

2012 Benefits Enrollment NEWSLETTER

Human Resources ■ Finance & Administration

EMPLOYEE EDITION

October 2011

The logo for the Rochester Institute of Technology (RIT), featuring the letters 'R·I·T' in a white serif font on a dark background.

2012 Key Dates

October 21

Open Enrollment **Begins**

October 25 & 26

Benefits Fair

9:00 a.m. – 3:00 p.m.

(both days) Fireside Lounge,
Student Alumni Union

November 2

Seasonal Flu Shot Clinic*

7:00 a.m. – 5:00 p.m.

Student Development Center,
(Bldg 55), Room 1300

November 10

Seasonal Flu Shot Clinic*

7:00 a.m. – 5:00 p.m.

Gordon Field House,
Reception Room
(upper level overlooking pool)

November 16

Open Enrollment **Ends**

November 18

Seasonal Flu Shot Clinic*

7:00 a.m. – 5:00 p.m.

Slaughter Hall, Room 2140

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

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

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Dear Colleagues:

It's hard to believe, but it's that time again to think about your benefit needs for the coming year. For 2012, the major change you will learn about during Open Enrollment is the introduction of our new health care plan, POS D. POS D is a new alternative for people currently in the POS B No Drug plan who wish to have protection against potential high drug costs, and for people in POS A and B who do not typically have high drug costs and would prefer a plan with lower payroll contributions. POS D has similar copay-based medical coverage but also has some prescription drug coverage. I encourage you to take a look at the *Introducing POS D* article on page 4 to learn the details of the new POS D plan, and consider how it might work for you and your family.

Good news! In response to employee input, and to continue providing a competitive program, our dental plan is changing. Most of the changes are improvements you have been asking for, including a higher annual maximum benefit, higher lifetime orthodontic benefit, and coverage for dental implants. See all the details on page 9.

We are committed to an ongoing best practice of obtaining competitive bids for our various employee benefit programs. Last year we experienced the advantages of this practice through cost reductions for life insurance and disability. This year we conducted a competitive process for our Vision Care Plan that resulted in reduced rates and improved coverage for employees. See page 9 for details.

If you are looking to save money next year, be sure to enroll in Beneflex. With Beneflex, you pay for your out-of-pocket health care expenses with pre-tax dollars, lowering your total costs.

Remember, if you need any assistance during the Open Enrollment period, please don't hesitate to contact your benefits representative in Human Resources.

Sincerely,

A handwritten signature in cursive script that reads "Renee Brownstein".

Renee Brownstein
Associate Director, Human Resources

Your current medical, vision, dental, life, AD&D, LTD, and Hyatt Legal coverage continue automatically into 2012. The Beneflex Dependent Day Care Spending Account and the Beneflex Health Care Spending Account do NOT continue – if you want to participate in Beneflex for 2012, you MUST enroll.

2012 Open Enrollment News

2012 Key Changes

- New medical plan POS D replaces POS C (see page 4)
- Change in hospital copays under all medical plans (see page 7)
- Dental Plan improvements (see page 9)
- Lower contribution rate for Vision Care Plan (see page 9)

YOU CAN MAKE CHANGES TO THE FOLLOWING BENEFITS FOR A JANUARY 1, 2012 EFFECTIVE DATE:

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

If you do not take action during the enrollment period, you will not be able to make changes to these benefits during the year, except as described at right. Your 2011 benefit elections for the benefits listed here will continue into 2012 EXCEPT for Beneflex. Your 2011 Beneflex election DOES NOT CONTINUE in 2012. If you want to participate in Beneflex for 2012, you MUST enroll.

THIS IS YOUR ONLY OPPORTUNITY TO MAKE A CHANGE

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

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

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

Refer to the chart called *Mid-Year Benefits Enrollment Change Summary* on the benefits page of the HR website under "Other Resources" for more details on making mid-year changes. If you are adding a family member, proof of eligibility is required. See the Family Member Verification link on the benefits page of the HR website.

Come to the Benefits Fair!
Refer to page 17 of this
newsletter for more details.

REMEMBER

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

Employee Self-Service

To log in, go to <http://myinfo.rit.edu>
You will need your:

- Oracle Username
- Oracle Password

If you do not know your Oracle username and password:

- **Click on the link:** “Forgot your Password or Username?” below the login screen

HOW TO ENROLL

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

We encourage you to take advantage of the many enrollment resources available to you. You will find the employee contribution information for the various benefit plans on pages 12 – 13. Additionally, your personalized contribution amounts for your benefit choices are displayed on the enrollment screens when you log in to Employee Self-Service.

While the online enrollment process is fairly simple, we have added detailed, step-by-step instructions to the HR website. In addition, each screen has Help Text with important information. And, when you finish your enrollment, you will be able to print the confirmation page so you have a record of your elections for 2011. *Please note that you will not receive any other confirmation statement of your elections.*

We have also scheduled several Open Lab sessions (see schedule below), staffed by HR representatives, where you can come, at your convenience, for help with the online enrollment process and to get questions answered.

Lab Schedule

#	Date	Time	Location
1	Tuesday, November 1	10:00 a.m. – 2:00 p.m.	Wallace Library, Room 3650
2	Thursday, November 10	7:30 a.m. – 10:00 a.m.	Wallace Library, Room 3650
3	Monday, November 14	11:00 a.m. – 5:00 p.m.	Wallace Library, Room 3650

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

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

- **Click on the link** “Forgot your Password or Username?” below the login screen.
- **Go to the ITS Help Desk** (Gannett Hall, Room 7B-1113) — be sure to take your *employee ID card* with you; OR
- **Call the ITS Help Desk** at x5-4357/V and x5-2810/TTY or **Employee Self-Service Customer Support** at x5-4905/V. You will need to know your Employee Number.

Help Desk Hours: *Monday – Thursday, 7:30 a.m. – 9:00 p.m.*
Friday, 7:30 a.m. – 5:00 p.m.
Saturday – Sunday, 12 noon – 5:00 p.m.

