

from the HR Department
RIT HUMAN RESOURCES

Dear Colleagues:

Last fall, we introduced a number of major changes in RIT's health care program, and required everyone with RIT health insurance to enroll online. You really rose to the occasion! More than 2600 faculty and staff enrolled online, and there were very few defaults. We had great attendance at the enrollment labs and at our annual Benefits Fair. We congratulate and thank you for making this a smooth and successful process.

This year there are very few plan changes, and **you need to enroll only if you want to change your coverage or if you plan to participate in Beneflex health care and/or dependent day care accounts.** We encourage you to actively consider whether your medical plan choice for 2005 remains appropriate for your family for 2006, using the various tools we've supplied in your enrollment package and online. Once again, you will enroll online using Oracle Self-Serve.

One change for 2006 will be especially meaningful for employees earning less than \$30,000 per year. In response to health care costs that continue to increase more rapidly than pay and general inflation, RIT is introducing a cost sharing approach that is intended to help shield a segment of our population from becoming uninsured. You can read more about our new two-level contribution structure in the article "RIT Introduces New Medical Cost Sharing Approach" and the companion question-and-answer section on page 3.

We look forward to another successful enrollment season.

Patty Spinelli
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Assistant Vice President
HUMAN RESOURCES

Renee Brownstein
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HUMAN RESOURCES – COMPENSATION & BENEFITS



Good News for Beneflex: Thanks IRS!

The Internal Revenue Service recently announced a change in one of the rules regarding flexible spending accounts (such as Beneflex). There will now be a grace period for incurring eligible health care and dependent day care expenses. Previously, expenses had to be incurred by December 31st in order to be reimbursed from that plan year's Beneflex account. Now you have until March 15th of the following year to incur eligible expenses for the current plan year.

For example, if you have money remaining in your 2005 Beneflex health care account after December 31, 2005, and you incur an eligible health care expense on January 30, 2006, your claim for that expense can be paid from your remaining 2005 account.

Previously, you would have forfeited the remaining amount from 2005 if you did not have eligible expenses in 2005.

While this does not eliminate the use-it-or-lose-it rule completely, you now have a great advantage to avoid forfeiting unused funds.

If you participate in Beneflex in 2005: This change is effective immediately, so for the 2005 plan year, you have until March 15, 2006 to incur 2005 eligible expenses.

A Word of Warning: If you enroll in Beneflex for 2006, have a balance remaining from 2005, and have claims incurred in the first 2-1/2 months of 2006, your remaining 2005 balance will be used first, before any claims are submitted against your 2006 account balance. Our Beneflex administrator has recommended that, if you have claims incurred during 2005, you submit them by December 31, 2005 to avoid having your 2005 account balance exhausted for claims incurred in early 2006. Remember, you can only use money from a health care account to pay for health care expenses, and you can only use money from a dependent day care account to pay for dependent day care expenses, including during the grace period.

An additional Beneflex change for 2006 is that the minimum reimbursement is increasing from \$25 to \$30. In other words, you will not be reimbursed until your eligible claims are at least \$30.

TOPICS

2006 OPEN ENROLLMENT INFORMATION

NEW MEDICAL COST SHARING APPROACH

NEW VISION BENEFIT

RIT RX HELPFUL HINTS

MEDICARE PRESCRIPTION DRUG UPDATE

HEALTH CARE CONSUMER NEWS

ENROLLMENT INFORMATION RESOURCES

Key Dates
BENEFITS
OPEN ENROLLMENT 2006

October 17
Enrollment
BEGINS

October 17 & 18
Benefits Fair
and Workshops
10AM-3PM MONDAY
9AM-3PM TUESDAY
FIRESIDE LOUNGE
STUDENT ALUMNI UNION

November 9
Enrollment
ENDS

November 15
Flu Shots
9AM-4PM
1829 ROOM
STUDENT ALUMNI UNION

2006 Open Enrollment

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

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.

The following are the benefits you need to think about for 2006:

- Medical
- Dental
- Beneflex
- Hyatt Legal Plan
- Supplemental, Spouse, Child AD&D Insurance
- Supplemental LTD Insurance
- Supplemental, Spouse, Child Life 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 above. Your 2005 benefit elections for the above-listed benefits will continue into 2006 with no action on your part, EXCEPT Beneflex. Your 2005 Beneflex election DOES NOT CONTINUE in 2006. If you want to participate in Beneflex for 2006, you MUST enroll.

Once again, you will enroll online using Oracle Self-Serve. We encourage you to take advantage of the many enrollment resources available to you. Enclosed in this packet you will find the 2006 rates for all of the various benefit plans, along with an enrollment instruction sheet. You will also find personalized rates for your benefit choices on the enrollment screen when you log in.

More detailed, step-by-step instructions can be found on the HR website. 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 (see lab schedule below). Finally, computer kiosks will be available at the Benefits Fair on October 17th and 18th. HR representatives will be there to help with your enrollment and answer your questions.

Lab Schedule

Session #	Date	Time	Location
1	Monday, October 17	10 a.m. – 3 p.m.	Fireside Lounge, SAU (Benefits Fair)
2	Tuesday, October 18	9 a.m. – 3 p.m.	Fireside Lounge, SAU (Benefits Fair)
3	Wednesday, October 26*	1 – 3 p.m.	Nathaniel Rochester Hall, Room 1060
4	Tuesday, November 1	11 a.m. – 2 p.m.	Wallace Library, Room 3650
5	Thursday, November 3	9 – 11 a.m.	Nathaniel Rochester Hall, Room 1060
6	Monday, November 7	9 a.m. – 4 p.m.	Wallace Library, Room 3650
7	Tuesday, November 8	2 – 6 p.m.	Wallace Library, Room 3650

* Interpreter will be available

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 2006. And, if the enrollment period has not ended, you can log in as many times as you want to make benefit election changes.

