R·I·T
HUMAN RESOURCES
FINANCE AND ADMINISTRATION
Rochester Institute of Technology

2006 BENEFITS ENROLLMENT
Newsletter
RETIREE EDITION OCTOBER 2005

This newsletter concerns the following RIT populations:

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

References to "retirees" generally include surviving spouses.

Key Dates

October 31
Retiree Open Enrollment
BEGINS

November 4, 7 & 14
Retiree Meetings
(see schedule on page 2)

November 18
Retiree Open Enrollment
ENDS

Medicare Prescription Drug Benefit: What You Need to Know

You are probably aware that Medicare is adding a prescription drug benefit to the Medicare program, effective January 1, 2006. Called Medicare Part D, this is a major expansion of the Medicare program, and a critical benefit for many seniors who have not had coverage for their prescription drugs until now. What is not clear from the general communications you have been seeing is how Medicare's new benefit applies to you if you have coverage through a former employer like RIT.

For 2006, RIT will continue to provide prescription drug coverage to Medicare-eligible retirees under our self-funded prescription drug plan, RIT Rx. Here is what you need to know when you receive information from Medicare and from various private plans that qualify as Medicare Prescription Drug Plans:

IF YOU PARTICIPATE IN MEDICARE BLUE CHOICE OR PREFERRED CARE GOLD IN ROCHESTER:

Do not enroll in a Medicare prescription drug plan!

This is true even if you think the benefit may be better for you under a Medicare plan, and even if you would qualify for what Medicare calls the "low income benefit." Here is why:

- If you have your RIT medical coverage through a Medicare HMO (Preferred Care Gold or Medicare Blue Choice, which Medicare is now calling a "Medicare Advantage Plan"), and you enroll in a Medicare prescription drug plan, *you will lose your medical coverage under the HMO, and will only have coverage under Original Medicare Parts A&B plus the Medicare Part D drug plan.* This is due to a rule imposed by Medicare. If this happens, you will not be able to switch back to a Medicare HMO until 2007. You will not have medical coverage from RIT during 2006 if you sign up for a Medicare prescription drug plan because Medicare will "disenroll" (remove) you from your HMO.
- You will not have prescription coverage under RIT Rx if you enroll in a Medicare prescription drug plan. This is true regardless of which medical plan you have. You cannot have both RIT Rx and Medicare Part D.

One of the messages being communicated by Medicare to seniors this fall is that there is a late enrollment penalty if you do not enroll in Medicare prescription coverage now, and want to do so later. Please do not be concerned by this. If you remain covered by RIT Rx, and decide in a future year that you wish to elect coverage under Medicare Part D, you will be able to do so. There is normally a late enrollment penalty charged by Medicare, but if you have been covered by a plan whose coverage is determined to be at least as good as Medicare Part D, then the late enrollment penalty is waived. *Please note that RIT's plan has been determined by a qualified actuary to be at least equivalent to Medicare Part D.* We are enclosing a notice required by Medicare to that effect.

THE BOTTOM LINE: You do not need to take any action this fall. You will remain covered by Medicare Blue Choice or Preferred Care Gold for your medical care, and you will continue to have comprehensive prescription drug coverage through RIT's plan, RIT Rx.

IF YOU PARTICIPATE IN BCBS COMPREHENSIVE OR BLUE PPO:

- RIT will continue to provide comprehensive prescription drug coverage through our self-funded plan, RIT Rx.
- However, if you enroll in a Medicare prescription drug plan:
  - you will not have prescription coverage under RIT Rx; but
  - you will continue to have medical coverage under the Comprehensive Plan or Blue PPO for 2006.
- If you are eligible for what Medicare is calling the "low income benefit," you may want to evaluate whether the Medicare plan could cost you less than RIT Rx. Remember, you cannot have both RIT Rx and Medicare Part D.

