Dear Colleagues:

Benefits Open Enrollment provides you with the opportunity to evaluate your benefit needs for the coming year and make any necessary adjustments to your current choices. From a plan design perspective, the most dramatic change you can expect in 2013 is within our prescription drug plan. We are excited to introduce a new preferred pharmacy relationship with Wegmans Pharmacies for employees and pre-Medicare retirees! We’ve been hearing from some of you that you would like to have a competitively-priced, local pharmacy choice to fill your prescriptions, and we’re happy we can meet your needs. Be sure to read the article on page 4 to learn more about the advantages of this new relationship with Wegmans Pharmacies and how the plan design and copay structure will work.

We are also pleased to announce a new medical plan benefit resulting from the RIT and Rochester General Health System (RGHS) alliance. RIT is introducing the “RGHS Copay Option” which offers lower copays for selected services when you use an RGHS physician or facility. Refer to the information on page 9 for details.

To ensure we get the best benefit vendor pricing and service for employees and RIT, we continue to competitively bid our various benefit vendor relationships on a rotating basis. This year, we issued requests for proposals for the prescription drug and dental plan administration. In each case, the current vendor prevailed, so we have entered into new contracts with Express Scripts for prescription drugs (previously known as Medco, see the article about this name change on page 8) and Excellus BlueCross BlueShield for dental benefits administration.

With the recent Supreme Court decision to uphold the health care reform law, we are moving ahead to implement the following requirements for 2013 that are outlined in further detail in this newsletter:

- You will receive a Summary of Benefits and Coverage, a document that is required to be provided to all employees and retirees.
- The annual maximum limit for the Beneflex Health Care Spending Account will be reduced to $2,500.
- Certain women’s preventive health services will be covered at 100% without any cost sharing.
- The Medicare tax for certain highly compensated individuals is increasing.

If you are interested in understanding the changes that have already become effective, as well as the provisions of the law which do not apply to RIT’s plans, review the RIT fall 2010 open enrollment newsletter which provided a detailed overview of the Patient Protection and Affordable Care Act. This newsletter can be found on the HR website at https://www.rit.edu/fa/humanresources/content/benefits-newsletters. And stay tuned for additional required health care reform changes expected to go live in 2014!

Sincerely,

Renee Brownstein
Associate Director, Human Resources
2013 Key Changes

- New preferred pharmacy relationship with Wegmans (see page 4)
- Rochester General Health System Copay Option (see page 9)
- Beneflex Health Care Spending Account Reduced to $2,500 (see page 10)

YOU CAN MAKE CHANGES TO THE FOLLOWING BENEFITS FOR A JANUARY 1, 2013 EFFECTIVE DATE:

- Medical
- Dental
- Vision Care
- Beneflex
- Legal Services 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 the right. Your 2012 benefit elections for the benefits listed here will continue into 2013 EXCEPT for Beneflex. Your 2012 Beneflex election DOES NOT CONTINUE in 2013. If you want to participate in Beneflex for 2013, 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, under IRS rules, 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. In addition, please note 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).

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.

Your current medical, vision, dental, life, AD&D, LTD, and legal services coverage continue automatically into 2013. 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 2013, you MUST enroll.
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 2013. 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

<table>
<thead>
<tr>
<th>#</th>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Tuesday, October 30</td>
<td>10:00 a.m. – 2:00 p.m.</td>
<td>Wallace Library, Room 3650</td>
</tr>
<tr>
<td>2</td>
<td>Thursday, November 8</td>
<td>7:30 a.m. – 10:00 a.m.</td>
<td>Wallace Library, Room 3650</td>
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<tr>
<td>3</td>
<td>Monday, November 12</td>
<td>11:00 a.m. – 5:00 p.m.</td>
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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.

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

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**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.
We are very pleased to announce a new and important partnership with Wegmans Food Markets. Wegmans Pharmacies will be our “preferred pharmacy” under the RIT Prescription Drug Plan beginning January 1, 2013.

Having Wegmans as our preferred pharmacy partner means that:

Your price for prescriptions will be lower when purchased at Wegmans than at other retail pharmacies.

- Due to the special financial arrangement made with Wegmans, we are able to maintain the current copay levels when medications are purchased at Wegmans. Copays at other retail pharmacies will increase on January 1, 2013. See the plan designs chart on page 6.

You will be able to purchase up to a 90-day supply of your medications at Wegmans.

- Before, a 90-day supply was covered only at the mail order pharmacy.

You will continue to be limited to a 30-day supply at other retail pharmacies (non-Wegmans).

Your copay for a 90-day supply at Wegmans will be the same as your copay at the mail pharmacy.

