

This newsletter concerns the following RIT populations:

- Current pre-Medicare retirees
- Current Medicare-eligible retirees

Reference to “retirees” generally include surviving spouses.

Introducing a Great New Eyewear Benefit: the RIT Vision Care Plan

*see page 5
for details*



2008 Open Enrollment Begins

The annual benefits open enrollment period gives you the opportunity to learn what’s new about the RIT plans, and make any changes you wish for 2008.

There are changes in the pre-Medicare plans; at press time, there are no changes in the Medicare-eligible plans. The carriers typically announce changes, if any, later in the fall, and will notify you directly if there are any changes.

Enclosed you will find a *2008 Medical Benefits Comparison Book*. Since the plans vary based on Medicare eligibility, we have created two different books: 1) *Pre-Medicare Book*; and 2) *Medicare-Eligible Book*. We have enclosed the book(s) that applies to you and your family, according to our records. If, however, you need the other version, please contact the RIT Human Resources Department (contact information on page 8). For those who contribute toward the cost of their medical insurance, please refer to the enclosed *2008 Retiree Medical Insurance Contribution Rates Booklet*. There are details in the booklet to determine which chart to use.

This is your only opportunity to enroll, change plans, or cancel your medical insurance UNLESS:

- **You or your spouse becomes eligible for Medicare** during the year and switch to one of the plans for Medicare-eligible participants
- OR
- **You have a qualified family or employment status change** during the year. To make a change, notify Q&F Benefit Administration (RIT’s administrator) within 31 days of the event. Otherwise, you must wait until the next annual Open Enrollment. The event must be consistent with the change you want to make, and the change must be permitted under IRS rules. You cannot change insurance plans during the year even if you have a change in family or employment status, or your physician leaves the plan you are in.

RETIREE BENEFITS OPEN ENROLLMENT 2008

Key Dates

October 1

Retiree Open Enrollment
BEGINS

**Weeks of October
8, 15, and 22**

Retiree Meetings
(See schedule below)

October 26

Retiree Open Enrollment
ENDS

Retiree Meetings

To help you better understand your benefits, we will hold informational sessions on campus. Representatives will be available from RIT’s Human Resources Department and the medical plan carriers.

All sessions will be located on the second floor (elevator is available) in the CIMS Conference Center in the Louise Slaughter Building (#78). To find the building, simply follow the signs located on campus. Please feel free to bring your spouse or partner.

Reservations are required, so please RSVP in one of two ways:

1. **Send an e-mail to benefits@rit.edu**
OR
2. **Call the RSVP Hot Line at (585) 475-5877/V** and leave a message.
For TTY users, please call the main Human Resources TTY number at (585) 475-2420.

When you RSVP, please be sure to include the session number you would like to attend, your name, whether your spouse/partner will be attending with you, and your phone number. You will not be contacted unless there is a need to reschedule.

MEETING SCHEDULE

1. Wednesday, October 10 1:00 p.m. – 3:00 p.m.*
2. Wednesday, October 10 6:00 p.m. – 8:00 p.m.
3. Friday, October 12 9:00 a.m. – 11:00 a.m.*
4. Monday, October 15 1:00 p.m. – 3:00 p.m.
5. Thursday, October 23 9:00 a.m. – 11:00 a.m.

**Sign language interpreter will be present at this session.*

Rising Medical Costs Continue to Impact Us All

You will likely hear about double-digit health care cost increases once again impacting both Rochester and the nation in 2008. Increased use of medical services is driving costs upward, and prices for many medical services have also been increasing much more rapidly than the rate of general inflation. Additionally, new and better services that improve quality of life and extend life expectancy are expected to continue to put more upward pressure on medical costs.

Unfortunately, RIT is not immune to these rising costs. Initially, Excellus BlueCross BlueShield presented us with a renewal quote for our employee and pre-Medicare retiree medical plans that included a 20% premium increase for 2008 – an extremely high increase in comparison with what we have been experiencing over the last several years. Rather than accept this quote, and the dramatically higher rates it would bring to both the university and our retirees and employees, we instead explored viable alternatives for bringing this increase down.