Employee Self-Service Customer Support Hours are Monday – Friday, during regular business hours

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





Medical & Prescription Drug Coverage

INTRODUCING POS D

Do you wish you could have a medical option that has a low payroll contribution but also includes some drug coverage in case you or a family member were to need a high-cost drug? Do you have little use for prescription drug coverage now but are concerned about the risk of needing a high-cost drug without warning in the future? RIT's new medical option, POS D, was designed to address these situations, while offering medical coverage that is copay-based. POS D will replace POS C, which is being eliminated. If you are currently enrolled in POS C, you will be automatically enrolled in POS D, unless you make a change during enrollment.

Prescription drug coverage is more important than ever before

Years ago, the cost of most prescription drugs was relatively low. Now, for RIT, the average brand name prescription price is about \$170 for a 30-day supply. And specialty drugs, a rapidly growing category, are much more expensive, with the average cost above \$2,500 for a 30-day supply. There are even antibiotics that can cost upwards of \$4,000!

The cost of carrying prescription drug coverage in a comprehensive plan like RIT Rx is significant. If you and your family members do not use many prescription drugs on an ongoing basis, or if those drugs are relatively inexpensive, you may be paying more than you wish to have coverage "just in case" you or a family member needs an expensive drug.

Medical coverage – POS D offers a medical plan with copays that are slightly higher than those in the other POS plans. With POS D, there is no annual deductible that must be met before medical services are paid for by the plan.

Prescription Drug coverage – The POS D Rx plan has an annual deductible that must be met before prescription drug benefits are paid by the plan. Once the \$1,000 annual deductible has been met, you pay fixed copays at either a retail pharmacy or at the Medco pharmacy. This coverage is designed to provide that "just in case" protection against very high drug costs.

All the rules that apply to the prescription drug coverage with POS A and POS B will also apply to the new POS D Rx plan, including quantity limits, prior authorization requirements, step therapy, etc.

See the chart on pages 6 – 7 for a summary of the key features of POS D compared with POS A, B, and B No Drug. Also, refer to the article *What is a Deductible and How Does it Work?* on page 5 to help you understand how the deductible feature of the new POS D prescription drug plan works.

WHAT IS A DEDUCTIBLE AND HOW DOES IT WORK?

POS D, our newest medical plan (replacing POS C, which is being eliminated), has an annual deductible as part of its prescription drug benefit design. A deductible is the amount you pay out of your own pocket before the plan begins paying toward the cost of your prescriptions. After you meet your deductible, you will pay the applicable POS D copays for the rest of the calendar year for your prescriptions. See the chart on page 7 for the details.

Here is an example of how it works:

John elects coverage under POS D. He is typically healthy and takes no medications on an ongoing basis. In January, he develops bronchitis and needs an antibiotic (Drug 1) that costs \$100 and a nasal spray (Drug 2) that costs \$60. He pays the \$160 total at the pharmacy because he has not met his deductible.

In April, he develops a serious skin infection that requires a preferred brand-name medication (Drug 3) that costs \$2,000 per 30-day supply. When he receives his first 30-day prescription at the retail pharmacy, he pays \$840 to complete his \$1,000 deductible. When he picks up his second 30-day supply, also at the retail pharmacy, he pays a \$60 copay because he has met his deductible. For the rest of the year, he purchases his medication through Medco's mail pharmacy and pays \$150 for each 90-day supply. He takes the medication through mid-December.

Date	Claim	Cost of Rx	Portion Paid by John	Portion Paid by POS D Rx Plan	POS D Deductible Remaining	What John Would Have Paid Without Prescription Drug Coverage
January 30	Drug 1 – retail	\$ 100 (30-day)	\$ 100	\$ 0	\$ 840	\$ 160
	Drug 2 – retail	\$ 60 (30-day)	\$ 60			
April 12	Drug 3 – 1st fill retail	\$ 2,000 (30-day)	\$ 840	\$ 1,160	\$ 0	\$ 2,000
May 12	Drug 3 – 2nd fill retail	\$ 2,000 (30-day)	\$ 60	\$ 1,940	\$ 0	\$ 2,000
June 12	Drug 3 – 3rd fill mail	\$ 6,000 (90-day)	\$ 150	\$ 5,850	\$ 0	\$ 6,000
September 12	Drug 3 – 4th fill mail	\$ 6,000 (90-day)	\$ 150	\$ 5,850	\$ 0	\$ 6,000
Total for Year		\$16,160	\$1,360	\$ 14,800		\$ 16,160

You can use money from your Beneflex Health Care Account to pay for your prescription drug costs before and after you reach your annual deductible. For information on how Beneflex works, see the HR website at <http://finweb.rit.edu/humanresources/benefits/healthy/beneflex.html>.

If you are currently enrolled in POS C, you will be automatically enrolled in POS D, unless you make a change during enrollment.

COMPARING COMMON SERVICES UNDER POS A, B, B NO DRUG, AND D

(Based on selected in-network benefits; see full detailed comparison on HR website, or contact HR to request a copy if you do not have computer access)