- You will now have a local choice for filling your maintenance medications that costs the same as your mail order option.

You may continue to purchase 30-day supplies at Wegmans, if you prefer.

- The copays for 30-day fills of maintenance medications at Wegmans will not increase after 3 fills.

- The copays for 30-day fills of maintenance medications at other retail pharmacies will continue to increase after 3 fills.
When you purchase your medications at Wegmans, RIT’s overall plan cost will be equal to the cost of mail. And it will be significantly lower than when you purchase at other retail pharmacies.

This helps RIT manage benefit costs while allowing you greater choice.

In addition to a high level of customer service, Wegmans’ pharmacists offer expert guidance and tips to help you live and maintain a healthier, better lifestyle. In the future, other offerings could include special clinical programs, coupons, and other incentives exclusively for RIT plan participants.

Special program to save you (and the plan) money

Wegmans offers their pharmacy customers an incredible savings opportunity we don’t want you to miss. In fact, we think it’s so important, we’ve included it on our plan design chart on page 6.

- **Wegmans Select Generics Program** – Wegmans has a list of about 200 select generic drugs that are available for a $4 copay for a 30-day supply, or a $10 copay for a 90-day supply. In addition, atorvastatin (generic Lipitor), will be offered FREE for up to 90 tablets until April 27, 2013.

- The complete list of select generic drugs is available at [https://www.wegmans.com/pdf/pharmacy/pharmacyGenericPriceList.pdf](https://www.wegmans.com/pdf/pharmacy/pharmacyGenericPriceList.pdf) and updated quarterly. Please be sure to note the strength of the medication on the list and compare it with the strength of the medication you take to ensure it is the same. [Please note that senior citizens discounts do not apply to pricing of these items. Items on the pricing program are subject to change at any time.]

Walgreens no longer in Rx Network

Walgreens pharmacies are no longer a participating pharmacy in the network serving our prescription drug plan. If you have prescriptions at Walgreens, you can continue to fill them there, but will need to pay the full cost at the time of purchase, and will then need to file a claim with Express Scripts for reimbursement. Your cost at Walgreens may be higher than the plan’s copay since the plan will reimburse only up to what the plan would have paid for the drug at a participating pharmacy. Alternately, you can easily have your prescriptions moved. Wegmans (and other participating pharmacies, as well as Express Scripts mail pharmacy) will be happy to help you transfer your prescriptions.
## 2013 Prescription Drug Plan Designs

### POS A and POS B

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>WEWMANS PHARMACY</th>
<th>OTHER PARTICIPATING RETAIL</th>
<th>EXPRESS SCRIPTS MAIL</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>30-day supply, no limit on fills</td>
<td>90-day supply</td>
<td>30-day supply, up to 3 fills</td>
</tr>
<tr>
<td>Tier 1: Generic Drugs</td>
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<td>$25.00</td>
<td>$12.00</td>
</tr>
<tr>
<td>Tier 1A: Designated Generic Drugs Under Wegmans Select Generics Program</td>
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<td>$10.00</td>
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</tr>
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<td>$30.00</td>
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<tr>
<td>Tier 3: Brand Name Non-Formulary Drugs</td>
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</table>

### POS D

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<td>30-day supply, no limit on fills</td>
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<td>Tier 1: Generic Drugs</td>
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<td>Tier 1A: Designated Generic Drugs Under Wegmans Select Generics Program</td>
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</table>

Annual Deductible – each person must pay $1,000 annual deductible before copay amounts are charged in a plan year**

* Applies to maintenance medications only; does not apply to acute medications or medications that cannot be filled through mail order (e.g., certain controlled substances)

** Tier 1A under POS D is not subject to the deductible.
Wegmans can help you manage your blood pressure

As you may know, high blood pressure is a silent killer. It leads to strokes, heart attacks, kidney failure, along with other diseases. About 25% of Americans have “pre-hypertension,” while another 30% have high blood pressure. But many people are not even aware that their blood pressure is not in a healthy range. Others have been prescribed blood pressure controlling medication, but for one reason or another, do not take it regularly.

Wegmans started a highly-successful program with their own employees to help them identify, reduce, and manage high blood pressure. Because of their success, Wegmans wanted to expand the program to other employers, and asked RIT to participate in a pilot program with a few of our employees.

This past spring, we randomly selected 300 RIT employees to participate. Of this group, 19 employees qualified and enrolled in the Wegmans blood pressure pilot. To qualify, a person’s blood pressure was read at the pharmacy, and was either identified as having an “at risk” blood pressure (120/80 and above), OR was taking blood pressure medication.

While still early in the pilot process, initial results for RIT participants to-date are positive – most, if not all, have seen a drop in their blood pressure. Stay tuned for more information as this program progresses.

