

## from the HR Department

Dear Colleagues:

As you read this newsletter, you will see very few benefit changes for 2009; which is probably welcome news to many of you. In managing our benefits, we strive to keep them competitive, affordable (for both employees and RIT), and responsive to employee needs.

During 2008, Human Resources undertook an initiative to consider different ways of funding our health care benefits. We looked at various alternatives to our current approach, which provides benefits through fully-insured, experience-rated contracts with Excellus BlueCross BlueShield. We also evaluated other plan vendors in addition to Excellus.

Based on this review, RIT has decided to self-insure our medical benefits program beginning in January 2009. The plan will be administered by Excellus, who will become our "third-party administrator." See the article, "What is Self-Insurance?" on page 5 for a more detailed explanation of what this means.

The reason for this change is to improve our ability to control cost over time and to eliminate unnecessary costs that are built into insured policies. We expect this change to be reasonably transparent to employees — no benefit changes will occur for 2009; the plan names remain the same; you will continue to contact Excellus when you have questions; and the network of participating providers (physicians, hospitals, labs, etc.) is unchanged. New ID cards will be issued, but your participant number will stay the same.

Employee contributions are increasing, but in most cases, only modestly. This is because we expect to save money by self-insuring the plans for 2009 instead of keeping the fully-insured plans.

Another important reason employee contribution increases will be moderate is that RIT's prescription drug experience has been very favorable. Our use of generic drugs has increased, and RIT people are fulfilling a large percentage of their maintenance drugs through Medco's mail-order pharmacy. This saves money for both the patient and RIT without impacting the quality of care. Keep up the good work!

Sincerely,



Patty Spinelli  
Assistant Vice President  
HUMAN RESOURCES



Renee Brownstein  
Associate Director  
HUMAN RESOURCES

## 2009 KEY CHANGES

- ★ **Dental plan improved!** See page 5 for more details.
- ★ **Changes to Spouse and Child Accidental Death & Dismemberment (AD&D) coverage.**  
If you have this coverage in 2008, you **MUST** re-enroll for 2009.  
Coverage will **NOT** continue. See page 9 for more details.

## Benefits Fair

### NEW LOCATION!

CIMS, ROOM 2210 - 2240

### BENEFITS OPEN ENROLLMENT 2009

## Key Dates

### October 23

Open Enrollment  
**BEGINS**

### October 28 & 29

**Benefits Fair**  
9 a.m. – 3 p.m. (both days)  
CIMS, ROOMS 2210 - 2240

### November 13

**Flu Shot Clinic**  
8 a.m. – 4:30 p.m.  
STUDENT DEVELOPMENT CENTER,  
ROOM 1310 (BLDG 55)

### November 19

Open Enrollment  
**ENDS**

### December 3

**Flu Shot Clinic**  
8 a.m. – 4:30 p.m.  
GORDON FIELD HOUSE,  
RECEPTION ROOM

## NEWSLETTER TOPICS

- 2009 OPEN ENROLLMENT NEWS
- PRESCRIPTION DRUG NEWS
- HEALTH CARE NEWS
- OTHER BENEFITS NEWS

The following are benefits you need to consider for 2009:

- Medical
- Dental
- Vision Care
- Beneflex
- Hyatt Legal Plan
- Supplemental, Spouse, Child AD&D
- 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 on page 3. Your 2008 benefit elections for the benefits listed at left will continue into 2009 with no action on your part, EXCEPT Beneflex. Your 2008 Beneflex election DOES NOT CONTINUE in 2009. If you want to participate in Beneflex for 2009, you MUST enroll.

Spouse and Child AD&D will also NOT CONTINUE in 2009 without enrolling (refer to page 9 for more details).



How To Enroll

Once again, you will enroll online using Oracle Self-Service at <http://myinfo.rit.edu> (the same place you access your online paystub).

We encourage you to take advantage of the many enrollment resources available to you. Enclosed in this packet you will find the 2009 rates for all of the various benefit plans. You will also find personalized rates for your benefit choices on the enrollment screen when you log in. You will find the *Medical Benefits Comparison Book* on the HR website. If you would like a hard copy of the booklet, please contact your benefits representative in HR.

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). **Please note there will not be computer kiosks at this year’s Benefits Fair, but there are three open lab sessions scheduled — come in at your convenience.**

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

- Go to the ITS Help Desk (Gannett Building, Room 7B-III13) — be sure to take your *employee ID card* with you; OR
- Call the ITS Help Desk at x 5-4357/v and x5-2810/TTY or Oracle Self Service Customer Support at x5-4905/v — you will need to know your *Employee Number*.

If you do not know your employee number, check with your manager who can look up your Employee Number for you.

- Oracle Self Service Customer Support is available Monday through Friday during regular business hours.

If you have any questions or experience any difficulty during the enrollment process, please call Val Liegey (x5-5346), Brett Lagoë (x5-5983), or Judy DeCoursey (x5-2604), 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 28<sup>th</sup> and 29<sup>th</sup>.

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.

Help Desk hours are as follows:

- Monday - Thursday: 7:30 a.m. – 9 p.m.
- Friday: 7:30 a.m. – 5 p.m.
- Saturday - Sunday: 12 noon – 5 p.m.

Lab Schedule

Session #	Date	Time	Location
1	Tuesday, November 4	10:00 a.m. – 2:00 p.m	Wallace Library, Room 3650
2	Wednesday, November 12	7:30 a.m. – 10:00 a.m.	Wallace Library, Room 3650
3	Monday, November 17	11:00 a.m. – 5:00 p.m.	Wallace Library, Room 3650

A sign language interpreter will be provided upon request subject to availability. Contact the Department of Access Services (DAS) directly at <https://www.ntid.rit.edu/AccessServices/> or x5-6281/v and x5-6242/TTY.