Service	POS A	POS B	POS B No Drug	POS D
PCP office visit – adult routine physical	Covered in full	Covered in full	Covered in full	Covered in full
PCP office visit – well child visit	Covered in full	Covered in full	Covered in full	Covered in full
PCP office visit – diagnostic	\$20 copay	\$25 copay	\$25 copay	\$30 copay
Specialist office visit	\$25 copay	\$30 copay	\$30 copay	\$35 copay
Ambulance	Covered in full	Covered in full	Covered in full	Covered in full
Emergency room	\$75 copay unless admitted within 24 hours	\$100 copay unless admitted within 24 hours	\$100 copay unless admitted within 24 hours	\$125 copay unless admitted within 24 hours
Urgent care	\$35 copay	\$40 copay	\$40 copay	\$45 copay
Inpatient hospitalization	\$100 copay	\$250 copay	\$250 copay	\$350 copay
Routine eye exam	\$25 copay	\$30 copay	\$30 copay	\$35 copay
Routine mammogram	Covered in full	Covered in full	Covered in full	Covered in full
Allergy tests and injections	\$20 PCP/ \$25 Specialist	\$25 PCP/ \$30 Specialist	\$25 PCP/ \$30 Specialist	\$30 PCP/ \$35 Specialist
Lab and pathology	Covered in full	Covered in full	Covered in full	Covered in full
Radiology (MRI, CT, X-ray)	\$25 copay	\$30 copay	\$30 copay	\$35 copay
Chiropractic services	\$25 copay	\$30 copay	\$30 copay	\$35 copay
Physician services – maternity care	Covered in full	\$5 copay for first 10 visits, remainder covered in full	\$5 copay for first 10 visits, remainder covered in full	\$5 copay for first 10 visits, remainder covered in full
Mental health visit – outpatient	\$25 copay	\$30 copay	\$30 copay	\$35 copay
Hearing aids	You pay 20%; plan covers up to \$3,000 per ear every 3 years	Not covered	Not covered	Not covered
Replacement of a functioning cochlear implant processor	You pay 20%; plan covers up to \$6,000 every 6 years	Not covered	Not covered	Not covered

COMPARING PRESCRIPTION DRUG BENEFIT UNDER POS A, B, AND D

POS A and POS B

	RETAIL 30-day supply up to 3 fills	RETAIL 30-day supply 4th 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 Non-Formulary Drugs	\$40	\$100	\$100

POS D

Copays for Prescription Drug	Annual Deductible	Coverage Under POS D Once Annual Rx Deductible Has Been Met		
		RETAIL 30-day supply up to 3 fills	RETAIL 30-day supply after 3 fills	MEDCO BY MAIL 90-day supply
Tier 1: Generic Drugs	Each person must pay \$1,000 annual deductible before copayment amounts are charged.	\$ 20	\$ 50	\$ 50
Tier 2: Brand Name Formulary Drugs		\$ 60	\$150	\$150
Tier 3: Brand Name Non- Formulary Drugs		\$120	\$300	\$300

HOSPITAL COPAYS

The cost of inpatient hospitalization has increased dramatically in the last several years. As a result, beginning January 1, 2012, the inpatient hospital copay under POS B/B No Drug will increase from \$200 to \$250, and a new inpatient hospital copay of \$100 will be introduced to POS A. The new POS D plan, which has somewhat higher copays for all services, will have a \$350 inpatient hospital copay. *Please note that if you are readmitted to the hospital for the same condition within 90 days, or if you are transferred to another hospital, you will not pay another copay.*

	2011 Hospital Copay	2012 Hospital Copay
POS A	\$ 0	\$100
POS B	\$200	\$250
POS B NO Drug	\$200	\$250
POS D	Not applicable	\$350

Important

Carefully Consider Your Rx Needs When Choosing Your Medical Plan

Prescription drug coverage is an important, yet increasingly costly, component of your health care coverage. In fact, it is now the fastest-growing component of health care cost. The good news is, there are many more low cost generic drugs available today, especially at places like Target, Walmart, Wegmans, and other retail pharmacies with special generics programs.

However, there are also many more expensive brand name drugs being developed, such as “specialty medications” for conditions such as cancer and multiple sclerosis. This growing category is a large factor in the overall increase in drug costs because these drugs typically require costly special handling, and are often (but not always), injectable. Many of the drugs being developed today are in this category – so the implication is that drugs will be increasingly expensive. It is estimated that by 2014, specialty drugs will comprise 40% of U.S. drug spend, and will account for $\frac{2}{3}$ of the annual spend increase.

With no end in sight to rising prescription drug costs, it’s more important than ever to carefully evaluate your prescription drug needs when comparing your medical plan options. Below is some information to help you assess your needs:

Most people need them

- 62% of the population incurs a prescription drug expense

Brand prescription drugs can be expensive

Based on RIT plan data for 2010-2011:

- The average brand name prescription price is \$170 for a 30-day supply
- Specialty drugs, the drugs most commonly seen in research and development pipelines, account for less than 1% of prescriptions, but 18% of the cost
- Specialty drugs cost on average more than \$2,500 for a 30-day supply



Otherwise healthy people can experience high drug costs

Examples of high prescription brand name drug costs associated with severe outbreaks of the following acute conditions are:

- Strep throat – \$500 average cost
- Scabies – \$1,000 average cost
- Colitis – \$4,000 average cost

Generic medications can save you money

Generic drugs are safe, effective and approved by the FDA. They contain the same active ingredients and are shown to work the same way in the body as their brand name counterparts. Generics cost you less than brand name drugs, whether you have prescription drug coverage or not.

As you consider your medical plan for 2012, consider the prescription drug needs for you and your family in your decision making. To make your evaluation easier, complete the *Medical Needs and Medical Choices* worksheet available by clicking the Open Enrollment button on the HR website at <http://finweb.rit.edu/humanresources/benefits/>. This worksheet lets you compare the **total estimated** costs for various plans – taking into account the number and types of services you need, your prescription drug needs, and the pay period contributions for the plans. It will also provide you with an estimated amount for your 2012 Beneflex Health Care Spending Account election.

Choosing a medical plan is never easy because we don’t know what medical needs will occur. To make the best choice possible, take the time to review the plan details and associated costs – both the amount you contribute out of your paycheck and the amount you pay for services and prescription drugs. Refer to the chart on pages 6 and 7 for a quick comparison of the medical and prescription drug coverage under RIT’s medical plans, including RIT’s new POS D. A full detailed comparison can be found on the HR website.



Dental Coverage

2012 CHANGES TO DENTAL PLAN

We are pleased to announce the following changes to the dental plan effective January 1, 2012. Most of these changes are based on your feedback about desired improvements.