Convenience Wegmans Makes It Easy

You can obtain your medications from Wegmans in any of the following ways.

First fill of a prescription – 4 ways

1. Drop your prescription off at the pharmacy of your Wegmans store; or
2. Mail your prescription to Wegmans; or
3. Your physician can e-prescribe, call, or mail the prescription to Wegmans.
4. New to Wegmans? Wegmans can assist in transferring your current prescriptions from another retail or mail pharmacy, just give them a call or stop in and they’ll take care of the rest!

Ordering a refill – 3 ways

1. Call your refill in to Wegmans; or
2. You can request “Auto-fill” and Wegmans will automatically send you a refill when it is the appropriate time. Stop into the store or call (877) WEG24RX, (877) 934-2479 to arrange for this; or
3. Order a refill on the Wegmans website at www.wegmans.com/pharmacy, click on the link for “manage my prescriptions on-line.”
DISPOSE YOUR UNWANTED MEDICATIONS AND SUPPLIES SAFELY

When you have expired or unneeded medications, DO NOT throw them in your trash, flush them down the toilet, or pour them down the drain. Doing so can pose grave danger to people and wildlife that may find them in your trash or be exposed to them as contaminants in our rivers, lakes, and streams.

The following advice comes from the New York State Department of Environmental Conservation:

- Where available, the best option is to take your medications to a local collection event.
- If a pharmaceutical collection is not available, follow these steps to dispose of drugs in the trash:
  - Treat medications (liquids and pills) by adding water and then salt, ashes, dirt, cat litter, coffee grounds, or another undesirable substance, to avoid accidental or intentional misuse of the drugs. Do not conceal discarded drugs in food; scavenging humans, pets or wildlife could consume it.
  - Hide all medications in an outer container, such as sealable bag, box or plastic tub to prevent discovery and removal from the trash. Seal the container with strong tape.
  - Dispose of drugs as close to your trash collection day as possible to avoid misuse and/or misdirection.
- Medications self-administered by injection with a needle or “sharp” may be disposed of in the trash. If such medications include an attached needle, they should be placed in a puncture proof container, sealed with tape and labeled as “sharps.” However, the state strongly recommends that medications with attached needles be disposed of at hospital-based household sharps collection programs. All hospitals in New York State (except for federal facilities) are required to collect sharps from households. Medications without attached needles may be disposed of in household trash as described.

For more information, including dates and locations for local pharmaceutical collection events, refer to the Department of Environmental Conservation’s website at http://www.dec.ny.gov/chemical/67720.html.

MEDCO IS NOW EXPRESS SCRIPTS

You may have already noticed the Express Scripts name on communications that previously came from Medco. This is because in April, the two companies merged and it was decided to use the Express Scripts name going forward. Medco is now a part of Express Scripts, the largest pharmacy benefit manager in the U.S.

The combined company is in the process of changing its name to Express Scripts on all of its communications. Until the renaming process is complete, you’ll sometimes see the Medco name in pharmacy communications and on the web.

To continue to provide the high-quality service you expect, the company is proceeding carefully to integrate the two companies into one as seamlessly as possible. Please continue to refill your mail prescriptions as you normally would by using your current prescription drug ID card, refill order forms, the website, and the toll-free member services telephone number on your ID card.

Referrals to specialists (e.g., dermatologist and podiatrists) are no longer required under RIT’s medical plans.
EMERGENCY ROOM OR URGENT CARE...
WHERE SHOULD I GO?

Unexpected things happen in life – severe flu symptoms, sprained ankles, heart attacks, and strokes – all needing medical attention. But how do you know whether urgent care is enough for an illness or injury or if an emergency room (ER) visit is required?

When you need to see a physician fast, but don’t have a life- or limb-threatening emergency, urgent care can be a more convenient, less expensive alternative to the emergency room. Several urgent care centers have opened in the Rochester area in the past few years and you can find out where they are with just a click on the Excellus website at https://www.excellusbcbs.com/rit/ in the Find a Doctor section in the middle, right of the page.

When to go to the Emergency Room

If you have a serious condition such as a stroke, heart attack, severe bleeding, head injury, or other major trauma – go straight to the nearest emergency room. Don’t take a chance with anything life-threatening. The ER is the best place for these and other critical conditions, including:
- Chest pain
- Difficulty breathing
- Severe bleeding or head trauma
- Loss of consciousness
- Sudden loss of vision or blurred vision

When an Urgent Care Center can better meet your needs

By visiting an urgent care center, you can save time and money and help keep the ER free to handle more serious situations. Many urgent care centers have weekend and extended hours making it easy and convenient to get the care you need for non-threatening health issues such as:
- Minor burns or injuries
- Sprains and strains
- Coughs, colds, and sore throats
- Ear infections
- Allergic reactions (non life-threatening)
- Fever or flu-like symptoms
- Rash or other skin irritations
- Mild asthma
- Animal bites

If you are not sure where to go to get the care you need, contact your doctor who can help you determine the best care option. Remember to call your doctor after receiving urgent or emergency services to schedule any follow-up care you may need. Keep phone numbers for your doctor and nearest urgent care center in a handy place, like your cell phone.