One of the messages being communicated by Medicare to seniors this fall is that there is a late enrollment penalty if you do not enroll in Medicare prescription coverage now, and want to do so later. Please do not be concerned by this. If you remain covered by RIT Rx, and decide in a future year that you wish to elect coverage under Medicare Part D, you will be able to do so. There is normally a late enrollment penalty charged by Medicare, but if you have been covered by a plan whose coverage is determined to be at least as good as Medicare Part D, then the late enrollment penalty is waived. *Please note that RIT's plan has been determined by a qualified actuary to be at least equivalent to Medicare Part D.* We are enclosing a notice required by Medicare to that effect.

THE BOTTOM LINE: You do not need to take any action this fall. You will remain covered by BCBS Comprehensive Plan or Blue PPO for your medical care, and you will continue to have comprehensive prescription drug coverage through RIT's plan, RIT Rx.

2006 Open Enrollment Begins

The annual benefits open enrollment period gives you the opportunity to re-evaluate your medical insurance coverage and, if necessary, make changes for 2006. In addition, you'll find out what's new about the RIT retiree plans.

Enclosed you will find a *Medical Benefits Comparison Book* for 2006. Since the plans vary based on Medicare eligibility, we have created two different books: 1) Pre-Medicare book; and 2) Medicare-Eligible book. We have enclosed the book(s) that applies to you and your family, according to our records. If, however, you need the other version, please contact the RIT Human Resources Department (contact information on page 12). For those who contribute toward the cost of their medical insurance, please refer to the enclosed monthly contribution rates. NOTE: For ease of use, we have separated the Rochester and Out-of-Rochester plans.

For those who are currently participating in the BCBS Comprehensive Plan, we have enclosed a form(s), to make it easier for you to switch to a different plan, but you do not need to complete all of them. Simply complete the form(s) applicable to your election indicated below.

This is your only opportunity to *enroll, change plans, or cancel your medical insurance* with two exceptions:

- If you or your spouse becomes eligible for Medicare during the year and switches to one of the plans for Medicare-eligible participants

  OR

- If you have a qualified family or employment status change during the year, such as marriage, divorce, birth or adoption of a child, death of a spouse or dependent, or a change in employment (e.g., spouse gaining or losing employment). If you have one of these events and you want to make a change, you must notify Q&F Benefit Administration (RIT's administrator) within 31 days of the event. Otherwise, you must wait until the next annual Open Enrollment. Please remember, the event must be consistent with the change you want to make, and the change must be permitted under IRS rules. You cannot change insurance plans during the year (e.g., Medicare Blue Choice to Preferred Care Gold) even if you have a change in family or employment status, or if your physician leaves the plan you are in.

Retiree Meetings

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

MEETING SCHEDULE

1.	Friday, November 4	9:00 a.m. – 10:30 a.m.
2.	Monday, November 7	9:00 a.m. – 10:30 a.m.
3.	Monday, November 7	1:00 p.m. – 2:30 p.m.
4.	Monday, November 14	1:00 p.m. – 2:30 p.m.*
5.	Monday, November 14	6:00 p.m. – 7:30 p.m.

*Sign language interpreter will be present at this session.

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

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

1. **Send an e-mail to benefits@rit.edu**

   OR

2. **Call the RSVP Hot Line at (585) 475-5877/V** and leave a message. For TTY users, please call the main Human Resources TTY number at (585) 475-2420.

When you RSVP, please be sure to include the session number you would like to attend, your name, whether your spouse/partner will be attending with you, and your phone number.

What's New for 2006

BlueCross BlueShield Comprehensive Plan Deductibles & Out-of-Pocket Maximums to Increase

Beginning January 1, 2006, BlueCross BlueShield Comprehensive Plan deductibles and out-of-pocket maximums will increase for both pre-Medicare and Medicare-eligible participants, as follows:

	2005 (Current)	2006 (New)
Annual Deductibles:		
Individual	$ 200	$ 350
Family	$ 500	$ 900
Annual Out-of-Pocket Maximums:		
Individual	$ 950	$ 1350
Family	$ 2000	$ 2900

The "annual deductible" is the upfront amount of covered medical expenses that must be paid by the participants before the plan will pay benefits in a calendar year.