- **Annual maximum benefit limit** – Will be increased from \$1,000 to \$1,250 per person per calendar year.
- **Annual maximum family deductible** – Will be increased from \$50 to \$75 per family per calendar year. This deductible applies to diagnostic/restorative care, but not to preventive care like cleanings.
- **Lifetime orthodontia benefit** – Will be increased from \$1,000 to \$1,250 per child under age 19. This amount will now be split into two annual payments rather than being paid all at one time.
- **Dental implants** – Will now be covered. Implants are considered a major restorative procedure, and therefore, will be covered at 50% (at a participating provider), subject to the plan's annual deductible and annual maximum benefit limit.
- **Sedation** – IV sedation for extraction of 3rd molars (wisdom teeth) will be covered.
- **Fluoride treatments** – Will be covered to age 16 rather than age 19. A review of RIT's plan data shows that few claims were submitted for children over age 16, so most people will not be impacted by this change.
- **Space maintainers** – Coverage for space maintainers is being reclassified from restorative to preventive, and will therefore be covered at 100% rather than 50% (at a participating provider), and will no longer be subject to the annual deductible and annual maximum benefit limit.

It is recommended that you ask your dentist to request a Predetermination of Benefits on your behalf prior to any extensive service. The information will be sent to you and will show services that are covered and those that are not, helping you to make an informed decision about your treatment plan.



Vision Coverage

GOOD NEWS ABOUT OUR VISION CARE PLAN

To ensure that RIT and employees receive the best benefits prices and coverage, Human Resources conducts a competitive market review of one or more of our benefits each year. This practice has resulted in better pricing and enhanced plan features across many of our benefits over the last few years.

In the spring of 2011, RIT conducted a competitive bid process for our Vision Care Plan. As a result of this review, we are pleased to report that:

- RIT's Vision Care Plan will remain with the current vendor, VSP, enabling you to continue using your VSP participating providers.
- The premium contribution you pay will be reduced by 10% from 2011 rates.
- The frame allowance will be increased from \$120 to \$130.

If you and/or your family members have prescription eyewear needs, you may want to consider enrolling in the vision plan. Plan coverage details can be found in the Vision Care Plan Summary on RIT's Human Resources website at <http://finweb.rit.edu/humanresources/benefits/healthy/visioncareplansummary.html>. You will also find a one-page summary from VSP on the Open Enrollment web page. Please keep in mind that the vision plan provides coverage for routine eye exams and eyewear, but not for diagnostic eye exams.

If you participate in an RIT medical plan, you have in-network coverage under that plan for a routine eye exam once every two years (annually for children under age 19). You also have coverage for diagnostic eye exams. Both these types of exams are subject to your plan's copay for a specialist visit. Your medical plan does not cover eyewear, although a discount may be available at BluePoint2 participating providers.



Manage Your Health

Know Your Numbers!

Knowing your blood pressure, cholesterol, and blood sugar levels is vital in determining whether you are at risk for developing major illnesses such as heart disease or diabetes. If you know your numbers are out of the healthy range, you can take steps to get yourself back into good health.

RIT's *Better Me* Employee Wellness Program offerings can help you understand your numbers and bring your wellness activities together into a fully integrated personal improvement plan. Wellness coaches and their expert services are available at no charge as a benefit to our employees. Contact Sue Grace at sgrace@wellnesscoachesusa.com or Amanda Wuest at awuest@wellnesscoachesusa.com. Your wellness coach can be your partner and motivator as you work to maintain or improve your health.

In addition to the wellness coaches, RIT's *Better Me* Program includes a wide range of offerings (see blue box on next page) including help with goal setting, diet, fitness, education, and health management.

BLOOD SUGAR

80 to 100

Glucose is sugar that is stored in the blood as your main source of energy. If your glucose levels are consistently too high (hyperglycemia) or too low (hypoglycemia), you can develop diabetes. Symptoms of diabetes include frequent urination, extreme hunger and thirst, unusual weight loss, increased fatigue, and blurry vision. If left untreated, diabetes can lead to heart disease, blindness, kidney disease, and possibly amputation of the arms or legs. Get your blood sugar tested every three years, unless you have pre-diabetes, in which case you should get it checked every year.

TOTAL CHOLESTEROL

200 or Less

There are two kinds of cholesterol: LDL ("bad") and HDL ("good"). Your HDL level should be above 60 and your LDL should be below 130. Start having your cholesterol checked every five years beginning at age 20. If you have an elevated level at any point, you should get it checked more often thereafter. Children over age 2 should be checked regularly if there is a family history of heart disease or high cholesterol earlier than age 55.

BLOOD PRESSURE

120 over 80

High blood pressure, also known as hypertension, is a condition in which resting blood pressure is consistently measured at 140 over 90 or greater. The higher number – *systolic pressure* – indicates when the heart beats, and the lower number – *diastolic pressure* – is when the heart is at rest. There are no symptoms of high blood pressure; it can only be detected by having your blood pressure checked regularly. If left untreated, high blood pressure can cause heart failure, aneurysms, kidney failure, and/or stroke. Get your blood pressure checked at least once every year.



Better Me Program Resources

- Free access to the state-of-the-art Student Life Center
- Over 35 fitness and wellness classes
- *Better Me* Wellness Center at the Global Village with flexible hours
- Personal training
- Customized meal planning with a registered dietician
- Health and wellness seminars through CPD
- On-site wellness coaching with blood pressure screenings
- Blood pressure kiosk in Brick City Café (Student Alumni Union)
- On-site flu shots
- Weight Watchers at Work
- RIT's Community Garden
- On-site fall farmers' market
- Community Supported Agriculture (CSA) on campus
- Membership opportunities in Good Food Collective
- Health Risk Assessments (HRA) tool
- Skin cancer screenings
- **eat well. live well.** challenge
- Chair massage therapy
- Wii Fitness console loans

To learn more, visit www.rit.edu/betterme

Tips for getting, and staying, healthy

Not pleased with your numbers? Here's how to ease into a healthier lifestyle:

Quit smoking!

