

2012 Benefits Enrollment NEWSLETTER

Human Resources ■ Finance & Administration

RETIREE EDITION

October 2011

The logo for the Rochester Institute of Technology (RIT) is displayed in white serif font on a dark background. The letters 'R', 'I', and 'T' are separated by small white dots.

This newsletter concerns the following populations:

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

Reference to “retirees” generally includes surviving spouses.

2012 Open Enrollment Key Dates

November 1
Retiree Open Enrollment
Begins

**Weeks of November 7
and November 14**
Retiree Meetings
(see schedule on page 3)

November 23
Retiree Open Enrollment
Ends

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2012 OPEN ENROLLMENT BEGINS

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 for pre-Medicare retirees is the introduction of our new health care plan, POS D. You are encouraged 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. POS D replaces POS C, which is being eliminated. Medicare-eligible retirees should have received benefit change information directly from your insurance company, MVP Health Care or Excellus BlueCross BlueShield.

To help with RIT’s sustainability efforts, we have reduced our annual Open Enrollment mailings for both employees and retirees. Instead of printing and mailing full medical benefits comparison booklets, we have included charts in this newsletter summarizing the most commonly used services (pages 6 – 7 for pre-Medicare and 8 – 10 for Medicare-eligible retirees). The full, detailed comparisons are available on the HR website at

<http://finweb.rit.edu/humanresources/benefits/healthy/medical.html>. If you do not have computer access and wish to receive a printed copy of a detailed comparison chart, please contact your benefits representative in the HR Department, specifying whether you are requesting the pre-Medicare or Medicare comparison book. In addition, for those who contribute toward the cost of their coverage, we have included the contribution rates in the body of the newsletter.

NOTE: The contribution rules have not changed; if you do not pay toward your medical coverage in 2011, you will not pay toward your medical coverage in 2012.

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

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

Your current medical plan will automatically continue into 2012. You do not need to complete any medical forms unless you want to make a change in your coverage.



2012 Open Enrollment News

ACTION NEEDED DURING ENROLLMENT, IF YOU WANT TO:

- Enroll, cancel, or change your medical coverage
- Enroll in the Vision Care Plan (requires enrollment annually)
 - *To enroll in the Vision Care Plan*, simply complete the enclosed form and send along with a check made payable to RIT for the annual premium amount for the coverage level you elect (see form for amounts). Please put a note in the memo line that says “vision.” Refer to page 12 for details on the Vision Care coverage.
- Enroll in the Hyatt Legal Plan (requires enrollment annually)
 - *To enroll in the Hyatt Legal Plan*, send a check for \$225 made payable to RIT for the annual premium. Please put a note in the memo line that says “Hyatt.”

If you do nothing during the enrollment period, your 2012 benefits will be as follows:

- Your medical enrollment in 2012 will be the same as 2011*
- You will NOT be enrolled in the Vision Care Plan
- You will NOT be enrolled in the Hyatt Legal Plan

CHANGE IN FAMILY/ EMPLOYMENT STATUS

If you have a qualified family or employment status change during the year (e.g., spouse gains or loses employment) you are eligible to make a mid-year change, as long as you notify RIT’s Human Resources within 31 days of the event. Otherwise, you must wait until the next annual Open Enrollment. The event must be consistent with the change you want to make, and the change must be permitted under IRS rules. You cannot change medical plans during the year, even if you have a change in family or employment status, or if your physician leaves the plan you are in. If you move into or out of the Rochester area during the year, you can make a change in your medical plan at that time.

Annual RITiree Picnic

Gordon Field House
Wednesday, June 6, 2012

Mark your calendars for the Annual RITiree Picnic!
Look for your invitation in the mail next spring.
We hope to see you there!

**If you or your spouse becomes eligible for Medicare during the year, the Medicare-eligible person will elect a new plan about three months before Medicare eligibility. The change does not need to be made during the enrollment period.*

RETIREE MEETINGS

Once again this year, we will offer several informational sessions to help you better understand your benefits. Like last year, we will hold the meetings at Rivers Run, located at 50 Fairwood Drive in Henrietta.* RIT Human Resources staff members will be available, along with representatives from Excellus BlueCross BlueShield and MVP Preferred Gold.

We will also, once again, offer tours of Rivers Run; tours will start 45 minutes prior to the meeting time. You can meet in the lobby for the tour.

