—you will not need to complete a claim form and submit it to the administrator with your bills. When you enroll for the Health Care Spending Account, simply enter your annual election based on the ACT feature you desire so that 1) only your medical claims are submitted automatically; 2) only your dental claims are submitted automatically; 3) both medical and dental claims are submitted automatically; or 4) no claims are submitted automatically. Your prescription drug claims under RIT Rx will automatically be submitted if you elect ACT for your medical claims. You can change your mind about ACT at any time after the enrollment period simply by contacting EBS, the plan administrator.
PLEASE NOTE: The medical and/or dental coverage must be under your name at RIT. It cannot be under a spouse's or domestic partner's name here or at another employer. Also note that ACT may not be appropriate if you coordinate coverage with your spouse's or domestic partner's plan through his/her employer, or if you cover your domestic partner under your medical and/or dental plan and your partner is not your tax dependent. Finally, even if you sign up for ACT, you cannot use it for your over the counter (OTC) medications. You will need to submit those claims manually.
- **Direct Deposit** No more trips to the bank! You can have your reimbursements sent directly to your bank account. If you were set up for direct deposit for 2004, then direct deposit will automatically continue for your 2005 election. You don't have to do anything except enroll in Beneflex for 2005. **Remember,** your Beneflex election does not carry over from one year to another. If you need to sign up for direct deposit, simply print the Beneflex Direct Deposit Authorization Form from the RIT HR website. Complete and mail the form to the address indicated, with a voided check or deposit slip, no later than December 10 for direct deposit to become effective January 1, 2005. If you enroll in direct deposit and then change your bank account at a later date, be sure to notify EBS at least 14 days in advance of closing your account to stop the direct deposit reimbursements from going to your old account.
- **On-line Account Access** You can view your Beneflex account at a confidential website, located at www.online-enrollment.com.excellus. If you already access your account for 2004 claims, your username and password will continue for 2005. If you participated in Beneflex in 2004, but don't know your username and password, contact EBS directly for help. If you are new to Beneflex for 2005, EBS will send information to you at your home address.

You should note that you are responsible for the accuracy of the claims for which you are reimbursed. In other words, it is your responsibility to submit only claims eligible for reimbursement (e.g., over the counter vitamins are not an eligible expense so do not submit them). You should also note that you are responsible for retaining records of all expenses. EBS is not responsible for retaining copies of your receipts.

Other RIT Benefits

As an RIT employee, you are eligible for a number of benefits and services.

The following require action during enrollment:

- Medical
- Dental
- Beneflex
- Supplemental, Spouse, Child life insurance
- Supplemental, Spouse, Child AD&D insurance
- Supplemental LTD insurance
- Hyatt Legal Plan

The following are other benefits that do not require open enrollment attention:

- Basic and Voluntary Retirement Plan
- Education Benefits
- Employee Assistance Plan
- Adoption Assistance Plan
- Real Estate Benefits Program
- VIP Services (auto/homeowners insurance)
- Long term car insurance
- NYS College Savings Program
- U.S. Savings Bonds



Group Legal Services (Hyatt Legal)

Hyatt Legal Plans, a MetLife company, is a leading provider of group legal plans. A Hyatt legal plan is now available at over 300 organizations in the U.S. and provides legal services to over a million plan participants. This program can cover you, your spouse/domestic partner, and your dependent children. If you go to a participating attorney, coverage includes unlimited telephone advice and office consultations on virtually any personal legal matter (excludes business and employment-related matters) with a plan attorney of your choice, preparation of wills, codicils, living wills and living trusts, and preparation of powers of attorney, deeds, demand letters, promissory notes and mortgages, identity theft defense, immigration assistance, and traffic ticket defense (no DUI).

**Need a Hearing Aid?
Consider NTID’s Hearing Aid Shop**

The Hearing Aid Shop provides on-campus audiology and hearing aid services to employees and their family members. A wide range of services are available and include the following:

- hearing tests;
- hearing aid checks;
- hearing aid and cochlear implant consultations;
- hearing aid evaluations;
- cochlear implant mappings; and
- hearing aids purchase at a reduced rate.

The Hearing Aid Shop is located in room 3130 on the third floor of the LBJ building in the northeast corner of the RIT campus and is open during the academic year. Check their website or contact them directly for their hours of operation.