The "annual out-of-pocket maximum" is the maximum amount you are required to pay in a calendar year toward your total covered medical expenses. Once this amount is reached, the plan pays 100% for most covered services for the rest of the calendar year.

PLEASE NOTE: Prescription drug expenses do not count toward the annual deductibles or out-of-pocket expenses because they are covered under a separate plan that is not part of the BCBS Comprehensive Plan.

Why is this happening? The cost of the BCBS Comprehensive Plan, like other similar traditional indemnity plans, continues to rise at a much more rapid rate than "managed care" plans. To keep the cost increase for this plan in line with the cost increases for the other plans offered by RIT, the plan design has been adjusted.

What can I do about it? We encourage you to seriously consider switching to a different health plan that may meet your needs as well (or better) than the BCBS Comprehensive Plan. Here are the other RIT health care options available to you and your spouses/partners:

	If You Live in the Rochester Area	If You Live Outside the Rochester Area
If you are pre-Medicare	• BluePoint2 POS A • BluePoint2 POS B • BluePoint2 POS B No Drug *(note: this plan is the only one that does not include prescription drug coverage under RIT Rx)*	• Blue PPO
If you are Medicare-eligible	• Medicare Blue Choice HMO • Preferred Care Gold HMO	• Blue PPO

Reasons to consider joining a Medicare HMO*

- Because prescription drug coverage is provided under a separate plan—RIT Rx—it is not a factor when selecting a medical plan. RIT provides the same prescription drug benefits regardless of which medical plan you choose.
- Some benefits under the Medicare HMOs are better than the Comprehensive Plan:
  - HMOs have no upfront annual deductible.
  - HMOs generally require you to pay a $15 or $20 copay for a medical service rather than paying 20% after the deductible.
  - Some services are covered in full under the HMOs.
  - HMOs cover routine and preventive care.
- HMOs focus on keeping members healthy.
- Rochester has two highly acclaimed HMOs with national reputations for excellence. Both plans have the highest level of accreditation from the National Committee for Quality Assurance (NCQA).
- Both Medicare HMOs have high member satisfaction levels.
- Nearly all local physicians participate in the HMOs; all area hospitals are in the networks.
- Referrals are no longer required for most specialities.
- Both HMOs provide coverage for emergency and urgent care outside the area. Each plan also includes a travel benefit.
- HMO premiums are much lower than BCBS Comprehensive Plan premiums, and provide comparable value. Since RIT pays all or most of the cost for Medicare-eligible coverage, by switching to a Medicare HMO, you receive excellent health care coverage while helping RIT continue to offer a high level of retiree health benefits into the future.

We have enclosed a comparison summary of the key features of the HMOs and the Comprehensive Plan.

What if I live outside the Rochester area? If you live outside the Rochester area, your alternative plan choice is the Blue PPO. The Blue PPO was initially not available for Medicare-eligible retirees. However, beginning in 2005, the plan was expanded and is now available to Medicare-eligible retirees as well as those who are pre-Medicare. Under both the Blue PPO and the Comprehensive Plan, you have a benefit regardless of which provider you choose to see. One key difference is that, under Blue PPO, there is a different benefit level if you see a participating network doctor than if you see a non-participating network doctor. If you can use in-network doctors for most of your care, then the Blue PPO is an option you ought to consider.

We have enclosed a comparison summary of the key features of the Blue PPO in-network benefits and the Comprehensive Plan.

*Available to Medicare-eligible retirees living in the Rochester area.