INTRODUCING THE RGHS COPAY OPTION

We are pleased to introduce a new medical plan feature resulting from the strategic alliance between RIT and Rochester General Health System (RGHS). RIT will offer an “RGHS Copay Option” within our Point Of Service (POS) medical plans, beginning in January 2013. Under this option, you will pay a reduced copay amount for the following services when you go to an RGHS-affiliated physician or facility:

$5 copay reduction
- Office visits to your primary care physician (PCP)
- Office visit to a specialist

$25 copay reduction
- Emergency room visits
- Inpatient hospitalizations

The copay reduction does not apply for tests, treatment or any other services (e.g., allergy shots, chiropractic services, x-rays, etc.).

The Medical Benefits Comparison Book, found on the HR website, has been updated to include this information.


Information about RGHS, its hospitals and its “areas of excellence” can be found on their website at http://www.rochestergeneral.org/.
2013 Health Care Reform
What You Can Expect

Beneflex Health Care Spending Account
Maximum Limit Changing

As of January 1, 2013, the maximum annual contribution you may make to a Beneflex Health Care Spending Account is reduced to $2,500. This is a requirement of the federal health care reform law, formally called the Patient Protection and Affordable Care Act (PPACA) that was first communicated to you in the fall 2010 open enrollment newsletter. Previously, there was no IRS-imposed limit on health care flexible spending accounts – it was up to the employer to determine the maximum for these accounts. RIT’s plan had allowed up to $5,000 annually.

Keep in mind that enrollment in Beneflex does NOT carry over from one year to the next. You must make a new election for 2013 if you wish to participate in the coming year.

The IRS annual limit for the Beneflex Dependent Day Care Spending Account remains at $5,000.

Women’s Preventive Services:
Required Health Plan Coverage Expanded

Under PPACA, certain women’s preventive health care – such as mammograms, screenings for cervical cancer, prenatal care, and preventive office visits – have been required to be covered with no cost sharing (copays, deductibles, coinsurance) since 2011.

In 2013, the list of services covered with no cost sharing will be expanding. A set of evidence-based health plan coverage guidelines were developed by the Institute of Medicine (IOM) at the request of the Department of Health and Human Services (HHS). The intent is to ensure all women have access to preventive services that are necessary to maintain their health and well-being, regardless of their ability to pay.

Services to be covered without any cost sharing include:

- Screening for gestational diabetes
- Human papillomavirus testing
- Counseling for sexually transmitted infections
- Counseling and screening for human immune-deficiency virus
- Contraceptive methods and counseling
- Breastfeeding support, supplies, and counseling
- Screening and counseling for interpersonal and domestic violence

Contraceptives covered under this provision are those FDA-approved items which require a prescription. Over the counter items are not covered by the plan.

We are working with Excellus BlueCross BlueShield and Express Scripts (formerly Medco) to ensure these changes are made in the RIT medical and prescription drug plans (POS A, POS B, POS D, and Blue PPO). For those enrolled in the POS B No Drug Plan, Excellus will provide the prescription drug coverage for the prescribed contraceptives under the medical benefit.

Details of the HHS guidelines can be found at http://www.hrsa.gov/womensguidelines.

Copay or No Copay?

- If the primary purpose of an office visit is diagnostic and not preventive, but a preventive service is also received, the office visit will be subject to cost sharing. For example, if you go to the doctor because you have been having bad headaches, and while you are there the doctor gives you a flu shot, the visit is not preventive and you will be charged a copay.

- Another factor will be whether the preventive service is billed separately from an office visit. When a screening test is billed separately from an office visit, the office visit may be subject to a copay. When the preventive service is not charged separately, then the office visit should not have a copay charged.
Summary of Benefits and Coverage

Another requirement of PPACA is that every health plan must provide eligible individuals with a “Summary of Benefits and Coverage (SBC).” The SBC is intended to provide clear and consistent information to enable people to compare and understand the benefits and costs associated with different health coverage options. The government has developed a required common format for the SBC to ease comparing different plans from different employers, insurers, etc. We will be sending you the SBC by inter-office mail during the open enrollment period.