After completing 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 2005, and you want your reimbursements sent directly to your bank account, you will have to complete this form. You can obtain the form from the HR website.
- **Unum's Evidence of Insurability (EOI)** Certain life and LTD changes require you to complete the EOI process. Use the link on the Oracle Enrollment confirmation page to access this online. Changes that require EOI will not go through until the insurance company has approved them. 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 increase from 1 to 2 times your base pay. All other life and LTD insurance enrollments and increases require the insurance company's approval. You do not need approval to enroll or increase any AD&D elections or to reduce or cancel any life, AD&D or LTD coverage amounts.

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 October 17th and 18th.

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 you try to avoid these peak daytime hours (9-11 a.m. and 2-4 p.m.) and complete your enrollments 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.

ENROLLING FROM HOME IS EASIER NOW

Completing your online enrollment from home is now much easier—with no more need to download the VPN. Simply go to **<http://myinfo.rit.edu>** (If you are using a Macintosh computer, you must use Safari as your internet browser.) The Oracle Application's sign-on page will display. Enter your Oracle User ID and password and click on the "Login" button. This will take you to your Oracle home page. For more information on how to log in, see the instructions in your enrollment package.

2006 Health Care

RIT Introduces New Medical Cost Sharing Approach

In response to rising health care costs and in an effort to minimize the number of RIT employees without health care coverage, beginning in 2006, RIT will introduce a new medical insurance cost sharing approach. There will be two cost sharing levels based on annual base pay:

- Level 1 applies to full-time employees whose annual base pay is less than \$30,000
- Level 2 applies to full time employees whose annual base pay is \$30,000 or more.

The base pay used for cost sharing will be as of January 1 each year. About 20% of RIT’s full-time employees have annual salaries less than \$30,000 currently.

For 2006, Level 1 contributions will be frozen at the 2005 rates; RIT will absorb 100% of the 2006 premium increases for Level 1 employees. Similar to the way RIT has set employee contributions in the past, Level 2 contributions for 2006 will be adjusted to reflect a portion of the increase in premiums, with RIT absorbing 70% of the increase and employees absorbing 30%.

This change does not impact the contributions for extended part-time employees. Extended part-time employees will continue to have a separate contribution schedule.

Why is RIT taking this step? Health insurance costs have been one of the most rapidly increasing expenses for several years. There is concern that health care is becoming unaffordable for some people, not only at RIT but nationally. Employee contributions for health insurance represent a much larger percentage of a lower-paid employee’s salary than a higher-paid employee’s. RIT is taking this approach to try to prevent Level 1 employees and their family members from becoming uninsured.

Going forward, each year, we will evaluate the situation based on the scope of premium increases and business conditions, and will make a recommendation to management regarding how much additional cost, if any, will be shared by Level 1 employees.

Contribution Introduced for Level 2 Participants in BluePoint2 POS B No Drug

The new cost sharing approach will also apply to our noncontributory individual plan in 2006. The noncontributory individual plan (BluePoint2 POS B No Drug) will remain noncontributory for Level 1 employees, but Level 2 employees will have to pay a contribution for this coverage. RIT has offered a noncontributory plan to keep lower-paid employees from becoming uninsured. Fewer employers offer noncontributory coverage today than in past years, and RIT believes it is appropriate for most employees to share in the cost of their coverage.

Employees who retire after January 1, 2006 will remain in either Level 1 or Level 2, based on their annual salary as of the day before they retired, for the purpose of determining their contributions as pre-Medicare retirees (since these are equal to employee contributions). Those who retired on or before January 1, 2006 will pay the Level 2 contributions.

Q&As new contribution methodology:

Q. Why is RIT subsidizing the healthcare premium for people who earn under \$30,000?

- A. The objective is to keep lower income people from becoming uninsured, and this approach helps RIT meet that objective.

Q. Why is the cutoff for Level 1 at \$30,000?

- A. Employees earning less than \$30,000 are paying a very large percentage of their salary for health care, and this is the group most vulnerable to becoming uninsured. About 20% of RIT employees earn less than \$30,000, so RIT will be protecting a key at-risk population.

Q. Will the cutoff change from \$30,000 in the future?

- A. This will be evaluated annually. Plan designs are dynamic and adjustments will reflect our commitment to offering health-care benefits to all.

Q. What will happen to my medical deduction if my salary increases to \$30,000 or more during the calendar year?

- A. The medical deduction for full-time employees is fixed for the calendar year based on your salary as of each January 1st.

When You or a Family Member Loses Coverage

There are situations when certain RIT benefits will end for you and/or a covered family member. For example, if you leave employment, your benefits will end. If you change an employment category such that you are no longer eligible for benefits, your benefits will end. Your covered family members may lose coverage if you become divorced or if a child reaches the age limit of the plan.

Under the Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), RIT is required to offer continuation of certain benefits for a period of time. Generally, this coverage will be the same coverage that was in place prior to when the coverage ended, but at a higher cost, as described below.