What's New for 2006

RIT Introduces Additional Eye Care Benefit Plan for Rochester-area Retirees

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

The program is like a membership club. For only $10.00 a year, you can cover yourself, your spouse/partner, eligible children, and parents. Benefits include:

- Great savings on eye exams, glasses, and contact fittings
- Over $200 worth of cash certificates
- Four convenient locations (see below)
- Large selection of frames, including many brand names
- Eye exam appointments available five days a week
- Many other services including frame repair and a full service optical lab

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

Since Rochester Optical has a full service laboratory, they grind their own lenses, passing savings of up to 40% below retail on to members. These savings are available for each of their three price packages:

- Basic (inexpensive)
- Deluxe (moderately priced)
- Premiere (titanium frames, selected brand names and rimless eyewear)

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

Current Vision Benefits Under RIT Medical Plans

	Diagnostic Eye Exams	Routine Eye Exams	Eyewear (purchased at a participating provider)	Corrective Lenses After Cataract Surgery
BluePoint2 POS A—in-network benefit*	$15 copay as needed	$15 copay every 2 years for adults, annually for children under 19	$60 allowance every 2 years for adults, annually for children under 19; discounts available at participating providers	One pair covered in full
BluePoint2 POS B—in-network benefit*	$20 copay as needed	$20 copay every 2 years for adults, annually for children under 19	Not covered; discounts available at participating providers	One pair covered in full
Medicare Blue Choice	$20 copay as needed	$20 copay annually	$60 allowance annually, plus a discount	Covered at 80%
Preferred Care Gold	$10 (PCP) or $15 copay (specialist) as needed	$10 (PCP) or $15 copay (specialist) annually	$80 allowance annually, plus a discount	Covered at 80%
Blue PPO—in-network benefit*	$15 copay as needed	$15 copay every 2 years	$60 allowance every 2 years	One pair covered in full
BCBS Comprehensive	Covered at 80% after annual deductible	Not covered	Not covered	Covered at 80% after annual deductible

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

What's New for 2006

Prescription Drug Copays for Medicare Retirees to Increase

Last year, when we first introduced RIT's new prescription drug plan, RIT Rx, Medicare-eligible retirees were covered by a temporary plan design that featured lower copays than for the rest of the RIT populations. At that time, we informed you that the lower copays would be in effect for 2005, and would be evaluated for possible continuation into 2006. As a result of that evaluation, we are announcing that the temporary plan design will end December 31, 2005, and Medicare-eligible retirees will have the same copays as pre-Medicare retirees and employees, beginning January 1, 2006.

At right is the standard plan design applicable to all participants as of January.

In addition, a special rule for 3rd tier (non-formulary brand) prescription payments was also in effect for 2005 only to help ease Medicare-eligible retirees into the new plan. Under the special rule, any 3rd tier (non-formulary brand) medication that you were taking prior to 2005 would be eligible for coverage at the 2nd tier copay. As of January 1, 2006, this rule will end, and all 3rd tier drugs will be priced at the 3rd tier copay. If you take a 3rd tier drug, we urge you to talk with your doctor about whether an alternative drug exists in the 1st or 2nd tier that could be successfully substituted for the 3rd tier drug.

Prescription drug copays for pre-Medicare retirees will remain the same as they have been during 2005.

Standard Plan Design

Following is the standard plan design that will apply to all participants as of January.

Standard prescription copays for up to a 30-day supply from a participating retail pharmacy are:

Tier 1: Generic: $10
Tier 2: Formulary Brand: $25
Tier 3: Non-Formulary Brand: $40

If you purchase your maintenance medications (those you take for chronic conditions on an ongoing basis) from Medco's home delivery pharmacy, Medco By Mail, your copays for up to a 90-day supply are:

Tier 1: Generic: $20
Tier 2: Formulary Brand: $50
Tier 3: Non-Formulary Brand: $80

The rest of the cost of your drugs will be paid by RIT Rx. While the retail pharmacy copays listed above apply to each 30-day supply, you are able to fill your prescription for up to a 90-day supply at one time at a retail pharmacy. To do so, your physician must write the prescription for a 90-day supply. Your cost for a 90-day supply at a retail pharmacy will be equal to three 30-day supplies. For example, for a 90-day supply of a generic drug, you will pay $30 at a retail pharmacy (3 x $10). You would save money by using Medco By Mail (see article on page 7).