The SBC will look quite different from the Medical Plan Comparison Book you have become used to receiving from RIT. The SBC is required to be created for each plan separately. RIT’s comparison book is a side-by-side comparison of plan features.

The good news is, regardless of which format you prefer, you have access to both documents. RIT has updated the Medical Plan Comparison Book and you can find it on the HR website at https://www.rit.edu/fa/humanresources/content/benefits-health-and-wellness. A hardcopy of the SBC will be mailed to you and it will also be available on our website.

New W-2 Reporting of Health Care Costs

PPACA requires employers to report the total cost of providing health insurance (medical and prescription drug) to employees on the Form W-2. It is important to note that health insurance benefits being reported will not be taxed. This requirement is effective for the 2012 plan year, which means it will first appear on the W-2 issued to you in January, 2013.

The amount reported will include both the employee and employer cost. For a self-funded program like RIT’s, this means we will report the “premium equivalent,” which is an amount that is the same for everyone in a specific plan and coverage level, and is unrelated to your personal medical or prescription drug claims. For example, everyone in POS B Family coverage will have the same amount reported on their W-2.

It is important to note that health insurance benefits are not being taxed. According to the Federal government, the purpose of the reporting requirement is “to provide employees useful and comparable consumer information on the cost of their health care coverage.”

Additional Medicare Tax on Highly Compensated Individuals

Beginning in 2013, another provision of PPACA increases the Medicare tax on highly-compensated individuals and couples for annual earnings over a threshold amount. The threshold amount is based on your tax filing status, as follows:

<table>
<thead>
<tr>
<th>Tax Filing Status</th>
<th>Additional Medicare tax for earnings over:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>$200,000</td>
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<tr>
<td>Married Filing Jointly</td>
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<tr>
<td>Married Filing Separately</td>
<td>$125,000</td>
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</table>

The Medicare tax on earnings up to the threshold amount will remain at 1.45%. Earnings in excess of the threshold amount will be taxed at 2.35%, an additional 0.9%. The employer portion of the Medicare tax will remain at 1.45%.

Because RIT does not have knowledge of your spouse’s income, if applicable, or any other income you may have outside of RIT, the additional Medicare tax will be withheld only when your RIT earnings for the year exceed $200,000. If you owe any additional Medicare tax, you will pay the amount as part of your Federal income tax return filing.

If you are interested in understanding the changes that have already become effective, as well as the provisions of the law which do not apply to RIT’s plans, review the RIT fall 2010 open enrollment newsletter, which provided a detailed overview of the Patient Protection and Affordable Care Act. You can view the 2010 newsletter on the HR website at https://www.rit.edu/fa/humanresources/content/benefits-newsletters.
## MEDICAL, VISION & DENTAL RATES

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<thead>
<tr>
<th>Plan</th>
<th>Level of Coverage</th>
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<th>NON-EXEMPT (26 Deductions)</th>
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<td>$15.34</td>
<td>$14.16</td>
<td>$15.34</td>
<td>$14.16</td>
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</tbody>
</table>

*Salary as of 1/1/13 or hire date, if later.

## 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 below. 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:

<table>
<thead>
<tr>
<th>AGE AS OF 1/1/13</th>
<th>NON-SMOKER</th>
<th>SMOKER</th>
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</thead>
<tbody>
<tr>
<td>29 and under</td>
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<tr>
<td>30-34</td>
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<td>$0.135</td>
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<tr>
<td>35-39</td>
<td>$0.085</td>
<td>$0.210</td>
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<tr>
<td>40-44</td>
<td>$0.11</td>
<td>$0.275</td>
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<tr>
<td>45-49</td>
<td>$0.18</td>
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<td>50-54</td>
<td>$0.305</td>
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<tr>
<td>55-59</td>
<td>$0.47</td>
<td>$1.01</td>
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<tr>
<td>60-64</td>
<td>$0.63</td>
<td>$1.24</td>
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<tr>
<td>65-69</td>
<td>$1.22</td>
<td>$2.19</td>
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<tr>
<td>70-74</td>
<td>$2.27</td>
<td>$3.63</td>
</tr>
<tr>
<td>75 and over</td>
<td>$4.25</td>
<td>$5.86</td>
</tr>
</tbody>
</table>

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

### BENEFLEX ANNUAL MAXIMUMS

#### Dependent Day Care Spending Account

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

#### Health Care Spending Account

$2,500 (IRS maximum for all participants)
**Per Pay Period Employee Contribution**