COBRA continuation is available for medical (including RIT Rx), dental, Beneflex Health Care Spending Account, and the Employee Assistance Program (EAP). The cost of the COBRA coverage is the full cost plus a 2% administrative charge as allowed under current law. In most cases, COBRA is available for a maximum of 18 months. In some cases, COBRA is available for up to 36 months. In the case of the Health Care Spending Account, COBRA can continue only through the end of the calendar year in which the person loses eligibility.

If you lose coverage due to a change in your RIT employment, RIT will automatically contact you with your COBRA continuation options. In other cases (divorce, child no longer eligible because of college graduation, etc.), you must contact RIT to begin this process.

If you have questions, please contact your benefits assistant.

**Flu Shots
Tuesday,
Nov. 15**

**RIT will offer flu shots to employees
on Tuesday, November 15
from 9 AM – 4 PM in the 1829 Room
in the Student Alumni Union.**

New for 2006

RIT Introduces Additional Vision Benefit

We are pleased to introduce a new program through Rochester Optical called Protection Assured PLUS Program (PAP), an additional eye care benefit plan that could save you and your family money on prescription eyewear. This program works as an enhancement to your insured eyewear benefit program (if any) as summarized in the chart below.

Rochester Optical has been servicing manufacturing companies in Western New York State with their on-site prescription safety eyewear program for over 16 years. They have been in the retail business for about five years.

This program is like a membership club. For only \$10.00 a year, you can cover yourself, your spouse/partner, eligible children, and parents. You would receive the following:

- Great savings on eye exams, glasses, and contact fittings
- Over \$200 worth of cash certificates
- Four convenient locations (listed at right)
- Large selection of frames, including many brand names
- Eye exams five days a week
- Many other services including frame repair
- Full service optical lab

Since Rochester Optical has a full service laboratory, they grind their own lenses and pass the savings of up to 40% below retail on to their members.

A representative from Rochester Optical will be at our Benefits Fair in October to answer your questions and sign you up. Joining is easy! Simply complete the enclosed Enrollment Application and return to the representative from Rochester Optical at the Benefits Fair. If you are unable to attend the Fair, but want to join the PAP program, simply complete the enclosed application and return it to the address noted on the form. They will send your ID card and coupons to your home. See the chart below for current vision benefits under RIT’s medical plans.

Rochester Optical Locations	
Rochester— Corner of Mt. Read & Lyell 1260 Lyell Avenue Rochester, NY 14606 Phone: 254-0022	Fairport—Perinton Square Mall 6720 Pittsford-Palmyra Road Fairport, NY 14450 Phone: 223-1990
Penfield—Wegman’s Plaza Rt. 250 & 441 2157 Penfield Road Penfield, NY 14520 Phone: 377-5470	Henrietta—Hen-Jeff Plaza 400 Jefferson Road Henrietta, NY 14623 Phone: 427-7230

Current Vision Benefits Under RIT Medical Plans for Employees

	Diagnostic Eye Exams	Routine Eye Exams	Eyewear (purchased at a participating provider)	Corrective Lenses After Cataract Surgery
BluePoint2 POS A— in-network benefit*	\$15 copay as needed	\$15 copay every 2 years for adults, annually for children under 19	\$60 allowance every 2 years for adults, annually for children under 19; discounts available at participating providers	One pair covered in full
BluePoint2 POS B— in-network benefit*	\$20 copay as needed	\$20 copay every 2 years for adults, annually for children under 19	Not covered; discounts available at participating providers	One pair covered in full
Blue PPO— in-network benefit* (available to employees living outside the Rochester area only)	\$15 copay as needed	\$15 copay every 2 years (adults and children)	\$60 allowance every 2 years (adults and children)	One pair covered in full
BCBS Comprehensive	Covered at 80% after annual deductible	Not covered	Not covered	Covered at 80% after annual deductible

*See the Medical Benefits Comparison Book for out-of-network benefits and other details



Prescription Drug Plan

RIT Rx Plan Design—No Changes for 2006

Prescription drug copayments will be as follows for 2006:

Tier	30-day Retail	90-day Retail	90-Day Mail
Tier 1 (generic)	\$ 10	\$ 30	\$ 20
Tier 2 (preferred or formulary brand)	\$ 25	\$ 75	\$ 50
Tier 3 (non-preferred or non-formulary brand)	\$ 40	\$ 120	\$ 80

NOTE: If the full cost of the drug is less than the co-payment, you will pay the full cost. If you purchase a brand name when there is a generic available, you will pay the cost difference plus the co-payment.

Helpful Hints for Using RIT Rx

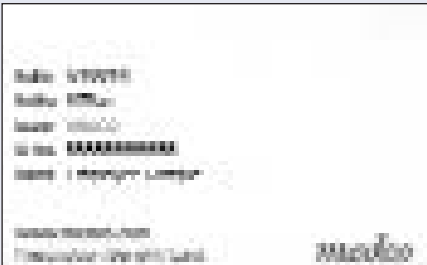
If a prescription is for a diabetic medication or supply, you must use your Excellus BlueCross BlueShield (BCBS) ID card, NOT your Medco ID card. Diabetic medications and supplies are NOT covered by Medco because under New York State law they must be covered under an insured medical plan. The co-payment for a 30-day supply will be the same amount as your medical plan’s office visit co-payment.

If you had Preferred Care coverage in 2004, Medco is the pharmacy benefit manager (PBM) for Preferred Care and for RIT Rx. If you have used your Preferred Care ID card in the past, it is possible that the pharmacist submitted your claim to your old Preferred Care coverage and it showed that the coverage was cancelled. Make sure the pharmacy is using the information from your RIT Medco ID card.