Prescription Drug Plan

RIT Rx Plan Design

Prescription drug copayments will be as follows for 2006:

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

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

Helpful Hints for Using RIT Rx

If a prescription is for a diabetic medication or supply, coverage under your medical plan is as follows:

If your coverage is under Medicare Blue Choice or Preferred Care Gold:

- Show your Medical ID card for diabetic supplies
- Show your RIT Rx Medco ID card for insulin, oral agents, and all other covered medications

If your coverage is under Blue Point2 POS A, POS B, BCBS Comprehensive, or Blue PPO:

- Show your Medical ID card for diabetic supplies, insulin, and diabetic oral agents
- Show your RIT Rx Medco ID card for all other covered medications

If you have Preferred Care Gold coverage in 2005, Medco is the pharmacy benefit manager (PBM) for both Preferred Care and for RIT Rx. If your coverage has been denied, it is possible that the pharmacist submitted your claim to your Preferred Care Gold coverage, which only covers diabetic supplies (as explained above). Make sure the pharmacy is using the information from your RIT Medco ID card when processing your prescription drug claims (other than diabetic supplies).

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

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

Two ID cards mean two different uses. Make sure the pharmacy is using the right ID card, as explained below:

1) Excellus BlueCross BlueShield card (*sample below*) or Preferred Care Gold card should be used for all medical benefits (doctor visit, bloodwork, x-rays, etc.), and certain diabetic-related items (see diabetic details above).

2) RIT Rx Medco ID card—should be used for all prescription medications, except as explained above for diabetic items.

If you don't have a Medco ID card and/or BlueCross BlueShield (BCBS)/Preferred Care Gold ID card, you can request ID cards by phone or on their websites (see information on back page of this newsletter). You can also print a temporary ID card from the websites.

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

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

Mail Order with Medco:
90–40 mg tablets for $50; refill twice per year: your annual cost is $100

Retail with Medco:
90–40 mg tablets for $75; refill twice per year; your annual cost is $150

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

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

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

Medical ID Card
For diabetic medications and supplies

RIT Rx Medco ID Card
For other covered medications

Prescription Drug Plan

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

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

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

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

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

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

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

In addition, you'll save time with the convenience of home delivery. Your initial prescription will be delivered within 10 to 14 days. Refills can be ordered online at www.medco.com and delivered within seven days. Refills can also be ordered by phone and mail.

Getting started is simple…

Let your doctor know that you have a home delivery prescription drug program and that you would like to have the maximum supply of medication (usually 90 days) plus refills for up to one year. You may mail your prescription(s) in Medco special home delivery order envelopes or ask your doctor to call 1-888-EASYRX1 (1-888-327-9791) for instructions on how to fax the prescription. If your order is faxed, your doctor must have the member number from your Medco ID card.

To check on the status of an order, you may call Medco member services or check online at the Medco website. You can find out the date your prescription was received, the status of your order, the date your prescription was mailed to you, and other billing and timing data.

If you would like to order refills, you can do this through Medco By Mail. You can order online anytime at www.medco.com, or call 1-800-4REFILL (1-800-473-3455) and use the automated telephone system. You can also mail in your refill orders by using the special home delivery envelope. If you order by phone or via Medco's website, you will need to provide your member number and the 12-digit prescription number found on the medication container and the refill slip.

If you need to order home delivery envelopes or retail claim forms, you can do this online also. Or if you prefer, you can call Medco Member Services toll-free number (see back page of this newsletter) to use the automated telephone system. The requested materials will be mailed to you right away.

TWO IMPORTANT NOTES:

1) Occasionally, a particular drug will not be available through Medco By Mail. In this situation, you will need to fill your prescription at a retail pharmacy and pay the appropriate retail pharmacy copay.
2) If the full price of the medication is less than the retail co-payment, it may be less expensive for you to purchase that medication at the retail pharmacy. Contact Medco directly for more information on costs.