<table>
<thead>
<tr>
<th>Full-Time Salary Level 3*</th>
<th>Full-Time Salary Level 4*</th>
<th>Extended Part-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary = $80,000 – 119,999</td>
<td>Salary =&gt; $120,000</td>
<td>All Salaries</td>
</tr>
<tr>
<td><strong>EXEMPT</strong> (24 Deductions)</td>
<td><strong>NON-EXEMPT</strong> (26 Deductions)</td>
<td><strong>EXEMPT</strong> (24 Deductions)</td>
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<td>$81.91</td>
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</tr>
<tr>
<td>$15.34</td>
<td>$14.16</td>
<td>$15.34</td>
</tr>
</tbody>
</table>

**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.
What are the risk factors?

According to the American Heart Association and the National Heart, Lung, and Blood Institute, there are five risk factors that make up metabolic syndrome. To be diagnosed with metabolic syndrome, you would have at least three of the following five risk factors:

- **Large waist size** (body type described as “apple shaped”)
  - For men: 40 inches or larger
  - For women: 35 inches or larger

- **Blood Pressure**
  - 140/90 mm Hg or greater
  - OR using a high blood pressure medicine

- **Cholesterol: High Triglycerides**
  - 150 mg/dL or higher
  - OR using cholesterol medicine

- **Blood Sugar: High Fasting Glucose Level**
  - 100 mg/dL or higher

What causes metabolic syndrome to occur?

Because metabolic syndrome is a collection of risk factors, not a single disease, experts believe there are several different causes including:

- **Insulin resistance.** The body uses insulin less effectively than normal causing blood sugar and fat levels rise. Insulin resistance is closely connected to having excess weight in the abdomen.

- **Obesity – especially abdominal obesity.**

- **Unhealthy lifestyle.** Eating a diet high in fats and not getting enough physical activity is a primary cause for many of the risk factors.

- **Hormonal Imbalance.** Certain overactive or underactive hormonal imbalances can cause the risk factors to occur.
**What can I do about it?**

While some of the risk factors are due to uncontrollable circumstances such as aging and family history; overall, metabolic syndrome can be dramatically delayed – and even prevented – with simple lifestyle and behavioral changes that are well within our power to control. If you feel you have any of the five risk factors noted, it’s time to take action.

Working together with the *Better Me* program and your healthcare providers, you can successfully control metabolic syndrome. Consider the following small changes that can have big results on reducing your risk factors:

- **Lose weight.** Evidence shows that people who lose weight gradually and steadily (about 1 to 2 pounds per week) are more successful at keeping it off. To lose weight, you must use up more calories than you take in. Since one pound equals 3,500 calories, reduce your caloric intake 500 – 1,000 calories per day to lose 1 to 2 pounds per week. The good news is that no matter what your weight loss goal is, even a modest loss, such as 5 to 10 percent of your total body weight, is likely to produce health benefits.

- **Get 30 minutes of moderate intensity exercise, such as walking, 5 – 7 days per week.**

- **Lower your cholesterol using weight loss, exercise, and cholesterol lowering medicines, if needed.**

- **Lower your blood pressure using weight loss, exercise, and medicine, if needed.**

- **If you smoke, quit.**

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**Better Me** offers many programs, classes, and personal support resources to help you commit to a healthy lifestyle. Our registered dietician is developing new weight loss programming that will be available soon.

If you would like individual support to address your personal lifestyle goals and health concerns, reach out to one of our wellness coaches at: sgrace@wellnesscoachesusa.com.

To learn about our complete range of *Better Me* programming and resources, visit [http://www.rit.edu/fa/betterme/](http://www.rit.edu/fa/betterme/).

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**Coming Soon**

**Blue4U Health Screenings**

RIT is investing in a new type of program as part of the *Better Me* employee wellness program to further promote wellness participation. Excellus “Blue4U” is an on-site offering of preventive health evaluations, free for all employees.

Our objective for this program is to encourage personal health awareness, focusing on prevention, which is key to managing the rising cost of healthcare.

The preventive health evaluation is a confidential, clinical screening that measures cardiovascular risks, high cholesterol, high blood pressure, and blood sugar. The individual results are private and only available to you and your personal physician with your consent. RIT will receive a report with overall results but will not have access to anyone’s individual information.

**Why Prevention?**

- 1 in 5 adults have high cholesterol.
- 1 out of 2 men and 1 out of 3 women will develop heart disease sometime in their life.
- 80% of cardiovascular disease and diabetes is preventable.
- 54 million people in the United States have pre-diabetes.
- 70 million Americans have high blood pressure.
- More than 90% of obesity is preventable.