If your medication is a refill on a prescription that you last filled in 2004 and you were denied coverage, it is possible that the pharmacist submitted it to the medical plan you had in 2004 instead of your new plan. Make sure the pharmacy is using the information from your RIT Medco ID card.

You must show the pharmacist your Medco ID card for prescription drug coverage. You now have two different ID cards. Make sure the pharmacy is using the right one, as explained below:

- I) Excellus BlueCross BlueShield card—should be used for all medical benefits (doctor visit, bloodwork, x-rays, etc.) and diabetic medications and supplies.
- 2) RIT Rx Medco ID card—should be used for all other prescription medications.



If you don't have a Medco ID card and/or BlueCross BlueShield (BCBS) ID card, you can request ID cards by phone or on their websites (see Enrollment Information Resources on the back page of this newsletter). You can also print a temporary ID card at both websites.

If you used the BCBS Half Tablet program in 2004 (i.e., pill splitting) you cannot do this with Medco. Medco does not offer this type of program. However, you can accomplish the same thing with Medco by having your physician write a prescription for a 90-day supply of the double dosage. You fill the prescription and cut the pill in half, providing a 180-day supply, so you will only need to refill twice per year.

EXAMPLE

If you need to take a 20 mg tablet each day. Have your physician write a prescription for a 90-day supply of a 40 mg dosage. You will cut in half for a total of 180 doses, so you only have to fill every 180 days. Below is a summary of the cost comparison, using a Tier 2 medication:

- Mail Order with Medco:
90—40 mg tablets for \$50; refill twice per year: **your annual cost is \$100**
- Retail with Medco:
90—40 mg tablets for \$75; refill twice per year; **your annual cost is \$150**

Last Year with Blue Choice Select:
45—40 mg tablets for \$30; refill four times per year; **your annual cost is \$120**

Because of the mail order savings, you can actually spend less than you did in 2004.

Remember, diabetic medications and supplies are not covered under RIT Rx, so use your:

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



Medco’s Home Delivery Pharmacy— Medco By Mail: A Way to Save You Money

*Are you taking a medication for an ongoing medical condition?
Are you purchasing this medication at the retail pharmacy?*

If you answered “yes” to both of these questions, then you can most likely save money by using Medco’s home delivery pharmacy, Medco By Mail.

If you’re concerned about starting to use the mail order program, consider trying the program based on the following situations: If you take a medication that is working for you and does not need any dosage adjustments try the mail order program for that one prescription to see what you think. If you are satisfied with the service, you will save money because the co-payment is lower (RIT is sharing the savings from the discounts). And, RIT will save money, making the future of RIT health care benefits more sustainable. If you get comfortable with the service, you can start ordering more medications through Medco By Mail—and save even more!

The chart below shows the savings you can achieve if you use Medco By Mail for your maintenance medications. You pay **three** 30-day co-payments for a 90-day supply at a retail pharmacy. On the other hand, your co-payment for a 90-day supply from Medco By Mail is equal to **two** 30-day copayments.

	90-Day Retail (Three 30-Day copays)	90-Day Mail	Your Annual Savings Using Medco By Mail
Tier 1 (generic)	\$ 30	\$ 20	\$ 40
Tier 2 (preferred brand)	\$ 75	\$ 50	\$ 100
Tier 3 (non-preferred brand)	\$ 120	\$ 80	\$ 160

If you take more than one maintenance medication, especially in Tier 2 or Tier 3, the savings can really add up.

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. Refills can also be ordered by phone and mail.

Getting started is simple...

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 find out over the Internet. 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 anytime 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 (see back page of this newsletter) to use the automated telephone system. The requested materials will be mailed to you right away.

TWO IMPORTANT NOTES:

- 1) 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.
- 2) If the full price of the medication is less than the retail co-payment, it may be less expensive for you to purchase that medication at the retail pharmacy. Contact Medco directly for more information on costs.

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. First fill the 30-day prescription at a retail pharmacy 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 and save on your co-payment amount (you do have the option to pay a higher co-payment and have the prescription filled at a retail pharmacy).

NOTE: DO NOT SUBMIT 30-DAY PRESCRIPTIONS TO MEDCO BY MAIL BECAUSE YOU WILL AUTOMATICALLY BE CHARGED THE COPAY FOR A 90-DAY SUPPLY.



A Message to Those Who Assist a Medicare Participant with Decision-Making: New Medicare Prescription Drug Coverage Available in 2006

If you help a family member or friend who is covered by Medicare make health care decisions, you should know about the new Medicare prescription drug coverage. Starting January 1, 2006, Medicare prescription drug plans will be available to help people with Medicare save money on prescription drugs. These plans will be offered by insurance companies and other private companies approved by Medicare. Plans will pay for both generic and brand name drugs.

All people with Medicare should consider this new coverage. For most people, coverage isn't automatic. To get this prescription drug coverage, most people with Medicare must enroll in a Medicare prescription drug plan that meets their needs.

If the person you care for has a Medicare Health Plan, that plan may also offer drug coverage. The health plan will send your family member or friend a notice about prescription drug choices.