Through aggressive renewal negotiations with Excellus, combined with some medical plan changes to our copay structure and benefits, as well as the positive impact of our 2007 prescription drug plan changes, we were able to reduce this overall health care increase for 2008 to 8.4%.

Benefit Changes

To help achieve the lower 8.4% increase, we decided to make some medical plan changes that include an increase in copays, primarily for physician office visits and related services, in the three POS plans. The current copays have not increased in over 10 years, even though the cost of medical services such as physician visits has continued to climb. The copay increases bring our plans more in line with industry standards. Be sure to read the article “2008 Medical Plan Changes for Pre-Medicare Retirees” on page 3 and refer to your *2008 Medical Benefits Comparison Book* for more details. Please note that these changes do not apply to Medicare Blue Choice, Preferred Care Gold, Blue PPO, or the BCBS Comprehensive Plan.

Good News! Prescription Drug Coverage

A positive contributor to lowering our overall health care increases for 2008 was our prescription drug claims experience with Medco. This has resulted in much lower year-over-year increases than what we are experiencing for medical coverage.

Much of this positive outcome stems from our 2007 adoption of industry best practices in plan design and administration that encourage you to get the medications you need, just more cost-effectively. As a result, many employees and retirees are now successfully using generic drugs in place of more costly brand-name drugs, and have switched from retail pharmacies to the less costly mail-order pharmacy for purchasing maintenance medications. These efforts on your part to improve spending have paid off! In 2008, you will not experience any plan changes in your prescription drug coverage.



PRESCRIPTION DRUG NEWS

RIT Rx Cost Management Pays Off!

RIT has a self-funded prescription drug plan administered by Medco, a Pharmacy Benefit Manager (PBM). Medco offers plan sponsors, like RIT, a variety of management techniques to help contain costs. We utilize several of these techniques to ensure you get the high-quality medications you need in the most cost-effective manner. When applying these techniques, we subscribe to two key principles:

- Give you choice, rather than mandate specific cost-saving opportunities.
- Share the savings with you that result from your more cost-effective choices.

An example is RIT Rx’s three-tiered cost structure that encourages you to choose generic drugs by offering them at the lowest cost. If you choose a brand-name drug when a generic is available, you are required to pay the difference for the more expensive choice.

Another way Medco helps RIT keep the cost of the prescription drug program affordable is through a clinical management program called “step therapy.” Step therapy is used for certain drug categories and requires a patient to try a generic drug first (if available), then a preferred brand name drug, before it covers a non-preferred brand name drug. The patient’s physician is involved with the step therapy process to determine the most clinically effective and cost-effective form of treatment. Examples of drug categories for which step therapy applies include “proton pump inhibitors” (PPIs) for treatment of acid reflux, and anti-depressants called “Selective Serotonin Reuptake Inhibitors” (SSRIs).

Because of these cost management techniques, coupled with your smart prescription drug choices in 2007, RIT’s total prescription plan spending is now lower than national averages and lower than Medco’s overall book of business. As a result, you will not see any RIT Rx plan changes for 2008!

Medco recently introduced a new web tool: “My Rx Choices”

This prescription savings feature on the Medco website highlights potential lower-cost medication alternatives to help you save money.

To view possible lower-cost alternatives, log into www.medco.com, then click the “My Rx Choices” link.

If you are not registered on the Medco website, do so today to benefit from many useful resources and tools.

2008 Medical Plan Changes for Pre-Medicare Retirees

Faced with an increase in medical premiums much higher than what RIT has experienced in the last several years, it became necessary to re-evaluate our medical plan coverage and copayment costs. For the most part, employee and retiree copayments have not changed in many years. Most RIT participants have had medical plans with \$15 and \$20 copays since at least the mid-1990s. During that time, however, the cost for medical services such as office visits, outpatient services, and emergency room treatments has gone up significantly. Since copays have not increased as well, this means that the portion of cost participants pay has actually gotten smaller through the years.