New York’s 529 College Savings Program

New York's 529 College Savings Program Direct Plan provides a flexible, convenient, and low-cost way to save for college for you, your children, grandchildren, or anyone else. The Program features a wide range of investment choices, tax-free withdrawals when used for qualified higher education expenses, and contributions that are tax-deductible (up to certain limits) for New York State residents.

You can save for a child, grandchild, friend—or even yourself. And the Program includes a valuable opportunity to accelerate your college savings through **Upromise Rewards**—a free service that returns a percentage of your spending at thousands of America's leading companies and can transfer that money directly to your Program account.

Here are some of the highlights of New York's 529 College Savings Program Direct Plan:

- Payment from a Tuition Savings Account can be made to accredited schools anywhere in the country.
- The program is designed to pay for qualified higher education expenses, including tuition, fees, supplies, room and board, books, and equipment required for enrollment or attendance at an accredited undergraduate, graduate, or professional institution of higher education, or at an approved business, trade, technical or other occupational school.
- Funds in the account will not be used toward the calculation of New York State financial aid under state-administered financial aid programs. However, federal or institution-based programs may take the amounts in the account into consideration when determining eligibility.
- The first \$5,000 invested each year will be excluded from New York State income—and none of the investment earnings will be taxed by the State—as long as the money is used for qualified higher education expenses at any accredited college in the United States. The earnings component of a qualified withdrawal will also be exempt from federal tax (unless extended, federally tax-free treatment of qualified withdrawals will expire after December 31, 2010).
- Choose from three age-based options that adjust your assets over time to more conservative allocations, as your beneficiary nears college, and 12 individual portfolios that you adjust yourself according to your own investment strategy and risk tolerance. You can select up to five investment options per account.
- You can open and manage your account online and choose to receive account statements and transaction confirmations online through www.nysaves.org.

Retiree Health Care Update

In January, you received the RIT “2004 Retiree Health Care Update Newsletter.” In that newsletter, we announced some upcoming changes to expect in health care benefits for both current and future retirees. The changes were designed to keep retiree benefits sustainable in the face of rapidly rising health care costs. The following is an update on the status of each of the changes described in the January newsletter.

Changes in Plan Offerings

Pre-Medicare retirees and spouses will have the same medical plan choices as employees. The BlueCross BlueShield Blue Million/Complementary Plan will no longer be offered to RIT retirees or employees. The BlueCross BlueShield Comprehensive Plan is now available to Medicare-eligible retirees. For retirees residing outside of Rochester, the Blue PPO will be expanded to include Medicare-eligible retirees. Rochester retirees who are eligible for Medicare will be encouraged to consider choosing participation in one of the local Medicare HMOs, which will generate significant savings for RIT while providing high quality health care coverage for the retirees.

New Prescription Drug Plan

The new RIT Rx plan (described on pages 4–6) will be provided to retirees as well as to employees in 2005. In keeping with the philosophy recommended by the retiree health care committee appointed by Dr. Simone, specific changes impacting a population will reflect that population’s ability to absorb change. Retirees who were retired and covered by Medicare prior to 1/1/2005 will have temporarily lower copays for their medications to help them transition to the new plan.

Cost-Sharing Changes

For future Medicare-eligible retirees (those becoming Medicare-eligible retirees on and after January 1, 2005), RIT’s contribution for health care coverage will be based on the premium for the designated “benchmark plan.” In 2005, the following are designated as benchmark plans:

- Rochester Area—Medicare Blue Choice and Preferred Care Gold
- Outside Rochester Area—Blue PPO

For those in this category who enroll in a benchmark plan, RIT will pay the full premium for the retiree’s coverage, and the retiree will pay a contribution toward coverage for a spouse, partner or other dependent. If the retiree enrolls in a plan whose premium is greater than that for the benchmark plan(s), the retiree will pay the difference in cost. Specific information on the 2005 contributions for retirees in the benchmark group is available on the Human Resources website. Retirees who were covered by Medicare prior to 1/1/2005 are not impacted by this change.

Employees eligible to retire who are, or who will reach, age 65 by June 30, 2005 have been notified by Human Resources that they can avoid the impact of the benchmark plan rules if they provide written notice by December 31, 2004 of their intent to retire by June 30, 2005, and then actually retire by that date.

Adding a Dependent After Retirement

One of RIT’s “guiding principles” for retiree health care is to provide access to quality health care coverage. Reflecting that principle, any person who becomes an eligible dependent of a retiree on or after January 1, 2005 may be added to the retiree’s health care coverage through RIT. However, the retiree will be required to pay the full difference in premium for the added individual. This change does not apply to any person who became a retiree’s spouse, partner or other eligible dependent before January 1, 2005, even if that person was not covered by RIT for health care before the RIT employee retired. Remember, if a surviving spouse remarries, his/her coverage ends.