Space is limited, so please reserve your seat now. You can RSVP in one of two ways:

1. Send an e-mail to benefits@rit.edu
OR
2. Call the RSVP Hot Line at (585) 475-5877/V and leave a message.

When you RSVP, please be sure to include:

- The session number you would like to attend,
- Your name,
- Whether your spouse/partner will be attending with you,
- Your phone number,
- If you plan to take a Rivers Run tour.

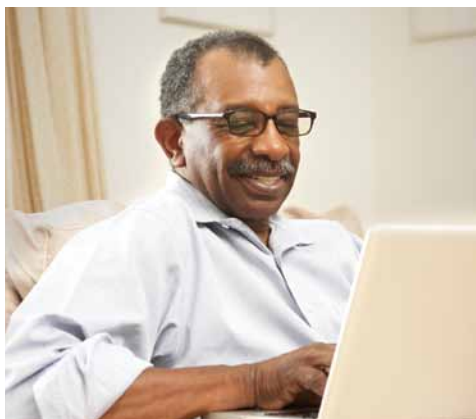
You will not be contacted unless there is a need to reschedule.

**Fairwood Drive is off East River Road, between Lehigh Station Road and the RIT Campus. Follow Fairwood Drive to the end and turn right for the entrance.*

Meeting Schedule

1. **Monday, November 7**
1:00 – 3:00 p.m.
(tour begins at 12:45 p.m.)
2. **Wednesday, November 9**
9:00 – 11:00 a.m.
(tour begins at 8:15 a.m.)
3. **Monday, November 14**
6:00 – 8:00 p.m.
(tour begins at 5:15 p.m.)
4. **Tuesday, November 15**
9:00 – 11:00 a.m.
(tour begins at 8:15 a.m.)
5. **Wednesday, November 16**
2:00 – 4:00 p.m.
(tour begins at 1:15 p.m.)

Sign language interpreter will be provided upon request, subject to availability. Contact RIT's Department of Access Services (DAS) directly at <https://www.ntid.rit.edu/AccessServices/> or 475-6281/V and 475-6242/TTY.



Please Sign Up for E-Mail

We are compiling an e-mail distribution list for retirees and surviving spouses to make it easier to communicate with you throughout the year. To be included on the list, please send an e-mail to benefits@rit.edu and indicate the preferred e-mail address you would like us to use.

If you have an RIT e-mail account, we will use this address for the list, unless you tell us you would like to use a different e-mail address. If you change your e-mail address in the future, please let us know so we can keep in touch without interruption.



Medical & Prescription Drug Coverage

For Pre-Medicare Retirees

INTRODUCING POS D

Do you wish you could have a medical option that has a lower contribution cost, 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 for pre-Medicare retirees, 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?* below 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>.

For Pre-Medicare Retirees

COMPARING COMMON SERVICES UNDER PRE-MEDICARE MEDICAL PLANS

(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 – 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
Chemotherapy	Covered in full	\$30 copay	\$30 copay	\$35 copay
Chiropractic services	\$25 copay	\$30 copay	\$30 copay	\$35 copay
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 PRE-MEDICARE PRESCRIPTION DRUG BENEFIT

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.*

Plan	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

For Medicare Retirees

COMPARING COMMON SERVICES UNDER MEDICARE MEDICAL PLANS

(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	Medicare Blue Choice (Rochester area only)	MVP Preferred Gold (Rochester area only)	Blue PPO (for those outside Rochester area using participating providers)	BCBS Comprehensive (closed to new enrollments)
PCP office visit – adult routine physical	Covered in full	Covered in full	Covered in full	No coverage
PCP office visit – diagnostic	\$20 copay	\$15 copay	\$15 copay	Deductible and coinsurance**
Specialist office visit	\$20 copay	\$30 copay	\$15 copay	Deductible and coinsurance**
Ambulance	\$50 copay	\$75 copay	\$50 copay	Deductible and coinsurance**
Emergency room	\$50 copay unless admitted within 24 hours	\$65 copay unless admitted within 24 hours	\$50 copay unless admitted within 24 hours	Deductible and coinsurance**
Urgent care	\$50 copay	\$30 copay	Physician's office (after hours) - \$15 Urgent care center - \$25	Deductible and coinsurance**
Inpatient hospitalization	\$250 copay per admission (max of 2 per year = \$500)	\$250 copay per admission (max of 3 per year = \$750)	After you pay the deductible, you pay 20% and the Plan pays 80%.	Deductible and coinsurance**
Routine eye exam and eyewear*	\$20 copay, once per year. \$60 material allowance for eyeglasses and contact lenses every year from participating provider.	\$30 copay, once per year. \$100 material allowance for eyeglasses and contact lenses every year from participating provider.	\$20 copay, once every 2 years. \$60 material allowance for eyeglasses and contact lenses every 2 years.	No coverage
Chemotherapy	\$20 copay	\$30 copay	After you pay deductible, you pay 20% and Plan pays 80%.	Deductible and coinsurance**
Lab and pathology	Covered in full	\$10 copay	After you pay deductible, you pay 20% and Plan pays 80%.	Deductible and coinsurance**
Radiology (MRI, CT, X-ray)	\$20 copay	\$40 copay	\$30 copay	\$35 copay
Mental health visit – outpatient	You pay 40%, the plan pays 60%.	\$30 copay	After you pay deductible, you pay 20% and the Plan pays 80%.	Deductible and coinsurance** Up to \$800 per year.