To help bring cost sharing more in line with industry standards, the following changes are being made to the POS A and POS B* medical plans, effective January 1, 2008:

PLAN CHANGE	POS A		POS B*	
	2007	2008	2007	2008
Office visit copay – Primary care physician (PCP)	\$ 15	\$ 20	\$ 20	\$ 25
Office visit copay – Specialist	\$ 15	\$ 25	\$ 20	\$ 30
Emergency room copay	\$ 50	\$ 75	\$ 50	\$100
Eyewear coverage	\$ 60 every two years	No coverage (new voluntary plan available)	No coverage	No coverage (new voluntary plan available)

* References to POS B also include POS B No Drug.

About the Changes

Office visit copays

As noted on the table above, copays for a visit to your primary care physician (PCP) will increase by \$5. Copays for a visit to a specialist will increase by \$10.

Why the change? This type of copay structure, with different copays for PCP and specialist visits, is becoming much more common in health care insurance since most referral requirements have now been eliminated and fees charged by medical specialists are typically much more expensive than those charged by PCPs. Having a slightly higher copay for a specialist visit encourages patients to seek care from their PCP whenever appropriate.

The new PCP copay amount will also be charged for the following services:

- Diabetic treatment, including insulin, oral medications, and supplies (30-day supply)
- Radiation therapy & chemotherapy
- Diagnostic gynecologist visits
- Routine physicals and preventive screenings such as Pap smears and mammograms (note: these continue to be covered in full under POS A)
- Prostate screenings
- Allergy tests and treatment by a primary care physician.

The new specialist copay amount will also be applied to these services:

- Diagnostic radiology procedures such as x-ray, CAT scans, MRIs, etc.
- Hemodialysis
- Outpatient visits for mental health and chemical dependency treatment
- Physical, speech and occupational therapy
- Respiratory therapy & cardiac rehabilitation
- Outpatient surgery
- Diagnostic and routine eye exams, & hearing evaluations
- Allergy tests and treatment by a specialist
- Chiropractic care
- Bone density testing.

More details about these changes can be found in the *2008 Medical Benefits Comparison Book*.

Emergency room copay

As noted on the table, copays are increasing for emergency care and will no longer be the same amount under POS A and POS B. The POS A copay will be \$75 and the POS B copay will be \$100. The purpose of the higher emergency room copay is to help persuade people to use the emergency room appropriately for true emergency situations, not for urgent care needs. Non-emergency use of emergency rooms remains at a high level in the Rochester community, contributing to long wait times and unnecessary cost.

Emergency room care is much more expensive than urgent care. However, many people choose to go to the emergency room instead of an urgent care center, causing unnecessarily high costs to be charged to the insurance company. For example, treatment of a sprained ankle in an emergency room in Rochester costs approximately \$430! Treatment of the same sprained ankle in a PCP’s office or urgent care center may be half that cost or lower.

It is important to seek the right care for your needs.

If you or a loved one is seriously hurt, you know to go directly to the emergency department at the nearest hospital. For injuries that need immediate attention, but are not serious or life threatening, consider going to an urgent care facility instead.

An urgent care facility will give you the immediate medical care you need, often without the wait or rush that comes with an emergency room visit. You will find a current list of Rochester area urgent care facilities, including their hours in the enclosed brochure. Guidance is also provided regarding types of conditions for which it is appropriate to go to an urgent care center for treatment, and those for which an emergency room is recommended. Information regarding urgent and after hours care can also be found on your health plan’s website or by calling Excellus.

If you are not sure where to go to get the care you need, contact your doctor. He or she will be able to help you make that decision. Remember to contact your doctor after getting urgent or emergency services for any follow-up care you may need.

Eyewear

The eyewear rider providing limited benefits every two years under the POS A and Blue PPO medical plans will be eliminated as of January 1. Instead, RIT is offering employees and retirees the opportunity to purchase a voluntary Vision Care Plan, administered by VSP (see page 5 for details).

We urge you to consider purchasing the Vision Care Plan if you and your family members wear glasses or contact lenses. When you are comparing your medical plan options, be sure to take into consideration that POS A no longer includes the eyewear rider. For some people, this might mean that they are able to enroll in POS B.

All RIT-offered medical plans will continue to provide coverage for a vision exam. Vision exams are also covered under the new Vision Care Plan.