RIT *Better Me* is building a culture of health and wellness for faculty and staff through personal accountability. The screenings will take place November 6 – 9 and November 13 – 16; times and locations will be announced.
HIGHER ED EAP

We are pleased to announce that RIT’s Employee Assistance Program (EAP) provider, ESI Employee Assistance Group, has recently introduced “Higher Ed EAP,” a new set of benefits and services specifically designed with higher education issues in mind.

Higher Ed EAP is offered in addition to all the EAP services currently available to you including:

- Unlimited phone counseling for you and your family members living in your household, 24 hours a day, 7 days a week.
- Up to six face-to-face counseling sessions covered in full for each eligible person, per issue, per calendar year.
- Access to a broad array of EAP benefits – everything from work/life counseling and wellness to parental resources and lifestyle benefits.

With Higher Ed EAP, you will now have even greater access to many new resources and tools specifically geared toward higher education. These expanded resources are detailed at www.HigherEdEAP.com, and include:

- Classroom Management and Teaching Resources
- Social Media for Higher Ed
- Campus Issues: Risk Management and Prevention
- Student Problems and Issues
- Grants, Fellowships, and Awards
- Tech Tools for Higher Ed

To learn more, go to www.HigherEdEAP.com and click on the Employee & Family Login. If you have a username and password already set up, it will work on this new site. Check back frequently for new benefits.

Please remember that all information shared with an EAP counselor is confidential – RIT does not receive any information about who calls the EAP. Counselors answer the phone allowing you ‘in the moment’ care and the ability to begin to sort out your issues right away. For more details about RIT’s EAP, refer to the information on the HR website at https://www.rit.edu/fa/humanresources/content/benefits-health-and-wellness in the Additional Benefits section.

If you need help logging in, have any questions for the EAP, or need to speak to a counselor, call (800) 252-4555/V or (800) 225-2527/V and (585) 325-2980/TTY and an EAP counselor will help you find the resources you need.

EAP services are provided free of charge!
THE MANY FACES OF “GREEN”

When you think about your retirement savings plan, the word “green” may conjure up the large piles of green cash you hope to have in your account by the time you retire. But green has another meaning with regard to the plan… the movement toward sustainability.

RIT seeks to become a world leader in sustainability education, research, and practice. RIT’s commitment to sustainability is based on a growing international concern about the future of our planet. RIT President Bill Destler has stated, “It is clear that the human race cannot continue to consume resources at the current rate and sustain a growing world population.”

You receive quite a bit of communication and literature from Fidelity Investments, our plan’s master administrator, and from TIAA-CREF, if you have an account with them. Some of the common pieces you receive include your quarterly account statements and prospectuses for the funds in which you invest. Over time, the volume of paper adds up, requiring you to either dispose of this paper, or find a file space to retain it.

One step each of us can take toward environmental sustainability is to eliminate the need for unnecessary paper. If you have access to electronic documents at work or at home, you may not need to continue receiving paper from our retirement plan recordkeepers. *If you have not chosen electronic delivery as your preferred method of communication from Fidelity and TIAA-CREF, we encourage you to consider doing so.* Electronic delivery provides convenient, 24/7 access, helps the environment, and reduces the amount of paper you need to store.

Follow the steps below to elect electronic delivery from Fidelity and TIAA-CREF:

<table>
<thead>
<tr>
<th>Fidelity Investments</th>
<th>TIAA-CREF</th>
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</thead>
<tbody>
<tr>
<td>2. Log into your account (if you have not logged in before, simply click on Register Now and follow the prompts.</td>
<td>2. Click Sign Up for eDelivery.</td>
</tr>
<tr>
<td>3. Click on your plan name.</td>
<td>3. Enter your User ID and Password.</td>
</tr>
<tr>
<td>4. Click on the Your Profile tab.</td>
<td>4. Read the Terms and Conditions of eDelivery.</td>
</tr>
<tr>
<td>5. Click on Mail Preferences.</td>
<td>5. Click Edit My eDelivery Preferences.</td>
</tr>
<tr>
<td>6. In the Action column, click on Update make your election.</td>
<td>6. Provide email address for eDelivery.</td>
</tr>
<tr>
<td>7. Click Submit.</td>
<td>7. Click Save My eDelivery Preferences.</td>
</tr>
</tbody>
</table>
2012 Benefits Notices

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

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.
Special Enrollment Rights

This notice is being provided to ensure that you understand your right to apply for medical coverage with Rochester Institute of Technology (RIT). You should read this notice even if you waive coverage.

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in the RIT medical coverage if you or your dependents lose eligibility for the other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must contact RIT Human Resources and request enrollment within 31 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in the RIT medical coverage. However, you must contact RIT Human Resources and request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment in RIT medical coverage for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in an RIT medical plan if you or your dependents lose eligibility for that other coverage. However, you must contact RIT Human Resources and request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage, you may be able to enroll yourself and your dependents in that plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact the RIT Human Resources Department (on the back of this newsletter for contact information).