*There is also routine eye exam and eye glasses coverage available under RIT's separate Vision Care Plan; enroll and pay the premium in advance to have coverage.

**After you pay deductible, you pay 20% and plan pays 80%, less any Medicare payment.

For Medicare Retirees

Service	Medicare Blue Choice (Rochester area only)	MVP Preferred Gold (Rochester area only)	Blue PPO (for those outside Rochester area using participating providers)	BCBS Comprehensive (closed to new enrollments)
Hearing aids	\$300 allowance every three years.	\$600 allowance every three years.	Not covered	After you pay deductible, you pay 20% and plan pays 80% less any Medicare payment. Allowance is 2 per lifetime, \$700 maximum each.
Out of Network (Travel Benefit)	You pay 20% for covered services and plan pays 80%. Up to a total of \$5,000 of out-of-network services are covered per year (i.e., you pay up to \$1,000, plan pays up to \$4,000).	You pay 30% for covered services and plan pays 70%. Up to a total of \$5,000 of out-of-network services are covered per year (i.e., you pay up to \$1,500, plan pays up to \$3,500).	Not applicable	Not applicable
Health and Wellness	Silver&Fit ® membership to participating fitness facilities and \$150 annual allowance to use at nonparticipant fitness facilities. Members who prefer to exercise at home, can choose 2 at home fitness kits per year.	Up to \$100 annually in HealthDollars to use toward health programs such as weight loss and smoking cessation. The SilverSneakers ® Fitness Program provides free fitness center membership benefits at a participating fitness center near you, including use of equipment and other amenities, at no charge.	Not applicable	Not applicable

COMPARING MEDICARE PRESCRIPTION DRUG BENEFITS

MVP Preferred Gold	30-Day Retail	90-Day Mail Order	Medicare Blue Choice, BCBS Comprehensive, Blue PPO	30-Day Retail	90-Day Mail Order
Tier 1: Most generics	\$10	\$ 20	Tier 1: Generics	\$10	\$ 30
Tier 2: Preferred brand name drugs	\$30	\$ 60	Tier 2: Preferred brand name drugs	\$25	\$ 75
Tier 3: Non-preferred brand name drugs	\$60	\$120	Tier 3: Non-preferred brand name drugs	\$40	\$120
Tier 4: Specialty drugs (drugs costing \$600 or more)	\$60	\$120	N/A	N/A	N/A
Tier 5: Select generics	\$ 0	\$ 0	N/A	N/A	N/A

Retiree Medical Contributions

Not all retirees contribute toward the cost of their coverage; if you did not pay toward your coverage in 2011, you will not pay toward your coverage in 2012.

For Pre-Medicare Retirees

Rochester Area		Monthly Retiree Contribution				
Plan	Level of Coverage	Full-Time Salary Level 1	Full-Time Salary Level 2	Full-Time Salary Level 3	Full-Time Salary Level 4	Extended Part-Time
Blue Point2 POS A	■ Individual	\$94.31	\$133.77	\$153.47	\$172.00	\$220.76
	■ 2 Person	\$224.72	\$291.12	\$322.81	\$356.61	\$487.61
	■ Family	\$317.14	\$409.94	\$448.77	\$490.64	\$619.76
	■ One Parent Family	\$259.20	\$338.91	\$374.90	\$412.77	\$538.45
Blue Point2 POS B	■ Individual	\$80.98	\$116.57	\$135.09	\$152.55	\$204.72
	■ 2 Person	\$188.26	\$250.39	\$279.08	\$310.22	\$449.80
	■ Family	\$274.59	\$362.58	\$397.88	\$436.64	\$575.90
	■ One Parent Family	\$204.26	\$262.79	\$289.73	\$321.98	\$473.43
Blue Point2 POS B No Drug	■ Individual	\$0.00	\$28.80	\$41.71	\$53.60	\$117.87
	■ 2 Person	\$47.03	\$68.61	\$85.52	\$105.04	\$269.89
	■ Family	\$102.53	\$137.80	\$163.78	\$188.40	\$353.81
	■ One Parent Family	\$50.26	\$78.32	\$95.54	\$116.31	\$296.85
Blue Point2 POS D	■ Individual	\$5.21	\$33.33	\$45.96	\$57.63	\$122.35
	■ 2 Person	\$57.14	\$78.75	\$95.47	\$114.73	\$279.44
	■ Family	\$112.37	\$147.36	\$172.92	\$197.20	\$363.64
	■ One Parent Family	\$61.33	\$89.26	\$106.31	\$126.81	\$306.05