Radiology Procedures to Require Advance Authorization Under Excellus Plans

Beginning this fall, Excellus BlueCross BlueShield will require prior authorization of complex radiology procedures including MRI, MRA, CT, CTA, and PET under all plans. This is an Excellus-wide program.

The main reason for the change is that the use of these radiology procedures has increased dramatically in recent years, making them one of the major drivers of outpatient costs, as well as overall medical cost increases.

Another reason for the change is to better respond to concerns regarding radiation doses associated with these types of procedures. The advance review and approval process will promote patient safety and quality by more thoroughly evaluating each patient’s radiology history before authorizing procedures.

Excellus has hired an outside vendor, CareCore National (CCN), a firm that specializes in radiology management services, to administer the new authorization process. CCN:

- is a nationally recognized leader, with accreditation from the National Council on Quality Assurance (NCQA) (the same organization that accredits managed care plans).
- has an established reputation for excellence in customer service. Many health plans in New York State already employ CCN.
- includes a panel of physicians from various specialties as part of the review process.

Several steps are in place to avoid delays in urgent cases. The new requirement does not apply to hospital inpatients or emergency room patients. CCN also has an expedited process in the event of an urgent need. If an urgent case requires a procedure outside CCN’s business hours, physicians can perform the procedure without prior authorization, but must seek approval within two days.

Excellus believes this review and approval process will help to better manage radiology procedures and associated costs.

Reminder about Medicare Part D Prescription Drug Benefits for 2008

If you participate in an RIT-offered medical plan, DO NOT ENROLL in a separate Medicare prescription drug plan!

This is **VERY IMPORTANT**. Medicare will not allow a person to be covered by more than one Medicare plan. Medicare Blue Choice and Preferred Care Gold are called “Medicare Advantage Plans,” and are considered to be Medicare plans. If you enroll in a separate Medicare Prescription Drug Plan, it means that you are enrolled in two Medicare plans, which is against Medicare rules. If you do this, even by accident, Medicare will “disenroll” you from your Medicare Blue Choice or Preferred Care Gold plan. You will lose both your medical and prescription drug coverage under that plan, and will only have coverage under Original Medicare Parts A&B plus the Medicare Part D drug plan in which you enrolled.

We have been advised that a similar disenrollment may occur if you participate in Blue PPO or BCBS Comprehensive. So our recommendation is not to **ENROLL** in a separate Medicare prescription drug plan.

Want to save money? Ask for generics!

- Generic equivalent medications contain the same active ingredients and are subject to the same rigid Federal Food and Drug Administration standards for quality, strength, and purity as their brand name counterparts.
- Generic drugs generally cost 30-60% less than the equivalent brand name product.
- Generic drugs make up nearly half of all prescriptions filled.
- About half of generic drugs are made by companies with ties to the brand name drug manufacturers.

INFORMATION FOR ALL RETIREES

Retiree Contributions

New Contribution Requirement for Medicare Retirees in “Benchmark Group”

“Benchmark Group” includes retirees in the following benchmark plans: Preferred Care Gold and Medicare Blue Choice in the Rochester area and the Blue PPO outside Rochester.

If you were a retiree on December 31, 2004 and were covered by Medicare at that time, you are probably not affected by this change. See the 2008 Retiree Medical Insurance Contribution Rates booklet, enclosed with your enrollment materials, to determine whether you are in the “benchmark group” and for other details.

Consistent with the direction set by RIT several years ago, which was established to keep retiree health care sustainable, beginning in January, Medicare-eligible retirees in the “benchmark group” will be required to pay a \$25 monthly contribution for coverage. Since 2005, a contribution has been required for the retiree, only when the retiree chose a medical plan that is more costly than the benchmark plan. The \$25 monthly contribution for spouse coverage will not change in 2008.

Pre-Medicare Retiree Contributions

While the changes for pre-Medicare retirees have helped us reduce our annual increase significantly, we are still faced with an overall 8.4% increase in premium cost for 2008. RIT, employees, and retirees are sharing in this increased cost, with RIT absorbing the majority (about 70%) of the increase. The balance will be distributed through increases in 2008 employee and retiree premiums. Refer to the 2008 Medical Benefits Comparison Book to see the specific premium costs for your medical plan.