Here's how to help someone choose a Medicare prescription drug plan that meets his/her needs:

- If your family member or friend has certain limited income and resources, the Social Security Administration (SSA) may have mailed an application for extra help to him/her during the summer. You can help this person fill out and return this application to SSA. If your family member or friend chooses you to act as his/her personal representative, you can fill out the application on his/her behalf. If the person qualifies, he/she will pay little or nothing for premiums or deductibles, and will have low copayments. If SSA doesn't send an application and you think your family member or friend may qualify for this help, call SSA at 1-800-772-1213. TTY users should call 1-800-325-0778. You can also visit www.socialsecurity.gov on the web.
- In some cases, if your family member or friend gets help from the state to pay for health care costs (like Medicaid), he/she automatically qualifies and doesn't need to apply for extra help. Medicare will send a notice if this is the case.
- Look over any current health insurance coverage that your family member or friend has. Are prescription drugs covered? What are the out-of-pocket drug costs?
- Make a list of the name, dosage, frequency, and cost of the prescriptions your family member or friend uses. Since different plans will cover different drugs, this will help determine which plan best meets your family member or friend's prescription needs.
- If you are the legal representative for the person you care for (such as through a Power of Attorney), you can enroll him/her in a Medicare prescription drug plan. You can also fill out the application to get extra help on his/her behalf.

Who can join a Medicare prescription drug plan?

Anyone with Medicare can join a Medicare prescription drug plan. Even if your family member or friend doesn't use a lot of prescription drugs now, he/she should still consider joining a Medicare prescription drug plan. For most people, joining during the initial enrollment period means paying a lower monthly premium than if they wait to join later.

IMPORTANT!

- If the person you care for already has prescription drug coverage through a former employer or union, encourage him/her to talk to the benefits administrator, or obtain the written communications the employer or union may have sent. Your family member or friend will need to know how his/her current drug coverage will work with Medicare before deciding whether to enroll in a Medicare drug plan.
- If the person you care for has medical coverage through a Medicare HMO (such as Preferred Care Gold or Medicare Blue Choice in Rochester, which Medicare is now calling a "Medicare Advantage Plan"), and they enroll in a Medicare prescription drug plan that is not part of their Medicare HMO, *they will lose their medical coverage under the HMO, and will only have coverage under Original Medicare Parts A&B plus the Medicare Part D drug plan for 2006.* This is due to a rule imposed by Medicare.

When can someone join?

All people with Medicare can join a Medicare prescription drug plan between **November 15, 2005** and **May 15, 2006**. For people who join by December 31, 2005, coverage will begin on January 1, 2006. For people who join after December 31, coverage will be effective the first day of the month after the month they join.

People who join a Medicare prescription drug plan after May 15, 2006, will likely pay a higher monthly premium (at least 1% more per month for every month they waited to enroll) unless they have continuous drug coverage from another source that covers on average at least as much as a Medicare prescription drug plan. They will have to pay this higher premium as long as they have a Medicare prescription drug plan.

How much does a Medicare prescription drug plan cost?

Like other insurance, people who join a Medicare prescription drug plan will pay:

- a monthly premium (generally expected to be around \$32 in 2006, but can change yearly),
- a yearly deductible (up to \$250 in 2006), and
- part of the cost of their prescriptions, including a copayment or coinsurance.

Costs will vary depending on the drug plan. Some plans may offer more coverage and additional drugs. If the person you care for has limited income and resources, and qualifies for extra help, he/she may not have to pay a premium or deductible.

For more information about Medicare prescription drug coverage, read the "Medicare & You 2006" handbook your family member or friend gets in the mail in October 2005. It will include more detailed information about Medicare prescription drug plans, including which plans will be available in your area. After that time, if the person you care for needs help choosing a Medicare prescription drug plan that meets his/her needs, together you can:

- visit www.medicare.gov on the web. Select "Search Tools" to get personalized information. Or, select "Frequently Asked Questions" to get answers to common questions.
- call **1-800-MEDICARE** (1-800-633-4227). TTY users should call 1-877-486- 2048.
- call the State Health Insurance Assistance Program for face to face assistance (see the "Medicare & You 2006" handbook for the telephone number). You can also call **1-800-MEDICARE** (1-800-633-4227) or visit www.medicare.gov on the web to get the telephone number.
- look for local Medicare-related events.

What's RIT doing for its Medicare-eligible retirees? If the person you care for is an RIT retiree, here's what you need to know:

- RIT will continue to provide prescription drug coverage to RIT retirees through our prescription drug plan, RIT Rx, for 2006.
- RIT's prescription drug plan has been determined by a qualified actuary to be at least equivalent to Medicare Part D. This means the retiree will not be subject to a late enrollment penalty if he or she decides to enroll in a Medicare prescription drug plan in a future year.
- RIT retirees who decide to enroll in a Medicare prescription drug plan for 2006 will lose coverage under RIT's prescription drug plan for 2006.
- RIT retirees enrolled in Medicare Blue Choice or Preferred Care Gold, the Rochester Medicare HMOs, should not enroll in a Medicare prescription drug plan because they will also be disenrolled by Medicare from their medical plan, and will have only Original Medicare Parts A & B for 2006 (see explanation in the 'Important' box above).

Be A Smart Health Care Consumer

Choose the Best Medical Plan for You (and your family)

Many times people choose a more expensive plan than they really need. It pays to take a little time to do a comparison and make an informed choice. The plan with the highest employee contribution is not necessarily the best plan and the plan with the lowest employee contribution is not necessarily the least expensive plan for you. Be sure to consider all of the plan’s features and benefits, beyond the required employee contribution, when choosing your medical plan. You should pay special attention to the specific coverage terms for items you know that you and your family members will use.