Be realistic about your goals. If you try to reduce calories, fats, and sugar while increasing exercise all at the same time, you may be setting yourself up for failure. Set smaller goals and add new ones as you are successful.

Read the labels on the products you buy. You may be surprised to discover the actual amount of calories, fat, and sugars contained in many foods you eat regularly.

Choose low sodium alternatives of foods such as soup, nuts, and crackers.

Eat plenty of fruits and vegetables each day.

Use unsaturated vegetable oils, and opt for "baked" or "steamed" versions of your favorite foods instead of fried.

Include more fiber in your diet. High-fiber foods help you feel fuller for longer periods of time. Try whole grain cereals, legumes, fruits, and vegetables.

Only drink alcohol in moderation, or abstain completely.

Prepare meals and snacks at home. You will eat healthier and save money too!

Physical activity is a must. You should aim for at least 30 minutes of moderate intensity at a minimum of 5 days a week. This doesn't just have to be at the gym; consider more creative options, such as taking the dog for a walk, gardening, shoveling snow, or going dancing!



2012 Benefits Contribution Rates

MEDICAL, VISION & DENTAL RATES

Plan	Level of Coverage	Per Pay Period Employee Contribution			
		Full-Time Salary Level 1* Salary < \$37,000		Full-Time Salary Level 2* Salary = \$37,000 – 77,999	
		EXEMPT (24 Deductions)	NON-EXEMPT (26 Deductions)	EXEMPT (24 Deductions)	NON-EXEMPT (26 Deductions)
Blue Point2 POS A	■ Individual	\$ 47.15	\$ 43.53	\$ 66.89	\$ 61.74
	■ 2 Person	\$112.36	\$103.72	\$145.56	\$134.36
	■ Family	\$158.57	\$146.37	\$204.97	\$189.20
	■ One Parent Family	\$129.60	\$119.63	\$169.46	\$156.42
Blue Point2 POS B	■ Individual	\$ 40.49	\$ 37.37	\$ 58.28	\$ 53.80
	■ 2 Person	\$ 94.13	\$ 86.89	\$125.19	\$115.56
	■ Family	\$137.30	\$126.73	\$181.29	\$167.35
	■ One Parent Family	\$102.13	\$ 94.27	\$131.40	\$121.29
Blue Point2 POS B No Drug	■ Individual	\$ 0.00	\$ 0.00	\$ 14.40	\$ 13.29
	■ 2 Person	\$ 23.51	\$ 21.70	\$ 34.31	\$ 31.67
	■ Family	\$ 51.26	\$ 47.32	\$ 68.90	\$ 63.60
	■ One Parent Family	\$ 25.13	\$ 23.20	\$ 39.16	\$ 36.15
Blue Point2 POS D	■ Individual	\$ 2.61	\$ 2.41	\$ 16.66	\$ 15.38
	■ 2 Person	\$ 28.57	\$ 26.37	\$ 39.38	\$ 36.35
	■ Family	\$ 56.19	\$ 51.86	\$ 73.68	\$ 68.01
	■ One Parent Family	\$ 30.66	\$ 28.31	\$ 44.63	\$ 41.20
Vision Care Plan	■ Individual	\$ 4.42	\$ 4.08	\$ 4.42	\$ 4.08
	■ 2 Person	\$ 8.84	\$ 8.16	\$ 8.84	\$ 8.16
	■ Family	\$ 14.17	\$ 13.08	\$ 14.17	\$ 13.08
Dental Plan	■ Individual	\$ 3.90	\$ 3.60	\$ 3.90	\$ 3.60
	■ 2 Person	\$ 9.10	\$ 8.40	\$ 9.10	\$ 8.40
	■ Family	\$ 13.91	\$ 12.84	\$ 13.91	\$ 12.84

*Salary as of 1/1/12 or hire date, if later

BENEFLEX ANNUAL MAXIMUMS

Dependent Day Care Spending Account

\$5,000 (IRS maximum for all employers, per family)

Health Care Spending Account

\$5,000 (RIT limit)

LIFE INSURANCE RATES

Basic Life Insurance

Fully paid for by RIT for full-time employees. No employee cost.

Supplemental and Spouse Life Insurance

The rates for Supplemental and Spouse Life Insurance are shown in the chart at right. The rate for spouse coverage is based on the employee's (your) age and your spouse's smoking status.

Monthly Rate per \$1,000 of Coverage:

AGE AS OF 1/1/12	NON-SMOKER	SMOKER
29 and under	\$0.045	\$0.085
30-34	\$0.055	\$0.135
35-39	\$0.085	\$0.210
40-44	\$0.11	\$0.275
45-49	\$0.18	\$0.45
50-54	\$0.305	\$0.73
55-59	\$0.47	\$1.01
60-64	\$0.63	\$1.24
65-69	\$1.22	\$2.19
70-74	\$2.27	\$3.63
75 and over	\$4.25	\$5.86

Child Life Insurance

The Child Life Insurance cost per pay period is the same regardless of the number of children covered.

\$5,000 coverage: \$0.39 if non-exempt (26 pay periods)

\$0.42 if exempt (24 pay periods)

\$10,000 coverage: \$0.78 if non-exempt (26 pay periods)

\$0.85 if exempt (24 pay periods)