Outside Rochester Area		Monthly Retiree Contribution				
Plan	Level of Coverage	Full-Time Salary Level 1	Full-Time Salary Level 2	Full-Time Salary Level 3	Full-Time Salary Level 4	Extended Part-Time
Blue PPO	■ Individual	\$63.01	\$97.47	\$115.46	\$132.39	\$185.00
	■ 2 Person	\$148.01	\$207.60	\$235.10	\$265.03	\$405.59
	■ Family	\$228.51	\$313.59	\$347.53	\$384.91	\$525.27
	■ One Parent Family	\$160.42	\$216.20	\$241.84	\$272.78	\$425.28

Calendar Year 2012

For Medicare Retirees

Rochester Area		Monthly Retiree Contribution	
		Full-Time	Extended Part-Time
Plan	Level of Coverage		
Medicare Blue Choice (Benchmark Plan)	■ Retiree Only	\$35.00	\$70.00
	■ Spouse Only	\$45.00	\$83.00
	■ Total for Both	\$80.00	\$153.00
MVP Preferred Gold	■ Retiree Only	\$40.00	\$76.00
	■ Spouse Only	\$50.00	\$88.00
	■ Total for Both	\$90.00	\$164.00
BCBS Comprehensive (Closed to new enrollments)	■ Retiree Only	\$94.63	\$148.00
	■ Spouse Only	\$100.63	\$160.00
	■ Total for Both	\$195.26	\$308.00

Outside Rochester Area		Monthly Retiree Contribution	
		Full-Time	Extended Part-Time
Plan	Level of Coverage		
Blue PPO (Benchmark Plan)	■ Retiree Only	\$49.00	\$96.00
	■ Spouse Only	\$59.00	\$109.00
	■ Total for Both	\$108.00	\$205.00
BCBS Comprehensive (Closed to new enrollments)	■ Retiree Only	\$65.00	\$112.00
	■ Spouse Only	\$75.00	\$125.00
	■ Total for Both	\$140.00	\$237.00



NOTES ABOUT COST SHARING

For pre-Medicare retirees who retired prior to January 1, 2006, refer to Salary Level 2 for your contribution information. For retirees who retired on and after January 1, 2006, refer to the Salary Level you were in prior to retirement.

If retiree or spouse is pre-Medicare and the other person is Medicare-eligible, add together the amount for the pre-Medicare person and the amount for the Medicare-eligible person for the total monthly contribution.



Vision Coverage

GOOD NEWS ABOUT OUR VISION CARE PLAN

To ensure that RIT, employees, and retirees 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.

Under RIT's Vision Care plan, you are eligible for a routine eye exam each year, with a \$20 copay. In addition, prescription glasses are covered each year with an additional \$20 copay. Lenses (single vision, lined bifocal, and lined trifocal and progressive lenses and polycarbonate lenses for children) are covered in full. Frames are covered with \$130 allowance (you pay any amount over \$130). Instead of purchasing glasses, you could use the \$130 frame allowance toward contact lenses. There are also discounts on non-covered items (e.g., anti-glare and anti-scratch coatings).

Pre-Medicare retirees: RIT's pre-Medicare medical plans provide in-network coverage for a routine eye exam every two years (annually for children under age 19) as well as for diagnostic eye exams; both require a specialist copay. The RIT pre-Medicare plans do not cover eyewear, although a discount may be available at participating providers.

Medicare retirees: Most of RIT's Medicare plans provide coverage for a routine and diagnostic eye exams and coverage toward eyewear (refer to chart on page 8). Both these types of exams are subject to your plan's copay for a specialist visit.

Other Retiree Benefits

As an RIT retiree, you are eligible for a number of additional benefits and services summarized below. For details, contact the vendors directly (refer to last page of newsletter for contact information) and/or refer to the HR website at <http://finweb.rit.edu/humanresources/benefits/>.