# 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.

## This is your ONLY opportunity to make a change

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

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

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

**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 2009. And, if the enrollment period has not ended, you can log in as many times as you want to make benefit election changes.**

## New Benefits Advisory Group Provides Ongoing Input

Early in 2008, Human Resources invited faculty and staff to apply to participate in a new effort, the RIT Benefits Advisory Group, called “BAG.” From the applicants, ten individuals were selected to participate in BAG. They represent a diverse cross-section of our campus, including a mix of faculty and staff, different colleges and divisions, gender, age, length of service, etc. The following individuals are BAG participants:

Robin Amico — Student Affairs

David Hazelwood — National Technical Institute for the Deaf

Barbara Huckabee — Finance & Administration

Ronald Fulle — College of Applied Science and Technology

Michael Lutz — Golisano College of Computing & Information Sciences

Steven Parish — College of Applied Science and Technology

Patrick Saeva — Development & Alumni Relations

Betsy Saxe — College of Imaging Arts & Sciences

Cassandra Shellman — College of Liberal Arts

Nancy Valentage — College of Science

Initially, a detailed orientation was conducted with the new BAG members to ensure everyone was “on the same page” with respect to their understanding of employee benefits. Now the group holds regular meetings to discuss a host of benefits issues, questions, and concerns. Discussions are confidential, allowing BAG members to speak freely. The group’s input has been invaluable in working through a number of matters leading up to Open Enrollment this year.

We look forward to continuing to work with BAG, and are confident that the diverse perspectives and input provided by the group’s members will elevate RIT’s employee focus on benefits-related matters.

## RIT Recognized as a “2008 Great College to Work For”

RIT has been recognized in *The Chronicle of Higher Education*’s inaugural “Great Colleges to Work For” edition. RIT was cited for excellence in six different categories: Professional/Career Development Program, Compensation and Benefits, Tuition Reimbursement, 403b or 401k (retirement plan), Disability Insurance, and Life Insurance.

*The Chronicle of Higher Education* modeled its process after *Fortune*’s popular “100 Best Companies to Work For” process. However, it opted not to rank institutions on one list. Instead, it chose to recognize small groups of colleges (arranged by the size of their work forces) for specific best practices and policies. The results were based on responses from more than 15,000 administrators, faculty members, and staff members at 89 colleges and universities. Survey participants were selected randomly.

“We are proud to be a university that attracts the best and brightest employees in higher education,” says Patty Spinelli, assistant vice president of human resources. “This honor is a testament to our employees. They make RIT a great place to work.”

The recognition appears in the July 18 issue of *The Chronicle of Higher Education*, in a special section entitled, “The Academic Workplace.” You will find the entire reprint on the HR website at [http://finweb.rit.edu/humanresources/docs/great\\_college.pdf](http://finweb.rit.edu/humanresources/docs/great_college.pdf).

# New Funding Strategy Adopted for 2009

Over the last several years, RIT has adopted strategies to help control the rapidly accelerating cost of health care coverage for both RIT and its employees and retirees, and has achieved significant success. Examples of steps we have taken to date include:

- Moving from community-rated plans to RIT’s own experience-rated program based on the claims experience of the RIT group for all plans except Preferred Care Gold and Medicare Blue Choice (retiree plan).
- Adopting an exclusive agreement with Excellus BlueCross BlueShield except for Preferred Care Gold retiree plan.
- Changing benefit plans and revising some of the benefit features.
- Moving prescription drug benefits into a self-funded plan managed by a pharmacy benefit manager, with a contract negotiated through a coalition of universities for employees and pre-Medicare retirees.

In the interest of continuing to moderate costs for employees, retirees and RIT, for 2009, we explored other opportunities, including alternative funding arrangements. We have also undertaken efforts that we expect will have a longer-term impact on cost, including the introduction of our *Better Me* employee wellness program, and active participation in several Rochester community initiatives.

## Our Process

A Request for Proposals (RFP) was sent to several local and national vendors. The RFP requested proposals for several funding arrangements. Finalist interviews were held with three of the vendors. A thorough analysis of RIT’s historical fully-insured data was performed and compared with what the results would have been under a self-insured scenario. In each year from 2005 through 2007, RIT would have experienced savings on a self-insured basis.

## Funding Change

*As a result, RIT will self-insure the medical plans (except Preferred Care Gold and Medicare Blue Choice) as of January 2009.* The potential advantages of this change are numerous:

- RIT would have saved money each year in the past three years if we had been self-insured.
- Experience data to date in 2008 has been favorable, with the expectation that, if it continues, RIT would have had savings in 2008 on a self-insured basis as well.
- By self-insuring, RIT will also experience a reduction in the retiree medical (FAS I06) expense and liability, which are required to be reported on RIT’s financial statements.

- RIT will hold the necessary reserves, rather than the insurance company, providing a cash flow advantage.
- Our self-insured plan will not have to pay state premium taxes.
- Administrative costs will be lower; administrative costs for self-insured plans are negotiable and typically locked in for several years (ours is locked in for three years); costs are typically lower than the administrative component built into insured premiums.
- Although RIT will bear the risk, we will purchase stop-loss insurance to limit the maximum exposure for any specific high-cost claimant.
- Another advantage is that we will only pay for services we want and need rather than a pre-determined bundle, as is the case with an insured policy.
- We are able to contract for performance guarantees with fees at risk for poor performance.
- Self-insurance provides us with flexibility of plan design; our plan will no longer be subject to state insurance department mandates or approvals of plan design; it will be easier to integrate with other RIT initiatives such as wellness, and RIT will benefit directly from our investment in employee wellness.

It is important to note that there is no guarantee that self-insuring will save money in each and every year, although it is likely to do so over time.

We are also pleased to let you know that Excellus BlueCross BlueShield will serve as the third-party administrator, paying claims, managing the network of participating providers, etc. Excellus’ overall cost was the lowest of the vendors who submitted proposals. They have agreed to favorable contract terms (e.g., significant performance guarantees with a portion of their administrative fees at risk). Remaining with Excellus will also prevent any disruption in service for employees, retirees, and their family members.

Employees and retirees will not see much change for 2009 beyond receiving new plastic ID cards. Please note that the new ID cards will not list the names of your covered family members. Self-insuring provides an opportunity to reduce cost without reducing benefits, restricting networks (e.g., choice of physicians or facilities), shifting costs to employees and retirees, or impacting physicians’ incomes. The benefits and features of plans offered by RIT will not change in 2009.

*To learn more, refer to the “What is Self-Insurance?” article on page 5.*

# Medical Plan Coverage Level Information

People are sometimes confused by the terms we use for coverage levels. To help you understand this lingo, here is a brief explanation:

- **Individual** = single coverage = employee only
- **Two Person** = employee and one other person; the other person can be a spouse, domestic partner or a child
- **Family** = employee and spouse/domestic partner and one or more children
- **One Parent Family** = employee and two or more children

Please note that if you would like to add a domestic partner to your coverage, you need to have an *Affidavit of Domestic Partnership* on file. Refer to the benefits website at <http://finweb.rit.edu/humanresources/benefits/domestic/> or contact your benefits representative in the Human Resources Department.