Per Pay Period Employee Contribution

Full-Time Salary Level 3* Salary = \$78,000 – 116,999		Full-Time Salary Level 4* Salary => \$117,000		Extended Part-Time All Salaries	
EXEMPT (24 Deductions)	NON-EXEMPT (26 Deductions)	EXEMPT (24 Deductions)	NON-EXEMPT (26 Deductions)	EXEMPT (24 Deductions)	NON-EXEMPT (26 Deductions)
\$ 76.73	\$ 70.83	\$ 86.00	\$ 79.38	\$110.38	\$101.89
\$161.41	\$148.99	\$178.31	\$164.59	\$243.81	\$225.05
\$224.38	\$207.12	\$245.32	\$226.45	\$309.88	\$286.04
\$187.45	\$173.03	\$206.38	\$190.51	\$269.22	\$248.51
\$ 67.55	\$ 62.35	\$ 76.28	\$ 70.41	\$102.36	\$ 94.49
\$139.54	\$128.80	\$155.11	\$143.18	\$224.90	\$207.60
\$198.94	\$183.64	\$218.32	\$201.53	\$287.95	\$265.80
\$144.87	\$133.72	\$160.99	\$148.60	\$236.72	\$218.51
\$ 20.86	\$ 19.25	\$ 26.80	\$ 24.74	\$ 58.94	\$ 54.40
\$ 42.76	\$ 39.47	\$ 52.52	\$ 48.48	\$134.94	\$124.56
\$ 81.89	\$ 75.59	\$ 94.20	\$ 86.95	\$176.91	\$163.30
\$ 47.77	\$ 44.10	\$ 58.15	\$ 53.68	\$148.42	\$137.01
\$ 22.98	\$ 21.21	\$ 28.81	\$ 26.60	\$ 61.17	\$ 56.47
\$ 47.73	\$ 44.06	\$ 57.36	\$ 52.95	\$139.72	\$128.97
\$ 86.46	\$ 79.81	\$ 98.60	\$ 91.02	\$181.82	\$167.83
\$ 53.16	\$ 49.07	\$ 63.41	\$ 58.53	\$153.02	\$141.25
\$ 4.42	\$ 4.08	\$ 4.42	\$ 4.08	\$ 4.42	\$ 4.08
\$ 8.84	\$ 8.16	\$ 8.84	\$ 8.16	\$ 8.84	\$ 8.16
\$ 14.17	\$ 13.08	\$ 14.17	\$ 13.08	\$ 14.17	\$ 13.08
\$ 3.90	\$ 3.60	\$ 3.90	\$ 3.60	\$ 6.50	\$ 6.00
\$ 9.10	\$ 8.40	\$ 9.10	\$ 8.40	\$ 15.21	\$ 14.04
\$ 13.91	\$ 12.84	\$ 13.91	\$ 12.84	\$ 23.27	\$ 21.48

AD&D INSURANCE RATES

Basic AD&D Insurance

Fully paid for by RIT for full-time employees. No employee cost.

Supplemental and Spouse AD&D Insurance

\$.026 per \$1,000 of coverage.

Child AD&D Insurance

The Child AD&D Insurance cost per pay period is the same regardless of the number of children covered.

\$5,000 coverage: \$0.06 if non-exempt (26 pay periods)
 \$0.07 if exempt (24 pay periods)

\$10,000 coverage: \$0.12 if non-exempt (26 pay periods)
 \$0.13 if exempt (24 pay periods)

LTD RATES

Basic LTD

Fully paid for by RIT for full-time employees. No employee cost.

Supplemental LTD

\$0.27 per \$100 of base pay (full-time employees only)

GROUP LEGAL SERVICES

Hyatt Legal Plan

\$8.65 per pay period if non-exempt (26 pay periods)
 \$9.38 per pay period if exempt (24 pay periods)

Your coverage and contribution amounts for your benefit choices are displayed on the enrollment screens when you log in to Employee Self-Service. Refer to the detailed plan information to determine which plan is right for you.

2012 ^{Other} Benefits News

Important Information if You Have a Same-Gender Spouse



As you probably know, New York State now allows marriage between people of the same gender. Therefore, effective July 24, 2011, consistent with New York State law, RIT is able to provide health benefits (medical, vision, dental) on a tax-free basis for an employee's same-gender spouse. The federal tax law remains unchanged, however, so federal taxes will still apply. This means that employees who were married in New York State on or after July 24, 2011, or married in another jurisdiction that allows same-gender marriage (before or after July 24, 2011), can provide health benefits for a same-gender spouse tax-free for New York State; these benefits continue to be taxable under federal law.

Please note that because the federal tax laws have not changed, it may still make better financial sense for your same-gender spouse to enroll in his/her benefits at his/her own employer. Every situation will be different so we encourage you to carefully review all the plan, cost, and tax details.

If you do add your same-gender spouse to your benefits for 2012, please remember that as part of RIT's family member verification process, we will need a copy of your marriage certificate so we can update your record accordingly.

If you have any questions, contact your benefits representative in the Human Resources Department.

Do a Beneficiary Check Up!

A beneficiary is the person or persons you name to receive benefits (e.g., life insurance) in the event of your death. It is important to keep your beneficiary designations up to date, especially as your circumstances change (e.g., marriage, divorce, birth, or adoption of a child). Since the Open Enrollment period is a time when you evaluate your benefits, it's also the perfect time to do an annual beneficiary review of your RIT life and AD&D insurance coverage, and your retirement plan account. If you have other insurance policies, retirement accounts, etc., be sure to check those too.

For Life and AD&D Beneficiaries

Earlier this year, we introduced a new service for administration of beneficiary designations for RIT's life and AD&D insurance coverage. If you submitted beneficiary information, Prudential now holds the information in their secure website. You can view your beneficiary information and change it at any time. When you make a change, Prudential will send a confirmation to you at your home address showing the election you made. If you provided your e-mail address, you will also receive an e-mail confirmation. If you did not submit your beneficiary information, please do so.

To review the beneficiary information you submitted, go to www.prudential.com/mybenefits and log in using your Prudential username and password. If you have not logged in before:

1. Select "Register Here"
2. In the Control Number field, please enter 50757
3. Complete the required information on the following screens and create a personal username and password

If you make any changes or enter beneficiary information for the first time, be sure to **SUBMIT** your beneficiary designations at the conclusion of your transaction. **Please note that you can only submit one designation per day, so do not click on "Submit" until you have completed your entries.**



If you have any questions, you have forgotten your username and password, or you would like to complete a hard copy form, contact Prudential toll free at (800) 778-3827/V and (800) 496-1214/TTY. Representatives are available to assist you Monday through Friday, 8:00 a.m. – 8:00 p.m. Eastern Time.