Although no one likes to see costs go up, by way of comparison, it’s important to note that the premium for the Blue Choice Select plan (available in the Rochester community) will be about 16% higher than the premium for RIT’s POS A plan in 2008 (before the copay changes). These two plans have benefits that are nearly identical, reinforcing that employees, retirees, and RIT continue to save premium dollars due to the fact that our plan costs are based only on the actual claims experience of RIT participants.

Each year, we will continue to proactively explore alternatives that will enable RIT to continue to offer high quality health care coverage at a price that is affordable for both the university and its employees and retirees. Like other Rochester employers who have taken similar steps in recent years, these alternatives may include changes in funding, benefits, and service providers.

Introducing a Great New Eyewear Benefit: the RIT Vision Care Plan

We are excited to introduce the RIT Vision Care Plan administered by VSP. This new plan offers coverage for eyeglasses, contact lenses, and eye exams. In addition, there is a discount for laser vision correction through participating laser centers.

If you are pre-Medicare — and enrolled in POS A, POS B, POS B No Drug, or Blue PPO — eye exams will continue to be covered under the medical plan. However, the POS A and Blue PPO plans will no longer have the \$60 benefit every two years toward the cost of eyewear. Instead, RIT is introducing the new Vision Care Plan which offers much more generous benefits!

If you are Medicare-eligible — and enrolled in Medicare Blue Choice, Preferred Care Gold, or Blue PPO — eye exams will continue to be covered under the medical plan. In addition, the eyewear benefit will remain covered under the medical plan. If you would like to supplement this coverage, you can do so by participating in the new Vision Care Plan.

The cost of prescription glasses can be substantial (see example to the right). With the RIT Vision Care Plan, you will experience a significant improvement over the current benefit that is available through RIT’s medical plans.

Details about this exciting new coverage, including rates, can be found in the enclosed flyer.

Some important notes:

- This is a voluntary plan. Participants pay the entire annual premium in full in the fall (like Hyatt Legal).
- You can enroll in the RIT Vision Care Plan *whether or not* you have RIT medical coverage – they are two separate enrollments.
- If you have RIT medical coverage, your coverage level under the RIT Vision Care Plan can be different. For example, your medical coverage can be ‘2-person’, but you can have ‘individual’ coverage for the Vision Care Plan. This provides flexibility if some family members don’t wear glasses. However, an employee or retiree must be covered in order to cover other family members.
- If you are pre-Medicare and in POS A, this might be the best time to re-evaluate your medical plan choice because you may find you can save money with POS B, since the eyewear benefit has been eliminated for POS A. Use the Medical Plan Cost Comparison Worksheet to help you determine if POS A or POS B is a better choice for you and your family. You may pay less in 2008 with POS B than you do in 2007 for POS A, so carefully consider this option.

To Enroll in the Vision Care Plan

To enroll, simply complete the enclosed form and include a check (made payable to RIT) for the full annual premium amount for the coverage level you elect. Send the form and your payment to the RIT Human Resources Department by Friday, October 26, 2007. Please be sure to put “Vision” on the memo line of the check. **This is the only opportunity to enroll in the plan until next year’s Open Enrollment period.** Please note that your check will not be deposited until mid-December.

About VSP

- Award-winning company in business since 1955
- Ranked “Highest in Member Satisfaction Among National Vision Plans” in 2006, 2005, and 2004 by J.D. Power and Associates
- On *FORTUNE* magazine’s list of the “100 Best Companies to Work For” for seven years – ranking 7th in 2006
- 51 million members nationwide with 28,000 business clients, including 224 of the 2006 Fortune 500 companies
- Extensive network of 24,000 doctors, located in rural and metropolitan areas nationwide
 - 98% of Americans have access to two VSP doctors within 3.6 miles
 - VSP doctors provide both eye exams and eyewear, making them a convenient “one-stop” means for obtaining eye care benefits

SAVINGS EXAMPLE: GLASSES

	Cost Without Coverage	Your Cost With Coverage
Exam copay		\$ 15
Eyewear copay		\$ 20
Eye Exam*	\$ 80	
Eyeglasses: Lenses	\$ 300	\$ 0
Frame (up to \$120)**	\$ 200	\$ 64
Total Cost	\$ 580	\$ 99
Your Savings with RIT’s Vision Care Plan		\$481
Less: Annual Individual Premium		\$107
Net Savings		\$373

* Most RIT medical plans provide coverage for an eye exam.