What is Self-Insurance?

“Insurance” and “self-insurance” are two types of funding arrangements commonly used for health care plans and other benefit plans. The key difference between the two is which party bears the financial risk.

When a plan is insured, the insurance company promises to pay claims for covered expenses for a specified price, called a “premium.” For an insured health plan, the insurance company bears the financial risk of the plan because, if plan expenses (e.g., claims paid and administrative costs) exceed the premiums paid, the insurance company loses money. But if plan expenses are lower than the premiums paid, the insurance company makes money.

When a plan is self-insured (sometimes called self-funded), the employer hires a third-party administrator (TPA) — that may be an insurance company or some other claims-paying organization — to process and pay the claims using the employer’s money. The employer pays an administrative fee to the TPA for these services. The fee is ordinarily less than the administrative costs under an insured plan because, in addition to claim processing expenses, the insured plan’s administrative costs include expenses for state premium taxes, risk charges, adverse selection charges and state required reserves, which are not required for a self-funded plan.

Self-insurance enables an employer only to pay for the actual health care expenses incurred by its employees and their family members plus a negotiated administrative fee, instead of paying the insurance company’s pre-determined premiums. The employer carries the financial risk for the payment of any claims covered under the plan. Self-insurance can either save money or cost money, depending on the group’s actual claims experience. If the actual claims paid plus the administrative fee is less than what the insured premium would have been, then the employer saves money. If the self-funded costs are higher than the insurance premiums, the employer will pay more.

An employer is able to limit its risk by purchasing what is called “stop-loss insurance.” With stop-loss insurance, if an individual’s claims are very high, once the claims reach a designated amount in a year, the stop-loss insurance will reimburse the employer for any additional claims for the rest of the year. This is how most employers with self-funded plans typically limit their risk of catastrophic claims.

Self-insurance has been popular among large and medium-size employers nationally for decades. While the Rochester business community did not traditionally have a lot of self-insured health plans, it has been moving steadily in that direction for the last decade. Most of the major employers in Rochester are already self-insuring their health plans, including some that are much smaller than RIT. Some examples include:

- University of Rochester
  - Xerox
  - Kodak
  - Paychex
  - Wegmans
  - Gleason
- Birds Eye Foods
  - Constellation Brands
  - Gleason
  - Global Crossing
  - Carestream Health
  - Episcopal Diocese of Rochester

Also, many colleges and universities self-fund their health plans for employees, including:

- Boston University
  - Columbia
  - Cornell
  - Notre Dame
  - Princeton
  - Yale
  - Syracuse
- Carnegie Mellon
  - Case Western Reserve
  - Embry-Riddle Aeronautical
  - Lehigh
  - RPI
  - Virginia Tech



Something to smile about!  
Good news on dental

Beginning in January, the RIT Dental Plan is being improved! Coverage for basic restorative dental services will be increased to 80% from the present 50%. This is sure to be welcome news to many employees since this category includes some of the services that are most commonly received. Examples of basic restorative services are fillings, root canals and surgical extractions.

For details, refer to the summary of dental benefits enclosed with this mailing.

Coordinating Benefits with  
TRICARE Medical Coverage

Some RIT employees, retirees, and/or spouses are retired from the U.S. military and have medical coverage through TRICARE. If you have both RIT and TRICARE coverage, your RIT coverage is your primary coverage; the government requires that TRICARE coverage be secondary (i.e., TRICARE pays after the RIT coverage pays). We have had questions from a few people about the coordination of RIT’s prescription drug coverage (all plans) with the TRICARE coverage. Below is a summary based on these questions to help you get the most out of both your RIT and TRICARE benefits.

When you purchase your prescription medication, be sure to use the appropriate ID card.

**If you purchase your medication from a retail pharmacy** that is a TRICARE network pharmacy and participates in the online coordination of benefits (COB), your claims process is as follows:

1. The pharmacist verifies your RIT prescription drug coverage and TRICARE coverage.
2. The pharmacist submits an online COB claim to determine if your RIT prescription drug coverage covers the prescription and to show the amount paid by the plan.
3. TRICARE’s system reviews the unpaid portion of the claim.
4. The pharmacist lets you know if you have any out-of-pocket expense.

*Please keep in mind not all TRICARE network pharmacies participate in the online COB process. Before filling a prescription, contact the pharmacy to find out if it participates.*

**If the network pharmacy doesn’t participate in the online COB or, you use a non-network pharmacy, or a mail order pharmacy,** you must file a paper claim to receive full or partial reimbursement for your out-of-pocket expenses. Mail a completed TRICARE Claim Form DD2642 (found on the Internet at <http://www.dtic.mil/whs/directives/infomgt/forms/eforms/dd2642.pdf>) and the RIT plan’s explanation of benefits to:

**Express Scripts Attn:TRICARE Claims  
P.O. Box 66518  
St. Louis, MO 63166-6518**

You have one year from the date you received your medication to file for reimbursement with Express Scripts. If you have a question about TRICARE, please call (866) 363-8779. Customer service representatives are available 24 hours a day, seven days a week.

## Walgreens Now in Medco Network

Good news for those who shop at Walgreens pharmacies. Effective immediately, Walgreens is a participating pharmacy in Medco’s network of retail pharmacies under RIT Rx. So for your acute care medications like antibiotics and initial fills of a new prescription for maintenance medications, you have another alternative available.

Remember though, like other retail pharmacies, once you have filled a maintenance medication three times, you will be paying a much higher copay if you continue to go to the retail pharmacy. Therefore, you will want to switch to Medco’s mail order pharmacy before your fourth fill of a medication. As a reminder, below is the copay structure under RIT Rx (unchanged for 2009).

Also keep in mind that you are limited to purchasing a 30-day supply at one time at retail pharmacies. When you use Medco by Mail, you purchase up to a 90-day supply.