Group Discount Programs

Enroll only during the Open Enrollment period:

Participation in the following plans does NOT continue from year to year — you MUST enroll annually. If you want to participate in 2012, you must enroll by sending the annual payment as described below, even if you have coverage in 2011.

Group Legal Services Provided by Hyatt Legal Plans, this benefit provides many personal legal services nationwide through a panel of carefully selected participating attorneys. Covered services include debt matters, defense of civil lawsuits, document preparation and review, real estate matters, traffic ticket defense, and wills and estate planning. To enroll, send a check, made payable to RIT in the amount of \$225, to the RIT Human Resources Department by November 23, 2011.

Vision Care Plan This national coverage is provided by VSP and is separate from the medical plan enrollment. This means you can be enrolled in the Vision Care coverage and not the Medical Care coverage, or you can have a different coverage level for each (i.e., cover only yourself for medical but cover yourself and your spouse for Vision Care). Refer to the plan details on page 12 of this newsletter. To enroll, complete the enclosed enrollment form and send with a check, made payable to RIT, to the RIT Human Resources Department by November 23, 2011.

Enroll at any time:

Long Term Care Insurance RIT offers this coverage to employees, retirees, and their extended family members at group rates. Provided through MedAmerica Long Term Care Insurance Company, the coverage protects against the significant cost of care due to chronic medical conditions, disabling accidents and injuries, or simply from the complications of growing older.

Personal Insurance RIT offers employees and retirees an opportunity to purchase auto, homeowners, and other kinds of personal insurance at group rates. The insurance is provided by MetLife Group Property & Casualty, one of the largest underwriters of employer-sponsored insurance programs. While rates are not guaranteed, typical savings in this program are between 10 and 20 percent off Metropolitan's retail insurance rates.

Pet Insurance Offered at a group discount through VPI, this medical insurance for your pets covers thousands of medical problems and conditions related to accidents or illnesses (even cancer) for dogs, cats, birds, ferrets, rabbits, reptiles, and other exotic pets. You have the freedom to visit any licensed veterinarian, even when you're away from home.

RIT Services and Discounts

Tuition Waiver You and your eligible family members continue to be eligible for Tuition Waiver (courses taken at RIT).

Access Privileges to RIT Facilities By using your Retiree ID Card, you have access privileges to RIT facilities and services such as the Student Life Center and Wallace Library.

RIT E-Mail Your RIT e-mail account remains active provided you stay "connected" with RIT (e.g., attend the annual RITree picnic and/or other RIT functions, volunteer, etc.). From the first time your e-mail account is activated, you will receive an annual e-mail notice from ITS confirming you want to continue your account. To keep the account, simply follow the instructions in the e-mail.

Barnes & Noble @ RIT Show your RIT Retiree ID card and get a 10% discount on most items.

RARES This not-for-profit organization provides over 400 discounts on local, regional, and national products and services. The ID number for 2012 is 20123214.

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.

Rochester Institute of Technology

Department of Human Resources

8 Lomb Memorial Drive

Rochester, NY 14623-5604

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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 Lagoe	(585) 475-5983	blpsn@rit.edu

Enrollment Information Resources

Name	Voice	TTY	Website
ITS Help Desk (RIT e-mail)	(585) 475-4357	(585) 475-2810	http://www.rit.edu/~wwwits/
Registrar's Office (RIT ID Card)	(585) 475-2821	(585) 475-2821	http://www.rit.edu/~605www/
RIT Human Resources	(585) 475-2424		http://finweb.rit.edu/HumanResources/benefits/
Osher Institute	(585) 292-8989		www.rit.edu/~osherwww
Health Care			
Excellus BlueCross BlueShield	(877) 668-7636	(585) 454-2845	www.excellusbcbs.com
MedAmerica	(800) 544-0327	(585) 454-2845	www.yourlongtermcare.com
Medco (pre-Medicare retirees only)	(800) 230-0508	(800) 759-1089	www.medco.com
Medicare Blue Choice	(877) 883-9577	(585) 454-2845	www.excellusbcbs.com
MVP Preferred Gold	(585) 327-2480	(585) 325-2629	www.mvphealthcare.com
Vision Care Plan	(800) 877-7195	(800) 428-4833	www.vsp.com
Retirement Program			
Fidelity	(800) 343-0860	(800) 259-9743	www.fidelity.com
TIAA-CREF (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
Discount Services			
Hyatt Legal	(800) 821-6400	(800) 821-5955	www.legalplans.com password = 570005
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 retirees 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.