** Your Cost is after the 20% VSP discount.

Even if you have family coverage and only one family member had an eye exam and purchased glasses, you could still save money. The savings are even higher if more than one person purchases glasses.



Additional Savings through Protection Assured PLUS Plan

RIT continues to offer the Protection Assured PLUS Plan with Rochester Optical as another alternative for eyewear savings (Rochester Optical is not a VSP provider). As a reminder, you pay a \$10 membership fee and Rochester Optical sends you over \$200 worth of cash certificates to use on the purchase of eyeglasses. To determine which option is best for you and your family, carefully evaluate your anticipated eyewear needs for 2008.

How to Get Emergency & Urgent Care Coverage When Traveling

Most people know what medical coverage they have and how to get the care they need when they’re near home, but what happens when care is needed while traveling or living temporarily outside the area? This is a common topic of confusion for many employees and retirees. The following article provides some clarification about what kind of coverage you can expect, and how to access care, when traveling within the country or around the world.

All Excellus Blue Cross Blue Shield Plans

When you are covered by an Excellus BlueCross BlueShield plan (POS, BCBS Comprehensive, Blue PPO or Medicare Blue Choice), you have out-of-area coverage through the BlueCross BlueShield “BlueCard” program. Details of what is covered under your specific plan can be found in your *2008 Medical Benefits Comparison Book* and on the Human Resources website.

Your BlueCross BlueShield member identification card is your direct link to care anywhere in the country and many places overseas. Show your identification card to any BlueCross BlueShield participating hospital or physician when you travel and receive the same treatment as local patients.

More than 85% of all hospitals and physicians throughout the United States contract with independent BlueCross BlueShield Plans. They also have participating hospitals and physicians in 16 countries overseas. The BlueCard links these health care providers to an electronic data system that quickly delivers your benefit information anywhere in the country or overseas.

How the Program Works

Within the United States:

1. For emergency medical care, go directly to the nearest hospital.
2. To find the names and addresses of nearby doctors and hospitals, visit www.bcbs.com or call BlueCard Access at 1-800-810-BLUE (2583). When you arrive at the doctor’s office or hospital, simply present your member ID card.
3. Call Excellus BlueCross BlueShield for pre-certification or prior authorization. Refer to the phone number on your member ID card.
4. Call your own physician to ensure that the proper referral paperwork is completed.
5. After you receive medical attention, your claim is electronically routed to Excellus for processing. You are only responsible for the usual out-of-pocket expenses (non-covered services, deductible, co-payment, and co-insurance).
6. Excellus will then send you a detailed Explanation of Benefits report. All participating providers are reimbursed automatically, relieving you of any paperwork hassles.

In other countries:

1. For emergency medical care, go to the nearest hospital. If you’re admitted, call the BlueCard Worldwide Service Center at 1-800-810-BLUE (2583) or call collect at 1-804-673-1177.
2. For non-emergency medical care, you must call the BlueCard Worldwide Service Center at 1-800-810-BLUE (2583). The Service Center will facilitate hospitalization at a BlueCard Worldwide hospital or make an appointment with a doctor. It is important that you call the BlueCard Worldwide Service Center in order to obtain cash-less access for inpatient care. The Service Center is staffed with multilingual representatives and is available 24 hours a day, seven days a week.
3. Call Excellus BlueCross BlueShield for pre-certification or prior authorization. Refer to the phone number on your member ID card.
4. Call your own physician to ensure that the proper referral paperwork is completed.
5. For inpatient care at a hospital that was arranged through the BlueCard Worldwide Service Center, you only pay the provider the usual out-of-pocket expenses (non-covered services, deductible, co-payment, and co-insurance). The provider files the claim for you.
6. For all outpatient and professional medical care, you pay the provider and submit a claim. You may also have to pay the hospital (and submit a claim) for inpatient care obtained from a non-BlueCard Worldwide hospital or when inpatient care was not arranged through the BlueCard Worldwide Service Center.