	RETAIL — 30-day supply up to 3 fills	RETAIL — 30-day supply 4 <sup>th</sup> fill and after	MEDCO BY MAIL — 90-day supply
Tier 1: Generic Drugs	\$ 10	\$ 25	\$ 25
Tier 2: Brand Name Formulary Drugs	\$ 25	\$ 62.50	\$ 62.50
Tier 3: Brand Name			



## Information for Those Who Purchase Diabetic Medications and Supplies

You may remember that under New York State law, insured medical plans are required by mandate to include coverage for diabetic medications and supplies, even if there is no insured prescription drug rider. Therefore, RIT’s pre-Medicare medical plans have been required to cover diabetic medications and supplies and they have not been covered under RIT Rx with Medco. We have not covered them under RIT Rx because it did not make sense to “double pay” for these items under both RIT Rx and the medical plan.

As noted in the article, “New Funding Strategy Adopted for 2009” on page 4, beginning January 1, 2009, RIT’s medical plans will be self-insured. With this change, we are no longer required to cover diabetic medications and supplies under the medical plan. **However, at least for 2009, we will continue to cover diabetic medications and supplies under the medical plan instead of covering these items under RIT Rx.**

We are doing this initially because, we know that under RIT Rx, some people may pay less for their items, some may pay about the same, and some may pay more. Therefore, before making the change, we would like to understand more about the impact so we can provide better information to you. It is important to note, however, that it is likely that we will make this change for 2010.

Therefore, in 2009, remember:

- **For diabetic medications and supplies**, continue to use your Excellus BlueCross BlueShield Medical Card.
- **For other covered medications**, continue to use your RIT Rx Medco Card.



## Ask the Pharmacist: Tips for Cutting Your Prescription Costs from Medco

The current economic downturn is driving millions of Americans to tighten their belts and many are feeling the squeeze when it comes to health care costs. Because prescription medications are the most common out-of-pocket health care expense,<sup>1</sup> people often look to cut those costs first when trying to trim their health care spending — but many may take dangerous steps in doing so, such as sharing medications<sup>2</sup> or skipping doses.<sup>3</sup> While splitting tablets may be an option for some medications, it’s important to talk to your doctor first before cutting pills in half.<sup>4</sup> Here are some other tips to consider to reduce your medication costs:

- **Choose generics.** Always ask your doctor if there’s a generic medication available to treat your condition. Generic drugs typically cost 30 to 80 percent less than their brand-name counterparts.<sup>5</sup> Many plans charge lower copays for generics, so if you take multiple medications, that difference can add up to big savings. If you have a chronic condition for which you’re taking long-term medications, you can talk to one of Medco’s specialist pharmacists to learn more about how generics can help you save money. Available 24/7, these specialist pharmacists know how your plan works, and they’re trained in the medications that treat *one or more* chronic conditions, such as diabetes, cancer, high cholesterol or asthma. Specialist pharmacists can also review your medical history and suggest ways you can save money on your prescriptions. For more information on specialist pharmacists, call the number on your prescription drug identification card.
- **Check online.** Check your health plan or pharmacy plan’s website when comparing medication costs. Sites like **My Rx Choices®** at **medco.com®** have cost-comparison tools that show you how much you could save if you choose a generic drug or order your prescriptions through the mail. The *Consumer Reports Best Buy Drugs™* website, which can be found at **www.CRBESTBUYDRUGS.ORG**, is also a great resource that recommends “Best Buy” medications, based on their effectiveness and cost.
- **Try mail.** If you’re taking a medication on an ongoing basis, consider using your prescription plan’s mail-order pharmacy. Mail order can provide up to a three-month supply of medication, which may carry a lower copay than if you were to get three one-month supplies at a local pharmacy.<sup>6</sup>

Talk to your doctor or pharmacist about other possible ways to save. Though saving money is good, your health is more important. Always take medications as prescribed.

For more information, visit **www.medco.com**.

## Another Tip for Saving on Your Prescriptions

Discount generic prescription programs offered by national and local pharmacies offer another opportunity for significant savings on certain generic medications. This can save you money, and it also saves money for RIT Rx. Though Walmart’s \$4 generic prescription program has the most national recognition, other national retailers such as Target and Kmart offer similar programs, as do certain local supermarket chains, including Wegmans. Walmart’s program has become so popular that they have expanded it to include a 90-day supply for \$10, and to provide special pricing on specific drugs related to women’s health issues.

### How do the programs compare?

Buyer beware — all discount prescription drug programs are not created equal. Drug list, price, quantity limit, days supply, and even services may be different. Many retailers state that they have over 300 drugs on their list. However, each strength of the drug is counted separately: one drug may be on the list five times, each with a different strength. Prices vary from free to \$15. So purchasers should pay close attention to quantity and days supply limits.

The following is a summary of the key terms for several of these programs that are available locally in the Rochester area (data was current at time of writing):

Retailer	Program Design
Kmart	\$15 for 3 months
Target	\$4 for 1 month
Walmart	\$4 for 1 month \$10 for 3 months \$9 for birth control, fertility, hormone deficiency and breast cancer/1 month \$24 for fertility, hormone/3 months
Wegmans	\$11.99 for 90 days

Once you have determined which retailers offer the strength of a medication you are taking through one or more of their discount programs, you should then compare to see which one offers you the best deal financially. Also consider whether you typically do other business with that retailer (saves on gas), and whether you believe their pharmacy provides good customer service.

Ask the pharmacy to process the prescription using your Medco prescription drug card, even though the discounted price will be lower than the plan’s copay. If the pharmacy does not do this, you should call Medco’s toll-free number and request that the medication be added to your health record. This is important because Medco monitors for potential drug-to-drug interactions, and if Medco does not know you are taking a medication, it will not be able to perform this vital — and potentially lifesaving — function on your behalf.

For more information, see the questions and answers regarding this topic on the HR website at <http://finweb.rit.edu/humanresources/benefits/docs/genericdrugfaq.pdf>.

<sup>1</sup>U.S. Department of Health and Human Services. *Health, United States, 2007*. November 2007:381.  
<http://www.cdc.gov/nchs/data/hus/07.pdf#125>. Accessed April 11, 2008.

<sup>2</sup>MedicineNet. *Dangers of sharing medications?* May 11, 2001:1.  
<http://www.medicinenet.com/script/main/art.asp?articlekey=17186>. Accessed April 11, 2008.