Survey Results: Medical Opt-Out and Retiree Dental

Earlier this year, Human Resources conducted a survey to gauge interest in two potential benefits for retirees: a retiree medical opt-out benefit and a retiree dental plan. The survey was mailed to all retirees and to employees age 60 and over.

While the response rate to the survey was quite good, the results indicate there is not sufficient interest in either of these benefits to justify offering them at this time.

Saving for Retiree Medical Expenses

The primary vehicle RIT employees have for saving for retiree medical expenses, as well as other living expenses in retirement, is the 403(b) plan retirement account. Many RIT employees are not currently contributing the maximum amount permitted by law. **We encourage you to contribute as much as possible to your retirement account.** RIT provides you with on-campus access to professional retirement planning counseling through TIAA-CREF and Fidelity Investments. These counselors can assist you with developing a strategy that will work for you. Please take advantage of these excellent resources! To schedule an appointment for an on-campus consultation, contact TIAA-CREF or Fidelity as follows:

TIAA-CREF	585-246-4600 or 585-246-4610/TTY
Fidelity Investments	1-800-642-7131 (select Option 1) or 1-800-259-9743/TTY

In the January newsletter, we mentioned the possible availability of new medical savings accounts during 2005. We are deferring the introduction of such accounts, as we believe more attractive savings options will become available in the future.

Retiree Medical Accounts for Employees Hired On and After 1/1/2004

As described in the January newsletter, employees hired on and after January 1, 2004 will have an entirely different program for retiree health care. These employees will have access to a “retiree medical account” (RMA) upon retirement, which they can use to pay toward the cost of their health care coverage during retirement. Employees in this category have been provided with a detailed description of the new RMA program.



2004 BENEFITS OPEN ENROLLMENT

Questions? Ask the representatives!

- Medical, Dental, Life, LTD and Long-Term Care insurance
- Fidelity and TIAA-CREF
- The Health Association (EAP provider)
- RIT's CPD, Center for Human Performance, Credit Union, Food Service, Human Resources, Margaret's House, Payroll
- Hyatt Legal
- Real Estate Benefit Plan Providers
- VIP Services
- Medco (RIT Rx)

FREE SERVICES INCLUDING:

CHAIR MASSAGES
BLOOD PRESSURE CHECKS
BODY FAT ANALYSIS

Enter to Win!
RAFFLES & FREE STUFF

FOR MORE 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

Check out the Human Resources Department website at:
<http://finweb.rit.edu/humanresources/benefits/>

ENROLLMENT INFORMATION RESOURCES

As you begin the enrollment process, you may have questions concerning your options. 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:			
BlueCross BlueShield	(585) 325-3630	(585) 454-2845	www.excellusbcb.com
Dental	(585) 325-3630 (800) 847-1200	(585) 454-2845	www.excellusbcb.com
Beneflex (EBS)	(585) 232-7500 (800) 544-0328	(585) 454-2845	www.excellusbcb.com
EAP	(585) 325-2980 (800) 417-6304	(585) 325-2980	www.thehealthassociation.org/EAP
MedAmerica (Long-Term Care)	(800) 544-0327	(585) 454-2845	www.yourlongtermcare.com
Medco (RIT Rx)	(877) 722-6279*	(800) 759-1089	www.medco.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 Savings Programs:			
U.S. Savings Bonds	(800) 487-2663	Use Relay	www.savingsbonds.gov
Employee Discount Services:			
Hyatt Legal	(800) 821-6400	(800) 821-5955	www.legalplans.com password = 57005
VIP Services	(800) 999-6642	Use Relay	www.payrolldeduct.com company code = 01725
Keys to the Community	(800) 527-0074	(585) 586-0361	www.pieresonrealtors.com
On the House	(800) 485-0222	(585) 244-2204	www.columbushomes.com
Earl Krakower	(585) 899-5508	Use Relay	www.earlkrakower.com

*This number is for enrollment only. Beginning 1/1/05, use (800) 230-0508.



November 3 & 4 • 9AM - 3 PM

FIRESIDE LOUNGE
STUDENT ALUMNI UNION

Open Enrollment Begins October 25
and Ends November 17, 2004

ATTEND THE BENEFITS FAIR!

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

RIT 2005 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.

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