When Your Doctor Prescribes a New Medication

When you are filling a prescription for a new drug for the first time, you should have your physician write two prescriptions—one for a 30-day supply and one for a 90-day supply. First fill the 30-day prescription at a retail pharmacy to ensure you will not experience any adverse reaction and that the drug will be effective for you. Once you determine that the new drug will work for you, you can fill the 90-day prescription through Medco By Mail and save on your co-payment amount (you do have the option to pay a higher co-payment and have the prescription filled at a retail pharmacy).

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

Be A Smart Health Care Consumer

Make the Most of Your Doctor Visit

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

Ask-The-Doctor Checklist

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

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

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

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

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

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

At the end of your visit, ask the following:

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

After the Visit

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

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

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

Improve Your Health Care Consumer IQ

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

- Establish yourself with a primary care physician who serves as your gateway to the health care system. You should get regular age-appropriate preventive health screenings at recommended intervals and identify any medical issues requiring ongoing care.
- Ask questions / get information from a reliable source—Libraries and the Internet have vast amounts of health care information. Be sure that the websites you rely on are credible.
  - See the article "Check Out Excellus BCBS Online" on page 9 to find out what's available on their website.
  - The September 2005 issue of Consumer Reports includes ratings of a number of health care websites. They rated the following sites as Excellent. These sites were more likely to post accurate, current health information:
    www.MayoClinic.com
    www.MedicineNet.com
    www.Medscape.com
    www.NIH.gov (National Institutes of Health)
    www.WebMD.com
- Discuss your findings with your primary care physician—And ask questions! Too often, people are intimidated when it comes to questioning their physician. See the article on this page "Making the Most of Your Doctor's Visit."
- Understand your health insurance benefits—Take the time to review your health benefits information and materials. Ask questions if there's something you don't understand. Both you and RIT are spending a lot of money so you can have quality health care coverage—be ready to use it wisely.

Be A Smart Health Care Consumer

My Health Connection: An Online Medical Record You Can Use

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

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

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

Why is BlueCross BlueShield offering this tool to its members? Providing quick access to your health information is one way to help improve the health of our community. Imagine more timely emergency room treatment when a doctor can view a concise list of your medications and allergies when you are unable to speak for yourself. Or, think about the comfort of having a printed report of your elderly mother's health information available in multiple places for quick reference. Not to mention the cost savings for our community when a specialist contacts another physician for results of an expensive test performed months ago, instead of ordering it again. BlueCross BlueShield is working on expanding the tool to include medical claims information in the near future.

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

Check Out Excellus BCBS Online!

Individual Health Care Management from Excellus BlueCross BlueShield

1. The Healthwise Knowledgebase—A comprehensive health database where you can look up health conditions, medical tests, medications, treatment options, and get help with your decision making.
2. My Health Connection—A private, secure online health record where you can store your allergies, medications, names of doctors and emergency contacts, immunizations, medical history, and more.
3. Weekly Health Quizzes—Have fun (and learn something new!) with weekly health quizzes.
4. Preventive Health Recommendations—Learn how often you should see your doctor for preventive health screenings, childhood immunizations, and vaccines.
5. Wellness Links—Links to reputable organizations, such as the American Diabetes Association and the American Heart Association.
6. Cancer Treatment Center Information—If you or a loved one are facing cancer, this can help you select the right cancer center to meet your needs, within New York State and nationwide.
7. Hospital Quality Tool—Facing surgery or hospitalization? Use this tool to compare the quality at more than 60 New York state hospitals.
8. Member Rewards Program Listing—Enjoy Health & Wellness classes on living with diabetes, asthma, heart disease and more, or enjoy discounts on health and fitness club memberships and other services to help you lead a healthy lifestyle.

visit www.excellusbcbs.com

Additional RIT Benefits

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

Group Discount Programs:

- Group Legal Services (Hyatt Legal)—If you work with a participating attorney, you will have unlimited telephone advice and office consultations on certain personal legal matters. The cost for this program is $216 per year. To enroll in this program, send a check for $216 (made payable to RIT) to the RIT Human Resources Department by Friday, November 18, 2005. Please be sure to put "Hyatt Legal" on the memo line of the check. You must re-enroll in this plan. If you were enrolled for 2005, the enrollment will not continue. This is the only opportunity that you will have to join until next year's Open Enrollment period.
- Computer Education Services Corporation Computer Training
- Long Term Care Insurance
- Group Auto and Homeowners Insurance (Marsh@WorkSolutions).

RIT Services and Discounts

- Tuition Waiver (eligible courses taken at RIT) for you and your eligible family members
- Access privileges to RIT facilities, such as the Student Life Center, Wallace Library, and Campus Connections. Simply use your Retiree RIT ID card (if you need one, contact the Registrar's Office);
- 10% discount on most items at Campus Connections, with your Retiree RIT ID card.
- RIT e-mail account, provided you stay connected with RIT.
- The Athenaeum, an innovative educational program dedicated to the enrichment of adults over the age of fifty who believe learning is a lifelong process.

Human Resources Wins Awards!

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

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

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

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

Other Benefits News

Your Private Health Information

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

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

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

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

For Excellus BlueCross BlueShield:

- Go to Excellus' website: www.excellusbcbs.com. If you have not previously registered to use the website as a member, you need to do so. Otherwise, enter your ID and password to enter the member section of the website.
- On the left side of the screen, click on "Manage Your Privacy."
- Use the tool to add permission for your spouse/partner, other family member or friend to obtain information about you on your behalf. You can also have your family members (age 18 and older) follow the same process to give you permission to obtain information about them.
- If you prefer, you can print the "Authorization to Share My Protected Health Information" form from the website, complete it and mail it to Excellus.
- There are various levels of access you can approve. For example, you can allow Excellus BCBS to respond to all requests for confidential information by the specified individual, or you can restrict the authorization to a specific claim, or claims submitted by a specific provider, etc. You can prevent the release of information about a specific diagnosis. You can limit the timeframe for the authorization or have it remain in effect until you cancel the authorization.
- Additional information is provided on the website such as the process for revoking or amending an authorization, and requesting an accounting of disclosure requests of your protected health information.

For Preferred Care:

- Log onto the Preferred Care website at www.preferredcare.org. You do not need to register to view this portion of the website.
- Click on the "Forms and Publications" member link located on the right hand side of the screen.
- Locate the "Member Forms" box and click on it.
- The Preferred Care "Authorization to Disclose Information" form is the first form on the list.
- You can use this form to allow family members or others access to your Personal Health Information (PHI). You have options for the type of information that can be shared. You may also identify the timeframe you would like this information shared.
- Make sure to sign and date the form before you mail it to Preferred Care.
- This form can be used by you or any member in your family.
- You may revoke this request to share information at any time.

For Medco:

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

FOR MORE INFORMATION

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

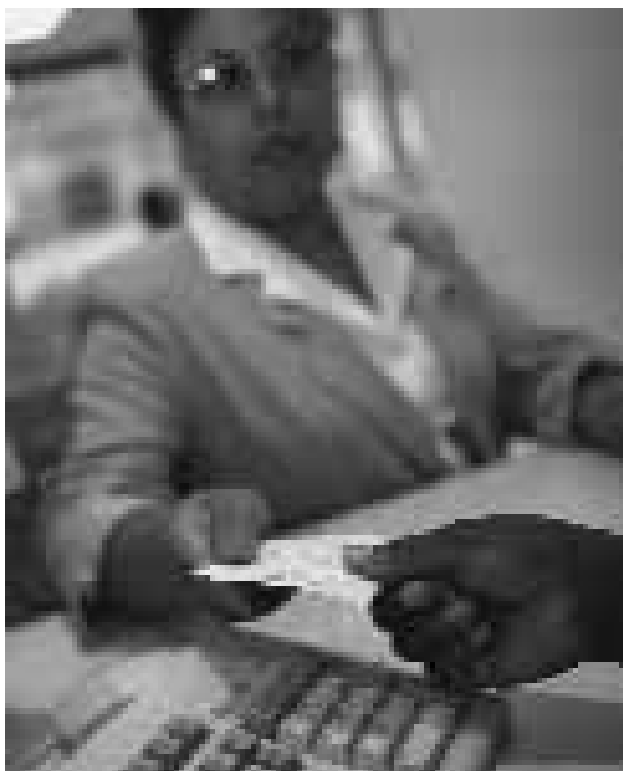
LAST NAME	CONTACT	TELEPHONE (V)	E-MAIL ADDRESS
A–L	Valerie Liegey	(585) 475-5346	valpsn@rit.edu
M–Z	Brett Lagoe	(585) 475-5983	bllpsn@rit.edu

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

ENROLLMENT INFORMATION RESOURCES

As you begin the enrollment process, you may have questions concerning your options. Assembled here is a list of contact names, phone numbers, and websites to assist you as you begin to carefully evaluate your many choices.

NAME	VOICE	TTY	WEBSITE
ITS Help Desk	(585) 475-4357	(585) 475-2810	http://www.rit.edu/~wwwits/
Registrar's Office	(585) 475-2821	(585) 475-2821	http://www.rit.edu/~605www/
RIT Human Resources	(585) 475-2424	(585) 475-2420	http://finweb.rit.edu/HumanResources/benefits/
The Athenaeum	(585) 292-8989	Use Relay	www.isc.rit.edu/~athenwww/
Health Care			
BlueCross BlueShield	(585) 454-4810	(585) 454-2845	www.excellusbcbs.com
MedAmerica	(800) 544-0327	(585) 454-2845	www.yourlongtermcare.com
Medco	(800) 230-0508	(800) 759-1089	www.medco.com
Medicare Blue Choice	(585) 454-4810	(585) 454-2845	www.excellusbcbs.com
Preferred Care Gold	(585) 327-2480	(585) 325-2629	www.preferredcare.org
Q&F Benefit Administration	(585) 383-8520 (800) 687-0578	Use Relay	
Rochester Optical	(585) 254-0022	Use Relay	www.rochesteroptical.com
Retirement Program			
Fidelity	(800) 343-0860	(800) 259-9743	www.fidelity.com
TIAA-CREF	(800) 842-2776	(800) 842-2755	www.tiaa-cref.org
TIAA-CREF Rochester	(585) 246-4600 (877) 209-3144	(585) 246-4610	www.tiaa-cref.org
Discount Services			
Computer Education Services Corporation	(585) 235-1190	Use Relay	www.computerservices.com
Hyatt Legal	(800) 821-6400	(800) 821-5955	www.legalplans.com password = 57005
VIP Services	(866) 272-8902	Use Relay	www.metpay.com company code = 017
Keys to the Community	(800) 527-0074	(585) 586-0361	www.piersonrealtors.com
On the House	(800) 485-0222	(585) 244-2204	www.columbushomes.com
Coldwell Banker	(585) 899-5508	Use Relay	www.earlkrakower.com



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The RIT 2005 Retiree Open Enrollment Newsletter is distributed to retirees and surviving spouses and children of deceased employees/retirees to help explain RIT's benefits, describe features and provide hints on how to better use benefits. Some information contained in this newsletter may not apply to you. This newsletter does not replace the document/contract, unless specifically identified as a change in plan provision. If there is any confusion or conflict regarding plan features, the document/contract will be the final authority. RIT reserves the right to change, modify, discontinue, or terminate benefits at any time for any reason.

2006 RITiree Picnic
Gordon Field House
June 14, 2006

Mark your calendars for the
7th annual RITiree Picnic.
Look for your invitation in the mail next spring.
We hope to see you there.