<sup>3</sup>WebMD. *WebMD Guide: Treatment-resistant depression: causes of treatment-resistant depression*. December 1, 2005:1-2.  
<http://www.webmd.com/depression/treatment-resistant-depression-causes-treatment-resistant-depression>. Accessed April 14, 2008.

<sup>4</sup>Boyles S. *Cutting pills in half could cause problems*. May 19, 2004:1-2.  
<http://www.webmd.com/healthy-aging/news/20040519/cutting-pills-in-half-could-cause-problems>. Accessed April 11, 2008.

<sup>5</sup>U.S. Food and Drug Administration, Generic Initiative for Value and Efficiency.  
<http://www.fda.gov/oc/initiatives/advance/#give>. Accessed July 16, 2008.

<sup>6</sup>BMC Health Net Plan. *Mail order pharmacy benefit*.  
[http://www.bmchp.org/pages/providers/pharmacy\\_mail\\_order.aspx](http://www.bmchp.org/pages/providers/pharmacy_mail_order.aspx). Accessed April 11, 2008.

## Update on Flex Card Use and the IIAS System

Employee benefit cards, such as the EBS Flex Card, have become extremely popular with employer groups for their Flexible Spending Accounts (FSA), like RIT’s Beneflex Plan (Dependent Care Spending Account and Health Care Spending Account). However, there has been an increasing trend of card misuse, along with widespread failure to properly substantiate transactions (i.e., prove that the claim was for an eligible expense). As a result, the IRS released regulations designed to prevent participants from purchasing ineligible items with their Flex Card.

All grocery stores, supermarkets, discount stores, warehouse clubs, convenience stores, and online pharmacies must implement an Inventory Information Approval System (IIAS) in order to accept Flex Cards as a method of payment; many stores have already implemented the IIAS system. Pharmacies, however, do not have to be IIAS certified until January 1, 2009 in order to accept Flex Cards as a method of payment.

### What is IIAS?

IIAS is an inventory control system that is required for “non-health care” merchants, such as grocery stores, supermarkets, discount stores, warehouse clubs, convenience stores, and online pharmacies. Merchants must code products using inventory control information (e.g., SKUs), as either eligible or non-eligible for payment on an FSA Flex Card at the point of sale. This means that every item in the store’s scanner is either coded “Yes” or “No” for Flex Card eligibility.

If you make your purchase at a location that uses the IIAS software, you will not be required to submit any further documentation to EBS. **However, you should always keep your receipts for EBS or IRS audits.**

### How is the EBS Flex Card affected?

Flex Card transactions are categorized and affected as follows:

- **Health Care, Dental and Vision provider offices:** The EBS Flex Card continues to be accepted. However, substantiation of each transaction may be required. This means that EBS will continue to send letters to participants requesting copies of receipts or statements such as an insurance company Explanation of Benefits (EOB) statement.
- **Pharmacies:** Pharmacies will continue to accept the Flex Card through December 2008 for all eligible items. To prevent misuse of the Card at pharmacies that are not yet IIAS compliant, EBS will continue to request documentation to substantiate each item on the receipt. A transaction comprised of some eligible and some ineligible items may ultimately be considered invalid unless each item is either properly substantiated or, in the case of ineligible items, repaid. Beginning January 1, 2009, all pharmacies must be IIAS compliant.
- **Other (such as grocery stores, supermarkets, discount stores, warehouse clubs, convenience stores, and online pharmacies):** If the store is IIAS compliant, you will be able to use your Flex Card for eligible purchases. Use a second form of payment for any items that are not Beneflex eligible purchases. If the store is not IIAS compliant, you need to use another form of payment and submit a Claim Form (found on the HR website at <https://finweb.rit.edu/humanresources/forms/beneflexreimbursement.pdf>), attach a copy of the receipt, and mail to EBS for reimbursement of these out-of-pocket expenses (the address is on the form). Or, you can file electronically through the EBS website if you scan the bills and send with the online submission at <https://www.myebssaccount.com>.

### How can I find out if the stores where I shop have implemented IIAS?

For a list of current IIAS certified merchants, visit [www.sig-is.org](http://www.sig-is.org) and click on the SIGIS Merchant List link found in the left tool bar.

EBS has contracted with a new Flex Card vendor for 2009 so all Beneflex participants will receive a new Flex Card; you should begin using this new card January 1, 2009. The vendor change is good news for all — EBS will have to do fewer audits (i.e., asking you to provide copies of your receipts when you use your Flex Card)!

## Beneflex Reminders

- 1 **Submission Deadline Extended from April 15 to April 30** — Beginning with your 2008 claims, you will have until April 30 of the next calendar year to submit claims. Please make sure that RIT’s administrator, EBS, receives your claim *before* the April 30 deadline.
- 2 **The IRS Grace Period Remains at March 15** — RIT adopted the IRS grace period for flexible spending accounts. Therefore, you may submit claims with dates of service through March 15, 2009 toward your 2008 account.
- 3 **Beneflex Forms** — Whenever you do not use your Flex Card, you will need to submit manual claims to be reimbursed. If you did not have your Beneflex claim reimbursement directly deposited in 2008, and you want your reimbursements sent directly to your bank account, you will have to complete a Beneflex Direct Deposit form. You may also request additional Flex Cards. You can obtain all these forms on the HR website.
- 4 **If You Have Beneflex in 2008** — When you use your Flex Card between January 1 and March 15, 2009 (the grace period), dependent care and health care claims will be paid from any remaining funds in your 2008 account **BEFORE** the 2009 account. If you have any manual claims to submit to your 2008 account, you should submit them before using the Flex Card for 2009 expenses; otherwise, you may inadvertently use up your 2008 account dollars with 2009 expenses. To submit for reimbursement of 2008 claims, use the claim form on the HR website in the forms section. If you make a mistake and use the Flex Card, it can be reversed, but you will be responsible for paying the administrative fee charged by EBS.
- 5 **As noted above, you will receive a new Flex Card for 2009. Be sure to keep this card, even if you have used up the funds in your account** — Note the expiration date on your Flex Card. The cards are generally valid for three years from the date of issue so you can use the same card from year to year.