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Contact</th>
<th>Telephone (V)</th>
<th>E-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>A – L</td>
<td>Valerie Liegey</td>
<td>(585) 475-5346</td>
<td><a href="mailto:valpsn@rit.edu">valpsn@rit.edu</a></td>
</tr>
<tr>
<td>M – Z</td>
<td>Brett Lagoe</td>
<td>(585) 475-5983</td>
<td><a href="mailto:blpsn@rit.edu">blpsn@rit.edu</a></td>
</tr>
</tbody>
</table>

**Enrollment Information Resources & Contact Information**

<table>
<thead>
<tr>
<th>Name</th>
<th>Voice</th>
<th>TTY</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RIT Human Resources</strong></td>
<td>(585) 475-2424</td>
<td></td>
<td><a href="https://www.rit.edu/fa/humanresources/content/benefits-health-and-wellness">https://www.rit.edu/fa/humanresources/content/benefits-health-and-wellness</a></td>
</tr>
<tr>
<td><strong>Health Care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical (Excellus BlueCross BlueShield)</td>
<td>(877) 668-7636</td>
<td>(585) 454-2845</td>
<td><a href="http://www.excellusbcbs.com">www.excellusbcbs.com</a></td>
</tr>
<tr>
<td>Prescription Drug (Express Scripts, formerly Medco)</td>
<td>(800) 230-0508</td>
<td>(800) 759-1089</td>
<td><a href="http://www.express-scripts.com">www.express-scripts.com</a></td>
</tr>
<tr>
<td>(Wegmans)</td>
<td>(800) 934-6267</td>
<td></td>
<td><a href="http://www.wegmans.com">www.wegmans.com</a></td>
</tr>
<tr>
<td>Vision Care Plan (VSP)</td>
<td>(800) 877-7195</td>
<td>(800) 428-4833</td>
<td><a href="http://www.vsp.com">www.vsp.com</a></td>
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<tr>
<td>Dental (Excellus BlueCross BlueShield)</td>
<td>(800) 724-1675</td>
<td>(585) 454-2845</td>
<td><a href="http://www.excellusbcbs.com">www.excellusbcbs.com</a></td>
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<tr>
<td>Long-Term Care (MedAmerica)</td>
<td>(800) 544-0327</td>
<td>(585) 454-2845</td>
<td><a href="http://www.yourlongtermcare.com">www.yourlongtermcare.com</a></td>
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<tr>
<td><strong>Other Insurance</strong></td>
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<tr>
<td>Prudential (Life, AD&amp;D, STD, FMLA, and LTD)</td>
<td>(877) 908-4778</td>
<td></td>
<td><a href="http://www.prudential.com/mybenefits">www.prudential.com/mybenefits</a></td>
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<tr>
<td><strong>Retirement Program</strong></td>
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<tr>
<td>Fidelity</td>
<td>(800) 343-0860</td>
<td>(800) 259-9743</td>
<td><a href="http://www.fidelity.com">www.fidelity.com</a></td>
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<tr>
<td>TIAA-CREF (New York City)</td>
<td>(800) 842-2776</td>
<td>(800) 842-2755</td>
<td><a href="http://www.tiaa-cref.org">www.tiaa-cref.org</a></td>
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<tr>
<td>TIAA-CREF (Rochester)</td>
<td>(585) 246-4600</td>
<td>(585) 246-4610</td>
<td><a href="http://www.tiaa-cref.org">www.tiaa-cref.org</a></td>
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<tr>
<td><strong>Other Programs</strong></td>
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<tr>
<td>NYS College Savings Program</td>
<td>(877) 697-2837</td>
<td></td>
<td><a href="http://www.nysaves.org">www.nysaves.org</a></td>
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<tr>
<td>U.S. Savings Bonds</td>
<td>(800) 487-2663</td>
<td></td>
<td><a href="http://www.treasurydirect.gov">www.treasurydirect.gov</a></td>
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<tr>
<td><strong>Employee Discount Services</strong></td>
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<tr>
<td>Hyatt Legal</td>
<td>(800) 821-6400</td>
<td>(800) 821-5955</td>
<td><a href="http://www.legalplans.com">www.legalplans.com</a> password = 570005</td>
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<tr>
<td>Auto/Homeowners Insurance (Marsh @WorkSolutions)</td>
<td>(866) 272-8902</td>
<td></td>
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<tr>
<td>RARES</td>
<td>(585) 503-8160</td>
<td></td>
<td><a href="http://www.rares.org">www.rares.org</a></td>
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