Preferred Care Gold

Emergency/urgent services obtained at an emergency room or urgent care center do not require approval by your primary care physician (PCP) or pre-certification by Preferred Care, but you are encouraged to notify your PCP after treatment to arrange for follow-up care. Your cost will be the same as if you had the care in the Preferred Care Gold service area.

Travel Benefits for those in Preferred Care Gold and Medicare Blue Choice

For retirees living in the Rochester area who participate in either of the Medicare HMOs – Medicare Blue Choice or Preferred Care Gold – you have an additional travel benefit under your plan. It is designed to provide you with coverage for routine care outside the area when you are traveling for up to six months at a time. This benefit supplements the coverage you have for emergency and urgent care whenever you travel. Details are found below (as well as in the *2008 Medical Benefits Comparison Book*).

SERVICE	Preferred Care Gold	Medicare Blue Choice
Deductible	None	\$100
Co-Insurance	30%	20%
Maximum Benefit	\$3,000	\$5,000
Covered Services	office visits, lab and x-ray, mammograms, chiropractic care, durable medical equipment, physical, speech and occupational therapies, hospitalization; with prior approval from the medical plan , the following are covered: home healthcare, outpatient surgery	
Services NOT Covered	skilled nursing facility, mental health services, and substance abuse services	
Additional Items NOT Covered	Diabetic supplies (obtained from a participating pharmacy)	prescription drugs



RARES Discount Program Offers Valuable Benefits to Retirees

RIT is a General Member of RARES – the Regional Area Recreation and Employee Services Association. RARES offers employees and retirees an exclusive way to obtain significant discounts. RARES issues ID cards annually (the membership number changes each year). You can obtain an ID card by contacting RIT Human Resources.

- The 2007 ID# is 20075482
- The 2008 ID# will be 20084482 (2008 cards will be available in December)

To learn more about available discounts, visit the RARES website at www.rares.org. At the site, enter the membership ID# in the Membership ID box (upper left corner of home page). You'll be directed to a "members only" section where you can click on the "discounts" tab to see a listing of all available discounts.

Discounts are provided in one of two ways:

1. **You receive some discounts by simply showing your RARES ID card at the point of sale.** Participating establishments include Downstairs Cabaret Theatre, Dunn Tire, Genesee Country Village & Museum, George Eastman House, Ravenwood Golf Club, Rhinos, Staubs Cleaners, and more.
2. **Other discounts are provided when you purchase tickets directly from RARES.** You can order online at the RARES online web store with any major credit card. Or, you can submit an order form (found on the RARES website) and order by mail. Organizations offering these discounts include Buckmans Car Wash & Detail, Cedar Point Amusement Park, Dell Computers, Hershey Park, Marineland of Canada, Rochester Red Wings, Six Flags parks, Splash Lagoon Indoor Water Park Resort, and more.

If you have any questions, please contact the RARES office at (585) 503-8160/v or by e-mail at rares@rochester.rr.com.



Good News About Retiree Parking!

All retirees are now permitted to park in visitor and general parking spaces, provided you have a vehicle registration decal on your car. To obtain a permit, simply complete the enclosed form and send to the Parking Office at the address shown on the form (enclosed only for those living in the Rochester area).

Please note that retiree parking permits are not valid in reserved, administration, short term, or handicapped spaces (unless you have a state handicapped parking permit).

If you have any questions, or if you receive a parking ticket, contact the Parking Office directly at (585) 475-2074(V/TTY).

Group Legal Services

(Hyatt Legal)

The Hyatt Legal Plan provides you with unlimited telephone advice and office consultations with a participating attorney on certain personal legal matters. To enroll in this program, send a check for the annual cost of \$216 (made payable to RIT) to the RIT Human Resources Department by Friday, October 26, 2007. Please put "Hyatt Legal" on the memo line of the check. If you were enrolled for 2007, and wish to continue, you must re-enroll. Refer to your *Retiree Benefits Handbook* for plan details.