## AD&D Changes

Unum, our insurance carrier for life, accidental death & dismemberment (AD&D) and disability insurance, has updated the following terms of our AD&D insurance contracts for 2009:

### Family AD&D Coverage

AD&D coverage for an employee’s spouse and/or child will have the same plan design as the spouse life and child life insurance plans. For the spouse, you may elect coverage equal to 1, 2, 3, 4, or 5 times the employee’s annual earnings, or a flat \$25,000. For children, you may choose either \$5,000 or \$10,000 coverage. *There is no longer a requirement for the employee to have his/her own Supplemental AD&D coverage in order to have AD&D coverage on family members.*

Please note that, as a result of this change, you will have to re-enroll in order to have coverage for your spouse and/or children. Your 2008 family, spouse, and/or child coverage will not carry over to 2009. Supplemental AD&D coverage on yourself will continue.

### Rates

The rates for AD&D coverage are slightly modified for 2009. Employee only coverage, spouse coverage, and child coverage will each be priced separately, at \$.03 per \$1,000 of coverage. When logged into the benefits enrollment screens in Oracle, you will see all of your options and the corresponding employee contribution amounts.

For example, if an employee’s base pay is \$45,000, the following would be the coverage and cost calculations if the employee enrolls in 1 times base pay for Supplemental AD&D, 2 times base pay for Spouse AD&D and \$5,000 for Child AD&D:

Supplemental AD&D	$\$45,000 \times 1 = \$45,000 / 1,000 \times .03 =$ <b>\$1.35 per month</b>
Spouse AD&D	$\$45,000 \times 2 = \$90,000 / 1,000 \times .03 =$ <b>\$2.70 per month</b>
Child AD&D at \$5,000	$\$5,000 / 1,000 \times .03 =$ <b>\$0.15 per month</b>

### Portability

Previously, portability was only available when life insurance coverage ended. Beginning in 2009, the AD&D coverage will be portable as well. This means that when AD&D coverage ends (upon termination of employment, child reaching maximum age, etc.), you will have the option to continue the coverage under the portability feature by paying the premium directly to Unum.

### New Features of the AD&D Plan

Coverage has been added to pay  $\frac{3}{4}$  of the covered amount in the event of “triplegia” which is total paralysis of three limbs, and to pay  $\frac{1}{4}$  of the covered amount in the event of “uniplegia” which is total paralysis of one limb. The plan will also include a repatriation benefit, which will pay a benefit of up to \$5,000 for preparation and transportation of a deceased insured employee, provided death occurs at least 100 miles from the employee’s principal residence. If an insured individual dies while protected by an airbag, the benefit amount will be increased by 5%, up to \$5,000. The covered amount will be increased by 10%, up to \$25,000, if the person was properly wearing a seat belt at the time of the accident.

The child care benefit under the AD&D plan has been revamped as well. This additional benefit was previously available only on the Supplemental AD&D Plan, but now will also be applicable to the Basic AD&D Plan. If an injury is sustained by an insured employee or insured spouse, and results in death within 365 days, the child care benefit will be paid for each eligible dependent child under age 14 and enrolled in day care within 90 days of the accident. It pays 5% of the AD&D benefit per year up to \$3,000, for up to 4 years. If there is no eligible dependent child, the plan will pay 5% up to \$2,000 to the beneficiary. This benefit is in addition to the AD&D benefit.

The spouse training and enhanced benefit for children features have been removed from the plan.

The exclusions provision of the plan has been revised as follows:

Your plan does not cover accidental losses caused by, contributed to, or resulting from:

1. Suicide and intentionally self-inflicted injury
2. Active participation in a riot
3. Participation in a felony
4. Drug addiction
5. Disease of the body or diagnostic, medical or surgical treatment, or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders.
6. War, declared or undeclared, or any act of war
7. Service on full-time active duty in the Armed Forces of any country or international authority”

### Handicapped Child Change

RIT has added a provision to the group life and AD&D insurance plan which allows you to extend coverage to dependent children age 19 and over who are physically or mentally disabled. Previously, dependent Child Life and AD&D coverage ended at age 19 or age 23 if the child was a full-time student at an accredited school.

Unum our insurance carrier will continue coverage beyond age 19 provided:

- Your child is unmarried
- Your child is incapable of self-support and remains so incapable
- You are the main source of support and maintenance

Unum will request proof from time to time. To apply to add a child to coverage under this new provision, contact your benefits representative in the Human Resources Department.

### Definition of Child for Child Life and AD&D Insurance

Under New York State insurance laws, a child who is eligible for Child Life and Child AD&D is one who includes your “own natural offspring and lawfully adopted children who are dependent on you for main support and maintenance.” Therefore, you cannot cover a step-child under the Child Life and AD&D coverage.



## Family Member Verification Process Introduced

Beginning in January 2009, we will introduce a new family member eligibility verification process for employees with RIT benefits. This process will help to ensure that only those people who are eligible for benefits are covered and that the proper tax status is applied. It will also provide an added assurance that RIT and employees are spending money as intended.

To develop this new verification process, we worked closely with the Benefits Advisory Group (BAG), as well as the Executive Committees of both the Academic Senate and Staff Council. We also presented the details of the new process to the full Academic Senate and Staff Council. We received good questions and valuable feedback from each of these groups that helped to refine and finalize the approved process. In addition, we conducted informal benchmarking to better understand how other employers verify family member eligibility. We learned that many employers already have a similar verification process in place, and several others are considering introducing one.

To implement our process, HR will send a request, via inter-office mail in January, to employees who need to provide documentation for non-educational benefits (e.g., medical and dental coverage). Documentation for Tuition Exchange, Tuition Scholarship, and Tuition Waiver will be requested at the time forms for those benefits are submitted to HR.

The most common documents required to verify eligibility will be a photocopy of the certified birth certificate for children and a photocopy of the certified marriage certificate for the spouse (employees covering a domestic partner have already completed the necessary affidavit to cover the partner so no additional documentation will be required). In cases where an employee is unable to locate the marriage certificate, a copy of the top portion only (not including the income information) of the most recent Federal income tax return showing the spouse's name will be acceptable. We will set up a tracking mechanism in Oracle so an employee will only have to provide proof one time (e.g., if an employee provides a copy of a birth certificate for a child's medical coverage, the employee will not need to provide that same proof years later for tuition waiver).

In addition to proof of eligibility, there will be a secondary proof required to verify tax-free status for certain benefits. Since the Tuition Exchange, Tuition Scholarship, and Tuition Waiver benefits for undergraduate courses can be provided tax-free for eligible children, proof is required each year to receive this tax-free status. To verify tax status, employees would submit a copy of the top portion only (not including the income information) of the most recent Federal income tax return showing the child's name as a tax dependent along with the benefit form.