RIT is once again providing you with some tools that can help you make this important determination. The enclosed **Medical Needs** worksheet can help you pinpoint the important features for your family’s expected needs. On the reverse side of the page you will find the **Medical Cost Comparison** worksheet, which you can use to compare the RIT plans or even to compare a non-RIT plan to an RIT plan.

Here are some pointers to help you get started:

Comparing POS A with POS B

- POS A has a higher employee contribution than POS B, but
- the cost of POS A is higher partially because some services are covered under POS A, but not POS B:
 - Hearing aids (covered at 80% up to \$3,000 per ear, every 3 years)
 - Eyewear (\$60 every 2 years for adults, annually for children under 19);
- Also, some copayment amounts are lower under POS A than under POS B:
 - Physician office visits (A is \$15, B is \$20)
 - Routine eye exams (A is \$15, B is \$20)
 - Hospitalization (A has no copay, B has \$100 copay);
- Prescription drug coverage is the same if you elect either of these two options. However, if you or a family member uses diabetic medications and/or supplies, each copay will be higher under POS B than under POS A, and this should be taken into account when you do your comparison.

Comparing POS B with POS B No Drug

- POS B has a higher employee contribution than POS B No Drug
- POS B No Drug does not cover most prescriptions
- POS B No Drug covers diabetic medications and supplies under the medical plan

Here are several examples to help you understand how a comparison works:



Difference in annual employee contributions (from your paychecks)		
	Amount POS B will save you annually compared to POS A	Amount POS B No Drug will save you annually compared to POS B
If you are in Contribution Level 1		
	Individual \$ 132	\$ 705
	Two Person \$ 312	\$ 1,368
	Family \$ 372	\$ 1,680
	One Parent Family \$ 571	\$ 1,524
If you are in Contribution Level 2		
	Individual \$ 144	\$ 722
	Two Person \$ 339	\$ 1,497
	Family \$ 405	\$ 1,837
	One Parent Family \$ 683	\$ 1,488

	Level 1	Level 2
Example 1: POS A Compared to POS B—Family Coverage		
Annual Savings with POS B	\$ 372	\$ 405
Less: Eyewear for 3 people	\$ 180	\$ 180
Net Savings	\$ 192	\$ 225
Number of office visits to break even (divide savings by \$5 copay difference)*	38	45
Example 2: POS A Compared to POS B—One Parent Family Coverage		
Annual Savings with POS B	\$ 571	\$ 683
Less: Eyewear for 3 people	\$ 180	\$ 180
Net Savings	\$ 391	\$ 503
Number of office visits to break even (divide savings by \$5 copay difference)*	78	101
Example 3: POS A Compared to POS B—Two Person Coverage		
Annual Savings with POS B	\$ 312	\$ 339
Less: Eyewear for 2 people	\$ 120	\$ 120
Net Savings	\$ 192	\$ 219
Number of office visits to break even (divide savings by \$5 copay difference)*	38	44
Example 4: POS A Compared to POS B—Individual Coverage		
Annual Savings with POS B	\$ 132	\$ 144
Less: Eyewear for 1 person	\$ 60	\$ 60
Net Savings	\$ 72	\$ 84
Number of office visits to break even (divide savings by \$5 copay difference)*	14	17
*Assumes no hospital stay. If one or more family members uses diabetic supplies and/or medication, this should be taken into account since each copayment will be higher under POS B.		

Be A Smart Health Care Consumer

Make the Most of Your Doctor Visit

The average doctor visit lasts only fifteen to twenty minutes, and during that short time a great deal of information is shared between the doctor and patient. Without adequate preparation, you may not remember every aspect of the discussion you have with your doctor. After the appointment, you may think of things you wish you had asked, but did not. Preparation is the key to any successful doctor visit. While your time with your doctor may be limited, adequate planning will help ensure that you both get the information you need.

Ask-The-Doctor Checklist

Use this checklist to help you prepare for any doctor visit.

- ☐ Prepare a list of any medications you are currently taking.
- ☐ Prepare a list of your symptoms and concerns. If you have seen a different doctor before for a similar problem, arrange for a copy of your medical records to be sent to your current physician.
- ☐ State your problem or concerns first.
- ☐ Describe your symptoms.
- ☐ Describe any past experience or treatment for the same problem.

If the doctor prescribes medication during the visit, ask the following:

- ☐ What is the name of the medication?
- ☐ Can a generic drug be substituted?
- ☐ What is the purpose of the drug?
- ☐ How should I take the drug?
- ☐ Are there any potential side effects?
- ☐ Are there any other medications (prescription or over-the-counter) that I should avoid while taking this medication?
- ☐ Should I avoid any specific food or beverage while I take this medication?
- ☐ How long should I take this medication?

For any prescribed drug, test, or treatment, ask the following questions:

- ☐ What is its name?
- ☐ Why is it needed?
- ☐ What are the risks involved?
- ☐ Are there alternatives?
- ☐ What if I do nothing?

At the end of your visit, ask the following:

- ☐ Should I return for a follow-up visit? When?
- ☐ How will I obtain my test results?
- ☐ Should I watch for any specific problems or side effects?
- ☐ Is there anything else I need to know?

After the Visit

After you've left the doctor's office, keep a written record of the following:

- ☐ Your doctor's diagnosis
- ☐ Your next steps
- ☐ Prescribed treatments and home care techniques

You can print copies of this checklist from the HR website. Refer to page 12 for the web address.