For Retirement Plan Beneficiaries

For TIAA-CREF, you can view and update beneficiary information once you log into their secure website at www.tiaa-cref.org. For questions or to request a beneficiary designation form, you can call TIAA-CREF at (877) 209-3144/V and (800) 842-2755/TTY.

For Fidelity, you cannot view or change your beneficiaries online. To learn what your current designation is, call Fidelity at (800) 343-0860/V and (800) 259-9734/TTY. For your convenience, you will find the Fidelity beneficiary designation form online at https://401k.fidelity.com/static/dcl/shared/documents/WPS_PublicSite/Documents/403b_BeneficiaryDesignation_427490.pdf.



Tips for Using Prudential Absence Reporting Services

It has now been one year since we made the switch from Unum to Prudential for FMLA absence reporting, short and long-term disability, and life and accidental death & dismemberment insurance. During this transitional period, we have heard mostly positive feedback from employees about Prudential's service. Following are some tips to help you have the best possible experience with Prudential:

Tip 1

When you need to make the initial contact with Prudential to report your absence for disability or other family and medical leave reasons, it is best to make the initial contact by telephone. Call Prudential toll free at (877) 908-4778/V anytime to speak with one of their absence professionals or follow the prompts to record your absence or disability information.

Tip 2

After the initial contact, you can check on your claim status or submit additional information online by logging into Prudential's secure website at www.prudential.com/mybenefits or by telephone.

Tip 3

Refer to the *Reporting an Absence or Disability* brochure on the HR website at <http://finweb.rit.edu/humanresources/benefits/> in the *Protecting Your Income* section for details including:

- When should I report an absence or disability?
- How can I report an absence or disability?
- What information will I be asked to provide?
- When should I contact Prudential again?

If you have questions about RIT's short-term disability benefits, refer to the detailed summary of benefits in the *Protecting Your Income* section on the HR website at <http://finweb.rit.edu/humanresources/benefits/>. For questions regarding Family and Medical Leave Act (FMLA), refer to the HR website at <http://finweb.rit.edu/humanresources/benefits/supplemental/statutory.html>.

New Online Total Compensation Statement a Success



Earlier this year, we introduced the new online *Total Compensation Statement* available through Employee Self-Service. We have received great feedback from employees so if you haven't checked it out, you should. To access your statement, simply log in at <https://myinfo.rit.edu>. If you do not remember your username or password, click on *Forgot your Password or Username?* below the login screen. If you have any questions about Employee Self-Service, check out the Frequently Asked Questions (FAQs) at <http://finweb.rit.edu/customersupport/employeeselfservice.html>.

In the past, we issued this statement every other year in a hard copy format. Now, it is available, at your fingertips *every year* and it supports RIT's sustainability mission. In the future, you will have access to your 2010 and later year statements.

Please note that the Total Compensation Statement is based on your pay and benefits for calendar year 2010, so it does not reflect any changes you may have made for 2011. In addition, if you were hired in 2011, you will not have a 2010 statement.

**To access your Total Compensation Statement,
simply login at <https://myinfo.rit.edu>**



Reducing Impact, Saving Money

To help with RIT's sustainability efforts, we have reduced our annual Open Enrollment mailing. Instead of printing and mailing full medical benefits comparison booklets to every employee, we have included a chart summarizing the most commonly used services in this newsletter (pages 6 - 7). The full, detailed comparison you are used to seeing is available on the HR website at <http://finweb.rit.edu/humanresources/benefits/healthy/medical.html>. If you do not have computer access at work and wish to request a printed copy of the detailed comparison chart, please contact your benefits representative in the HR Department.

Other formerly free-standing items now incorporated into this newsletter are the employee contribution chart by salary levels and legally-required notices.

Two topics we typically cover annually – how to use Beneflex and how to start using Medco's mail pharmacy – have been removed from the newsletter and will be covered in e-mails sent after enrollment to those employees who elect coverage under Beneflex and the prescription drug plans. This information can also be accessed on the HR website at <http://finweb.rit.edu/humanresources/benefits/> in the *Keeping Healthy* section.

This "greener," self-contained approach also eliminates the need for an envelope saving even more paper and cost!

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2011 Benefits Fair

October 25 & 26

9:00 a.m. – 3:00 p.m.

(both days)

Location: Fireside Lounge,
Student Alumni Union

Representatives available from:

- Medical, Dental, and Beneflex (Excellus BlueCross BlueShield)
- RIT Prescription Drug (Medco)
- RIT Vision Care Plan (VSP)
- Retirement Plan providers (Fidelity and TIAA-CREF)
- Life, AD&D, and Disability insurance (Prudential)
- EAP Provider (ESI Employee Assistance Group)
- New York's 529 College Savings Program
- Pet Insurance (VPI)
- RARES Employee Discount Program
- RIT's *Better Me* Employee Wellness Program
- RIT's Human Resources, Center for Professional Development (CPD), Workplace Ergonomics Lab, Dining Services, Ombuds Office

Free Services including:

Chair Massages
Blood Pressure Checks
Body Fat Analysis

Enter and WIN!

Raffles & Free Stuff

2011 Benefits Notices

We are required to send the following notices to you by federal law.

Reminder About Privacy Practices for Certain Benefit Plans

We understand that medical information about you and your health is personal and should be kept private. There are legal requirements imposed on several of the benefit plans offered by Rochester Institute of Technology to ensure the privacy of your personally identifiable health information. The plans covered by these regulations are RIT's Medical Care Plan (including prescription drug coverage), Vision Plan, Dental Care Plan, Beneflex, Employee Assistance Program, and Long Term Care Insurance (the "Plan").

One of the requirements is to give to all employees/retirees eligible for the Plan an initial notice of the privacy practices. In addition, we are required to provide this reminder notice to you. You can find the complete notice on the HR website at <http://finweb.rit.edu/humanresources/benefits/docs/ritprivacynotice.pdf>.