If you are unable to locate marriage or birth certificates, and if you were born in the United States, you can generally contact the county where you were born or married to request a copy. Another resource for obtaining this documentation is the National Center for Health Statistics at <http://www.cdc.gov/nchs/howto/w2w/w2welcom.htm>. We will include this information and any other resource information in the January mailing as well as post it on the HR website.

**What happens if the employee does not submit the necessary documents when required?** The following actions will be taken. Please note that we will send reminders so no one is caught off guard. HR will also work with any employee that may have extenuating circumstances that prevent them from providing documentation in a timely manner. More information will be provided in the January mailing.

- **Medical and Dental** — Effective January 1, 2010, coverage will be cancelled for any family members for whom you have not submitted documentation and your payroll contributions will be adjusted accordingly.
- **Child and Spouse AD&D and Life Insurance** — Coverage will be cancelled effective January 1, 2010 and your payroll contributions will be cancelled. Please note: To re-enroll your spouse and/or child in the life insurance coverage in the future you will need to submit the Evidence of Insurability (EOI) information to the insurance company for their approval before the coverage can take effect.
- **Tuition Exchange** — Certifications for the 2009-2010 academic year will not be made.
- **Tuition Scholarship** — No reimbursements will be made beginning with the 2009-2010 academic year.
- **Tuition Waiver** — Benefits will be not be available beginning with the 2009-2010 academic year.

If you have a qualifying event mid-year and you need to make a change in your benefits (e.g., you get married and want to add your spouse to your medical and dental coverage), you will need to submit the documentation when making that change (e.g., provide a copy of your marriage certificate). Employees hired after December 31, 2008 will be requested to provide their documentation when enrolling in benefits.

This new process is a sound business practice that benefits employees and RIT by ensuring that benefits and tax-free benefit status are extended only to those that are eligible — minimizing unnecessary cost and avoiding tax problems with the IRS. We appreciate your extra efforts to provide the documentation necessary to verify family member eligibility and encourage you to keep this documentation in a safe place for future use (e.g., passport application, to begin retirement and Social Security payments, etc.). If you have any questions or suggestions, please contact your benefits representative in Human Resources.





# Reminders About RIT’s Vision Care Coverage

We have had very positive feedback from employees and retirees about the VSP Vision Care Plan introduced for 2008. Below are some reminders for those who have coverage, as well as helpful information for those who decide to enroll for 2009.

- If you are enrolled for 2008, your coverage will automatically continue for 2009 unless you make a change during the open enrollment period.
- The coverage is provided by a company called VSP.
- This is a voluntary plan, with the employee paying the full premium by *pre-tax* payroll deduction.
- 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 “family,” but you can have “two person” coverage for the Vision Care Plan. This provides flexibility if some family members don’t wear glasses. However, an employee must be covered in order to cover other family members.
- You are not required to change your eye doctor. RIT’s medical coverage under POS A, POS B, and POS B No Drug provides coverage for eye exams with a copayment. If you want to continue to go to your regular eye doctor who is not a VSP provider, simply use your RIT medical ID card at the eye doctor. Have that doctor give you a prescription for eyeglasses that you can then take to a VSP provider.
- To find a participating provider, visit the VSP website at [www.vsp.com](http://www.vsp.com) or call them at (800) 877-7195/v and (800) 428-4833/TTY (Monday – Friday 8 a.m. to 10 p.m., Eastern Time).
- You will not receive an ID card from VSP. Instead, when you go to a VSP provider, simply tell them you have VSP coverage and they will do the rest. If they ask for an identifier, remember the identifier is your University ID (UID), NOT your Social Security Number (see below). They usually only ask for the last four digits.
- You can find your UID in Oracle Self-Service at the link for “My Personal Information and Contacts” <https://myinfo.rit.edu> or on the *myRIT* homepage after you have logged in (it will appear at the top left in the brown bar; simply click on “show university ID”).
- You have online access to your benefit information with VSP. When you go to the VSP website [www.vsp.com](http://www.vsp.com),
  - Click on “Members”
  - Click on “Benefits Overview”
  - Click on “Register Now”
  - To set up a login, enter your University ID number (UID) in the Member/Employee ID box (see above to learn your UID).
  - Once you have registered, you will be able to see information about your coverage, as well as a print a Member Reference Card to keep in your wallet. You may want to write the last four digits of your UID on the Member Reference Card for future reference.

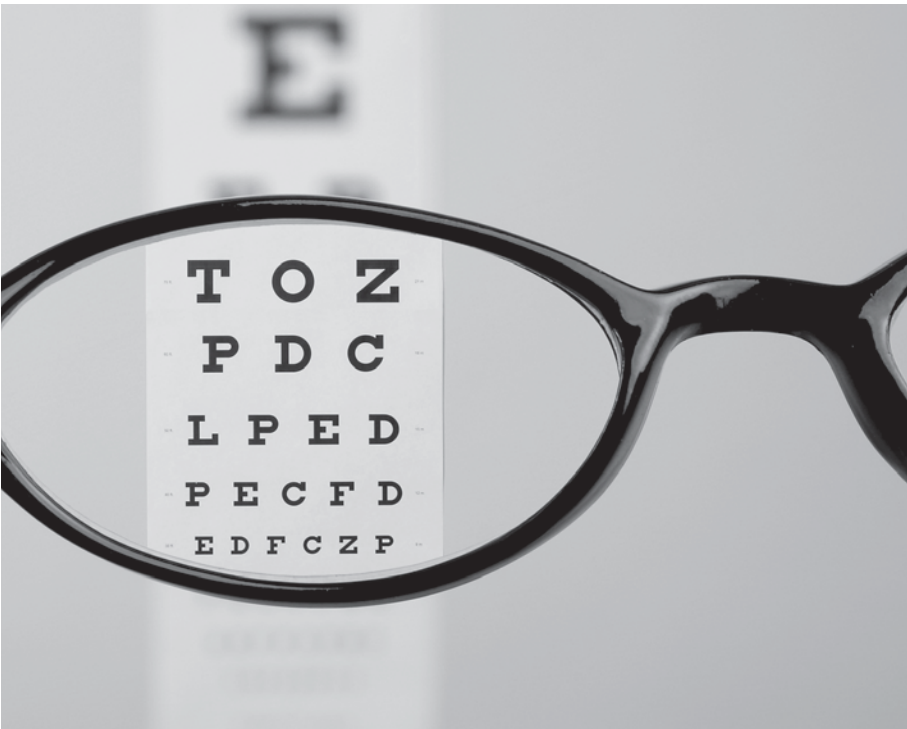
*If you wear contacts, evaluate if it is more economical to use the VSP coverage for eyeglasses or contacts.* Several people who wear contact lenses have indicated that overall costs are lower by paying for the contact lenses and using the VSP coverage for the eyeglasses. If you wear contacts, you will want to determine what is best for you.