Pet Insurance Provides Peace of Mind

To help offset the high cost of veterinary services and medicine, RIT offers employees and retirees medical insurance for pets. Offered at a group discount rate through VPI Pet Insurance, the policy covers thousands of medical problems and conditions related to accidents or illnesses (even cancer) for dogs, cats, birds, ferrets, rabbits, reptiles, and other exotic pets. Coverage helps pay for various medical services including diagnostic tests and office visits, prescriptions, and x-rays, to name a few. With this coverage, you have the freedom to visit any licensed veterinarian, even when you're away from home. If your pet has certain pre-existing conditions or is over ten years of age, VPI will review its medical history prior to enrollment.

To learn more about VPI Pet Insurance, call 800-USA-PETS (800-872-7387/v), extension 4937 (be sure to mention that you are from Rochester Institute of Technology) or log onto their website at <http://eb.petinsurance.com/>.

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/humanresourcess/benefits/>

ENROLLMENT INFORMATION RESOURCES

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

NAME	VOICE	TTY	WEBSITE
ITS Help Desk	(585) 475-4357	(585) 475-2810	http://www.rit.edu/~wwwits/
Registrar’s Office	(585) 475-2821	(585) 475-2821	http://www.rit.edu/~605www/
RIT Human Resources	(585) 475-2424	(585) 475-2420	http://finweb.rit.edu/HumanResources/benefits/
Osher Institute	(585) 292-8989	Use Relay	www.rit.edu/~osherwww

Health Care

BlueCross BlueShield	(585) 454-4810	(585) 454-2845	www.excellusbcbs.com
MedAmerica	(800) 544-0327	(585) 454-2845	www.yourlongtermcare.com
Medco (pre-Medicare retirees only)	(800) 230-0508	(800) 759-1089	www.medco.com
Medicare Blue Choice	(585) 454-4810	(585) 454-2845	www.excellusbcbs.com
Preferred Care Gold	(585) 327-2480	(585) 325-2629	www.preferredcare.org
Q&F Benefit Administration	(585) 383-8520 (800) 687-0578	Use Relay	
Rochester Optical	(585) 254-0022	Use Relay	http://rofactoryoutlet.com/
Vision Care Plan	(800) 877-7195	(800) 428-4833	www.vsp.com

Retirement Program

Fidelity	(800) 343-0860	(800) 259-9743	www.fidelity.com
TIAA-CREF	(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

Discount Services

Computer Education Services Corporation	(585) 235-1190	Use Relay	www.computerservices.com
Hyatt Legal	(800) 821-6400	(800) 821-5955	www.legalplans.com password = 571112
Marsh@WorkSolutions	(866) 272-8902	Use Relay	www.metpay.com company code = 017
RARES	(585) 503-8160	Use Relay	www.rares.org
Veterinary Pet Insurance	(800) 872-7387		http://eb.petinsurance.com

As an RIT Retiree, you are eligible for a number of additional benefits and services. Please refer to your Retiree Benefits Handbook for details. Following is a summary of benefits available to you:

GROUP DISCOUNT PROGRAMS

- Computer Education Services Corporation Computer Training
- Long Term Care Insurance
- Group Auto and Homeowners Insurance (Marsh@WorkSolutions)
- RARES
- Pet Insurance
- Group Legal Services (Hyatt Legal)
- Vision Care Plan (VSP)

RIT SERVICES AND DISCOUNTS

- Tuition Waiver
- Access privileges to RIT facilities
- 10% discount on most items at Campus Connections
- RIT e-mail account
- The Osher Lifelong Learning Institute (formerly the Athanaeum)

2008 RITiree Picnic
Gordon Field House
June 11, 2008

Mark your calendars
for the 10th annual RITiree Picnic.
Look for your invitation
in the mail next Spring.
We hope to see you there.



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

The RIT 2008 Retiree Open Enrollment Newsletter is distributed to retirees and surviving spouses and children of deceased employees/retirees to help explain RIT’s benefits, 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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