The Notice is intended to summarize the privacy rules and to inform you about:

- The Plan's uses and disclosures of Protected Health Information ("PHI") (as defined below);
- Your privacy rights with respect to your PHI;
- The Plan's duties with respect to your PHI;
- Your right to file a complaint with the Plan and the Secretary of the U.S. Department of Health and Human Services (the "Secretary"); and
- Who to contact for further information about the Plan's privacy practices.

Protected Health Information (PHI) is any information created or received by a health care provider, health plan, employer, or health care clearinghouse that relates to your past, present, or future physical or mental health or condition, or provision of or payment for health care. PHI is information that identifies the individual or may reasonably be used to identify the individual.

Employees of the plan sponsor who administer and manage this Plan may use your PHI only for appropriate plan purposes (such as for payment or health care operations), but not for purposes of other benefits not provided by this plan, and not for employment-related purposes of the plan sponsor. These people must comply with the same requirements that apply to the Plan to protect the confidentiality of PHI.

PHI uses and disclosures by the Plan are regulated by a federal law called the Health Insurance Portability and Accountability Act of 1996 (referred to as "HIPAA") and the regulations which were put in place to enforce HIPAA. You may find these regulations at 45 *Code of Federal Regulations* Parts 160 and 164.

Women's Health and Cancer Rights Act of 1998

Under this Federal law, group health plans that provide medical and surgical benefits for mastectomies must provide coverage in connection with the mastectomy, in the manner determined by the attending physician and the patient for:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses and treatment of physical complications at all stages of mastectomy, including lymphedema.

Group health plans and health insurers may not deny eligibility to enroll, renew, or continue group health plan coverage to avoid providing coverage for breast reconstruction or mastectomy complications. Further, the law prohibits:

- Penalizing or otherwise reducing or limiting the reimbursement of an attending physician for the required care;
- Providing any incentive (monetary or otherwise) to induce the attending physician to provide care that would be inconsistent with the law.

The above-described coverage required by the law may only be subject to the annual deductibles, copayments, and coinsurance provisions that apply to similar benefits.

Medicaid and the Children's Health Insurance Program (CHIP) Offers Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

In New York State, find information as follows:

Website: www.nyhealth.gov/health_care/medicaid/

Phone: 1-800-541-2831

Most other states do offer premium assistance programs; contact your state directly. For more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

Notice About The Early Retiree Reinsurance Program

You are a plan participant, or are eligible to be a plan participant, in an employment-based health plan that is certified for participation in the Early Retiree Reinsurance Program. The Early Retiree Reinsurance Program is a Federal program that was established under the Affordable Care Act. Under the Early Retiree Reinsurance Program, the Federal government reimburses a plan sponsor of an employment-based health plan for some of the costs of health care benefits paid on behalf of, or by, early retirees and certain family members of early retirees participating in the employment-based plan. By law, the program expires on January 1, 2014.

Under the Early Retiree Reinsurance Program, your plan sponsor may choose to use any reimbursements it receives from this program to reduce or offset increases in plan participants' premium contributions, copays, deductibles, co-insurance, or other out-of-pocket costs. If the plan sponsor chooses to use the Early Retiree Reinsurance Program reimbursements in this way, you, as a plan participant, may experience changes that may be advantageous to you, in your health plan coverage terms and conditions, for so long as the reimbursements under this program are available and this plan sponsor chooses to use the reimbursements for this purpose. A plan sponsor may also use the Early Retiree Reinsurance Program reimbursements to reduce or offset increases in its own costs for maintaining your health benefits coverage, which may increase the likelihood that it will continue to offer health benefits coverage to its retirees and employees and their families.

2012

Resource Information



For any benefits questions you may have, please contact your benefits representative in the Human Resources Department:

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

Enrollment Information Resources & Contact Information

Name	Voice	TTY	Website
RIT Human Resources	(585) 475-2424		http://finweb.rit.edu/HumanResources/benefits/
Health Care			
Medical (Excellus BlueCross BlueShield)	(877) 668-7636	(585) 454-2845	www.excellusbcbcs.com
Prescription Drug (Medco)	(800) 230-0508	(800) 759-1089	www.medco.com
Vision Care Plan (VSP)	(800) 877-7195	(800) 428-4833	www.vsp.com
Dental (Excellus BlueCross BlueShield)	(800) 724-1675	(585) 454-2845	www.excellusbcbcs.com
Beneflex (EBS-RMSCO)	(800) 327-7130		www.ebsrmsco.com/FSAAccount/
Employee Assistance Program (EAP) (ESI Employee Assistance Group)	(800) 252-4555 (800) 225-2527	(800) 417-6304	www.theEAP.com
Long-Term Care (MedAmerica)	(800) 544-0327	(585) 454-2845	www.yourlongtermcare.com
Other Insurance			
Prudential (Life, AD&D, STD, FMLA, and LTD)	(877) 908-4778		www.prudential.com/mybenefits
Retirement Program			
Fidelity	(800) 343-0860	(800) 259-9743	www.fidelity.com
TIAA-CREF (New York City)	(800) 842-2776	(800) 842-2755	www.tiaa-cref.org
TIAA-CREF (Rochester)	(585) 246-4600 (877) 209-3144	(585) 246-4610	www.tiaa-cref.org
Other Programs			
NYS College Savings Program	(877) 697-2837		www.nysaves.org
U.S. Savings Bonds	(800) 487-2663		www.treasurydirect.gov
Employee Discount Services			
Hyatt Legal	(800) 821-6400	(800) 821-5955	www.legalplans.com password = 570005
Auto/Homeowners Insurance (Marsh @WorkSolutions)	(866) 272-8902		
RARES	(585) 503-8160		www.rares.org
Veterinary Pet Insurance	(800) 872-7387 ext 4937		http://eb.petinsurance.com

The RIT 2012 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.