Improve Your Health Care Consumer IQ

As you know, the expansion of the Internet has allowed us to learn more about many things. And the #1 most sought after information on the Internet is health care! Improving our understanding about staying healthy, managing disease, and interacting with the health care system is in everyone's interest. Here are a few tips for being a good health care consumer:

- Establish yourself with a primary care physician, who serves as your gateway to the health care system. You should get regular age-appropriate preventive health screenings at recommended intervals and identify any medical issues requiring ongoing care.
- Ask questions/get information from a reliable source—Libraries and the Internet have vast amounts of health care information. Be sure that the websites you rely on are credible.
 - See the article “Check Out Excellus BCBS Online” on page 10 to find out what's available on their website.
 - The September, 2005 issue of Consumer Reports includes ratings of a number of health care websites. They rated the following sites as Excellent. These sites were more likely to post accurate, current health information.
www.Kidshealth.org
www.MayoClinic.com
www.MedicineNet.com
www.Medscape.com
www.NIH.gov (National Institutes of Health)
www.WebMD.com
- Discuss your findings with your primary care physician—And ask questions! Too often, people are intimidated when it comes to questioning their physician. See the article on this page “Making the Most of Your Doctor's Visit.”
- Understand your health insurance benefits—Take the time to review your health benefits information and materials. Ask questions if there's something you don't understand. Both you and RIT are spending a lot of money so you can have quality health care coverage—be ready to use it wisely.

Be A Smart Health Care Consumer

My Health Connection: An Online Medical Record You Can Use

If you participate in an Excellus BlueCross BlueShield medical plan, now there's a private, secure place you can store your personal health information online! This new feature of the Excellus website is called *My Health Connection*. Using *My Health Connection* you can:

- Record allergies, medications, medical and family history for quick access in an emergency
- Store your child's immunization records for the next time you need to complete school paperwork
- Print your records to take with you to your next medical appointment or when you travel
- Get copies of a Health Care Proxy and other health care forms to complete, and store the names of doctors and family members with whom you've shared these important documents
- Decide if you want your doctor, emergency room staff or even BlueCross BlueShield clinical staff to access your information electronically

The tool also includes a place for you to record your adverse drug reactions, emergency contacts, list of doctors, health care proxy, immunizations and vaccines, lifestyle profile, and personal notes. *My Health Connection* puts you in charge of your health information. In addition to storing your information for easy access when you need it, you can also print a paper report to share with your doctor.

Why is BlueCross BlueShield offering this tool to its members? Providing quick access to your health information is one way to help improve the health of our community. Imagine more timely treatment when an emergency room doctor views a concise list of your medications and allergies when you are too distraught to speak for yourself. Or the comfort of having a printed report of your elderly mother's health information in both of your purses. And the cost savings for our community when a specialist contacts another physician for results of an expensive test performed months ago, instead of ordering it again.

Although the tool currently does not include medical claims information, BlueCross BlueShield is working on this and expects to have this included in the near future.

For more details about how to use *My Health Connection* and how your private information is protected, log in to the member portion of the Excellus BlueCross BlueShield website and click on "Manage Your Health Record."

Check out Excellus BCBS Online!

Individual Health Care Management from Excellus BlueCross BlueShield

1. **The Healthwise Knowledgebase**—A comprehensive health database where you can look up health conditions, medical tests, medications, treatment options, and get help with your decision making.
2. **My Health Connection**—A private, secure online health record where you can store your allergies, medications, names of doctors and emergency contacts, immunizations, medical history and more.
3. **Weekly Health Quizzes**—Have fun (and learn something new!) with weekly health quizzes.
4. **Preventive Health Recommendations**—Learn how often you should see your doctor for preventive health screenings, childhood immunizations, and vaccines.
5. **Wellness Links**—Links to reputable organizations, such as the American Diabetes Association and the American Heart Association.
6. **Cancer Treatment Center Information**—If you or a loved one is facing cancer, this can help you select the right cancer center to meet your needs, within New York State and nationwide.

7. **Hospital Quality Tool**—Facing surgery or hospitalization? Use this tool to compare the quality at more than 60 New York state hospitals.

8. **Member Rewards Program Listing**—Enjoy Health & Wellness classes on living with diabetes, asthma, heart disease and more, or enjoy discounts on health and fitness club memberships and other services to help you lead a healthy lifestyle.

visit www.excellusbcbs.com



Get Your Retirement Plans in Great Shape in 2006

In January, RIT is launching a Retirement Fitness Campaign in partnership with our retirement plan vendors—TIAA-CREF and Fidelity Investments. The intent is to help all employees discover ways to get their retirement planning in top shape. This conditioning will ensure that your quality of life in retirement is all you'd hoped for—and more!

Throughout the year, you'll be able to participate in fun and informative retirement 'fitness' events such as on-site workshops and seminars, and online retirement fitness tools sponsored by both TIAA-CREF and Fidelity Investments. You'll also receive regular mailings about retirement fitness facts and other retirement information that will help you stay on-track with your goals.



Human Resources Wins Awards!

RIT Human Resources has recently been recognized for the following special achievements:

HR Service Excellence Survey—Earlier this year, RIT employees participated in an online survey regarding the effectiveness of HR customer service. All employees were invited to take part in the survey; 352 employees actually participated. The overall score was 72% favorable compared with 62% for the database benchmark. RIT HR also ranked significantly higher than the database benchmark in each of the five dimensions measured in the survey: service orientation, communication, employee relations, HR professional knowledge, and performance.

As a result, RIT Human Resources received the second place 2004 HR Service Excellence Award. The award is displayed in the reception area of HR. RIT HR is dedicated to continuous improvement. We will use the survey results to further identify our strengths and areas for improvement.