## Rochester Optical/RARES

RIT introduced the RARES discount program several years ago to help employees and retirees save money. We have also offered a separate membership program with a local eyewear provider called Rochester Optical. Recently, Rochester Optical joined RARES. Since this program is now available through RARES, RIT will no longer offer Rochester Optical as a stand alone voluntary program for employees and retirees.

Rochester Optical provides a greater benefit through RARES than has been available directly to RIT employees. Previously, members received \$200 worth of cash certificates to use for purchases. If someone joins the Rochester Optical program through RARES, members receive \$305 worth of cash certificates. Our Rochester Optical representative has informed us that if an RIT employee/retiree joined after August 1, 2008, they did receive the greater RARES benefit.

The Rochester Optical program, called *Protection Assured Plus*, is also undergoing some changes, including a name change; it will now be called *EZ Optical Savings Plan*. In addition, we have been told by Rochester Optical that when a person joins, the \$10 membership fee is now a lifetime fee. Anyone who joined after August 1, 2008 is a lifetime member and will automatically receive coupons worth \$305 annually. Rochester Optical is also in the process of outsourcing its internal lab to an outside vendor, to achieve a higher level of quality and service for customers.





NEW LOCATION!

CIMS, ROOMS 2210 - 2240

October 28 & 29

9 a.m. – 3 a.m. BOTH DAYS

FREE SERVICES INCLUDING:

Acupuncture  
Chair Massages  
Blood Pressure Checks  
Body Fat Analysis

Enter and Win!  
RAFFLES & FREE STUFF

Representatives  
available from:

- Medical, Dental, and Beneflex (Excellus BlueCross BlueShield)
- RIT Rx (Medco)
- RIT Vision Care Plan (VSP)
- Retirement Plan providers (Fidelity and TIAA-CREF)
- Life, AD&D and Disability insurance (Unum)
- EAP Provider (ESI Employee Assistance Group)
- New York’s 529 College Savings Program
- Hyatt Legal
- Marsh @Work Solutions (auto/homeowners)
- U.S. Savings Bonds
- RARES Employee Discount Program
- RIT’s **Better Me** Employee Wellness Program, CPD, 1st Priority Credit Union, Workplace Ergonomics Lab, Food Service, Human Resources, Margaret’s House, Ombuds Office

MORE INFORMATION

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

LAST NAME	CONTACT	TELEPHONE (V)	E-MAIL ADDRESS
A—L	Valerie Liegey	(585) 475-5346	valpsn@rit.edu
M—Z	Brett Lagoe	(585) 475-5983	blpsn@rit.edu

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

ENROLLMENT INFORMATION RESOURCES

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	<a href="http://finweb.rit.edu/humanresources/benefits/">http://finweb.rit.edu/humanresources/benefits/</a>

Health Care

BlueCross BlueShield	(877) 668-7636	(585) 454-2845	<a href="http://www.excellusbcbs.com">www.excellusbcbs.com</a>
Dental	(800) 724-1675	(585) 454-2845	<a href="http://www.excellusbcbs.com">www.excellusbcbs.com</a>
Beneflex (EBS)	(800) 327-7130		<a href="http://www.myebssaccount.com">www.myebssaccount.com</a>
EAP	(585) 325-2980 (800) 417-6304	(585) 325-2980	<a href="http://www.theeap.com">www.theeap.com</a>
Long-Term Care (MedAmerica)	(800) 544-0327	(585) 454-2845	<a href="http://www.yourlongtermcare.com">www.yourlongtermcare.com</a>
RIT Rx (Medco)	(800) 230-0508	(800) 759-1089	<a href="http://www.medco.com">www.medco.com</a>
Vision Care (VSP)	(800) 877-7195	(800) 428-4833	<a href="http://www.vsp.com">www.vsp.com</a>

Retirement Program

Fidelity	(800) 343-0860	(800) 259-9743	<a href="http://www.fidelity.com">www.fidelity.com</a>
TIAA-CREF New York City	(800) 842-2776	(800) 842-2755	<a href="http://www.tiaa-cref.org">www.tiaa-cref.org</a>
TIAA-CREF Rochester	(585) 246-4600 (877) 209-3144	(585) 246-4610	<a href="http://www.tiaa-cref.org">www.tiaa-cref.org</a>

Other Savings Programs:

U.S. Savings Bonds	(800) 487-2663	Use Relay	<a href="http://www.savingsbonds.gov">www.savingsbonds.gov</a>
N.Y. College Savings Program	(877) 697-2837	Use Relay	<a href="http://www.nysaves.org">www.nysaves.org</a>

Employee Discount Services

Hyatt Legal	(800) 821-6400	(800) 821-5955	<a href="http://www.legalplans.com">www.legalplans.com</a> password = 57005
Marsh@WorkSolutions	(866) 272-8902	Use Relay	<a href="http://www.metpay.com">www.metpay.com</a>
RARES	(585) 503-8160	Use Relay	<a href="http://www.rares.org">www.rares.org</a>
Veterinary Pet Insurance	(800) 872-7387 ext. 4937	Use Relay	<a href="http://eb.petinsurance.com">http://eb.petinsurance.com</a>

Open Enrollment Begins  
October 23 and  
Ends November 19, 2008  
Attend the Benefits Fair!

Flu Shot Clinic  
November 13, 2008  
8 a.m. – 4:30 p.m.  
STUDENT DEVELOPMENT CENTER,  
ROOM 1310 (BLDG 55)

December 3, 2008  
8 a.m. – 4:30 p.m.  
GORDON FIELD HOUSE,  
RECEPTION ROOM

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

RIT 2009 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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