PRism Communications Awards—Over the past few years, RIT HR has worked hard to improve the quality of its benefit communications with retirees and employees. In 2003, RIT was recognized by the Rochester Chapter of the Public Relations Society of America (PRSA) for its benefits package for newly hired employees. The package received a PRism award in the “most improved” category for the not-for-profit sector. This past June, we were recognized with a second PRism award for the 2005 RIT retiree enrollment newsletter. We hope the communication improvements are helping you better understand and use your benefits. Your suggestions are always welcome!



Employee Flu Shot Clinic

RIT will again sponsor a flu shot clinic for employees, courtesy of Sibley Nursing. The clinic is scheduled for Tuesday, November 15 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:

- **RIT’s Blue Point2 POS A, B, and B No Drug** —covered in full (provided you show your medical plan ID card).

- **Another employer’s Blue Choice and Preferred Care plans**—covered in full (provided you show your medical plan ID card).
- **BlueCross BlueShield Comprehensive**—not covered; \$25 payment required.
- **Other medical plan**—\$25 payment required. If your plan covers flu shots, you may be eligible for reimbursement from the plan. Contact your insurance carrier for details.

If payment is required, you may pay in cash or by check (made payable to Sibley Nursing).

Your Private Health Information

As you have dealt with the health care system over the last couple of years, you have likely encountered “HIPAA,” which stands for the Health Insurance Portability and Accountability Act, a law which includes important privacy protections for individuals’ confidential health information. Health care providers such as physicians, hospitals, and pharmacies have revised many of their procedures with respect to patients’ data, and are now requiring patients to authorize any release of that data.

Health plans such as Excellus BlueCross BlueShield, and pharmacy benefit managers such as Medco, are also subject to HIPAA’s requirements. Both of these organizations take the privacy laws very seriously, and do not share protected information without patient consent.

While the new procedures are important protections, there are times when it becomes necessary for another person to access your information. For instance, in many families, one person typically interacts with the health plan or Medco if there is a question or issue about a claim. Unless there is a written authorization from you on file, neither Excellus nor Medco is able to discuss your account with anyone other than the patient or his/her physician.

If you and your family members (age 18 and older) wish to grant permission for another person to obtain information about your account on your behalf, you may do so by following the process described below. We encourage you to consider doing this now, before the need arises.

For Excellus BlueCross BlueShield:

- Go to Excellus’ website: www.excellusbcbs.com. If you have not previously registered to use the website as a member, you need to do so. Otherwise, enter your ID and password to enter the member section of the website.
- On the left side of the screen, click on “Manage Your Privacy.”

- Use the tool to add permission for your spouse/partner, other family member or friend to obtain information about you on your behalf. You can also have your family members (age 18 and older) follow the same process to give you permission to obtain information about them.
- If you prefer, you can print the “Authorization to Share My Protected Health Information” form from the website, complete it, and mail it to Excellus.
- There are various levels of access you can approve. For example, you can allow Excellus BCBS to respond to all requests for confidential information by the specified individual, or you can restrict the authorization to a specific claim, or claims submitted by a specific provider, etc. You can prevent the release of information about a specific diagnosis. You can limit the timeframe for the authorization or have it remain in effect until you cancel the authorization.
- Additional information is provided on the website such as the process for revoking or amending an authorization, and requesting an accounting of disclosure requests of your protected health information.

For Medco:

- Go to Medco’s website: www.medco.com. If you have not previously registered to use the website as a member, you need to do so. Remember to use your new member number which is on your ID card. Otherwise, enter your e-mail address and password to enter the member section of the website.
- On the left side of the screen, click on “Update Your Profile.”
- Click on “Your Preferences.”
- Click on “Household View.” Check the box to grant access to your spouse/partner to view your prescriptions online and to place orders on your behalf. Uncheck the box to revoke this access.
- Your spouse/partner must register separately to use the Medco website. They may also grant you access to view their prescriptions and order on their behalf.

2005 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)
- Rochester Optical

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

FREE SERVICES INCLUDING:

CHAIR MASSAGES
BLOOD PRESSURE CHECKS
BODY FAT ANALYSIS

Enter to Win!
RAFFLES & FREE STUFF

WORKSHOPS

Refer to flyer and HR Website
for workshop details.

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) 454-4810	(585) 454-2845	www.excellusbcbs.com
Dental	(585) 325-3630 (800) 847-1200	(585) 454-2845	www.excellusbcbs.com
Beneflex (EBS)	(585) 232-7500 (800) 544-0328	(585) 454-2845	www.excellusbcbs.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)	(800) 230-0508	(800) 759-1089	www.medco.com
Rochester Optical	(585) 254-0022	Use Relay	www.rochesteroptical.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
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Employee Discount Services:

Hyatt Legal	(800) 821-6400	(800) 821-5955	www.legalplans.com password = 57005
Marsh@WorkSolutions	(866) 272-8902	Use Relay	www.metpay.com company code = 017
Keys to the Community	(800) 527-0074	(585) 586-0361	www.piersonrealtors.com
On the House	(800) 485-0222	(585) 244-2204	www.columbushomes.com
Coldwell Banker	(585) 899-5508	Use Relay	www.earlkrakower.com



October 17 • 10AM - 3 PM
October 18 • 9AM - 3 PM

FIRESIDE LOUNGE
STUDENT ALUMNI UNION

Open Enrollment Begins October 17
and Ends November 9, 2005

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 2006 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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