Dear Colleagues:

While health care costs continue to rise, RIT has been developing partnerships to provide choices that can help you manage your costs. This year, we introduced our preferred pharmacy arrangement with Wegmans, which allows you to save money on your prescription drugs while filling them at a local retail pharmacy. We also brought you the RGHS Copay Option with slightly lower copays for certain services when you go to a Rochester General Health System (RGHS) provider or facility. The Wegmans arrangement remains unchanged for 2014. The article on page 6 is designed to make sure everyone is aware of this excellent opportunity. The RGHS Copay Option will be expanded to include outpatient facilities. This option may become attractive to more people in 2014, as the copays for in-network services outside the Rochester General Health System are increasing; see page 9 for more information.

Our Better Me employee wellness staff is dedicated to helping you live healthier, and a screening event this fall is designed to increase your awareness of your overall health status. While employee contributions for medical coverage are increasing a small percentage compared to recent years, you will have a wonderful opportunity to help offset the cost. You can earn a “$100 wellness payment” by participating in a wellness screening on campus this fall. See the article on page 5 for details.

Dental and vision care premiums will go up very slightly. Rates for other plans (Life, Accidental Death & Dismemberment, and Long-Term Disability Insurance) remain the same as in 2014, but your premium may increase based on a higher salary and/or due to aging into a higher age-rated tier.

RIT continues to comply with provisions of the Affordable Care Act (ACA) as they become effective. See the article Update on the Affordable Care Act on page 10 regarding benefit and process changes related to the new health care reform law.

We continue to take pride in being able to bring you an array of competitive and comprehensive benefits.

Sincerely,

Renee Brownstein
Associate Director, Human Resources
2014 Open Enrollment News

2014 Key Changes

- Better Me Wellness Participant Payment Bonus (see page 4)
- Medical Copays Respond to Rising Costs (see page 8)
- RGHS Copay Option Becomes Even More Valuable (see page 9)

YOU CAN MAKE CHANGES TO THE FOLLOWING BENEFITS FOR A JANUARY 1, 2014 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 2013 benefit elections for the benefits listed here will continue into 2014 EXCEPT for Beneflex. Your 2013 Beneflex election DOES NOT CONTINUE in 2014. If you want to participate in Beneflex for 2014, 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 at http://www.rit.edu/benefits.

EVIDENCE OF INSURABILITY

If you elect or increase your Supplemental Life, Spouse Life, and/or Supplemental LTD, you (or your spouse in the case of Spouse Life) will need to complete the Evidence of Insurability (EOI) process for RIT’s insurance company, Prudential.

Prudential will send an e-mail to your RIT e-mail address, asking you to complete a questionnaire which Prudential will review to determine if coverage will be approved. Your new coverage will not go into effect unless Prudential approves it and the new payroll contributions will not begin until Prudential approves the coverage.

RIT Human Resources will send an e-mail to affected employees reminding them about the Prudential e-mail. If you prefer to complete a paper form, please contact your benefits representative in the HR Department.
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 2014. 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 logging into Self-Service and completing the enrollment process.

**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, November 5</td>
<td>11:00 a.m. – 1:00 p.m.</td>
<td>Wallace Library, Room 3650</td>
</tr>
<tr>
<td>2</td>
<td>Wednesday, November 13</td>
<td>7:30 a.m. – 9:00 a.m.</td>
<td>Wallace Library, Room 3650</td>
</tr>
<tr>
<td>3</td>
<td>Monday, November 18</td>
<td>3:00 p.m. – 5:00 p.m.</td>
<td>Wallace Library, Room 3650</td>
</tr>
</tbody>
</table>

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/2/ or x5-6281/V and x5-6242/TTY.

To log in to 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 log-in screen; OR
- **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.

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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.

**U.S. SUPREME COURT RULING IMPROVES BENEFITS FOR SAME GENDER SPOUSES**

Earlier this year, the U.S. Supreme Court ruled that Section 3 of the Defense of Marriage Act (DOMA) is unconstitutional. This means that for purposes of employee benefit plans and arrangements governed by Federal law, primarily the Internal Revenue Code (Code) and the Employee Retirement Income Security Act (ERISA), a spouse will include a same-gender spouse, at least with respect to those jurisdictions within which same gender marriage is legal. Employees who have a same-gender spouse now have the same benefit rights and privileges that employees who have an opposite gender spouse. For more details, refer to the HR website at http://www.rit.edu/benefits.

Your current medical, vision, dental, life, AD&D, LTD, and legal services coverage continue automatically into 2014. 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 2014, you MUST enroll.
During November, on the dates indicated in the schedule on page 5, RIT will host wellness events that will include:

- Wellness screenings (Know Your Numbers) and earn a $100 Wellness Payment!
- Flu shots by Wegmans pharmacists
- Blood pressure screenings by Wegmans

**Wellness Screenings**

Medical personnel from Interactive Health (an independent health and wellness company partnered with Excellus BlueCross BlueShield) will conduct voluntary, free, and confidential screenings. The screenings include a blood draw and blood pressure check. You are eligible for the screenings if you are a regular RIT employee; you do not need to be participating in RIT’s medical plan.

To participate in the wellness screening you will need to schedule an appointment and complete your health history information.

**Online scheduling:**

- Log-in at [www.excellusbcbs.com/blue4u](http://www.excellusbcbs.com/blue4u) (First-time website users must register – use the Sponsor Code: XGFHL)
- You will be prompted to complete your health history online to confirm your appointment

**By phone scheduling:**

- Call Interactive Health at (866) 270-5441/V.
- You may go online prior to December 20, 2013, and follow the prompts on your home page to complete your health history; if you do not do this, you will fill out a form during your appointment.

You can elect to have your lab results sent directly to your physician. Provide your physician’s name, fax and phone number when you register for your health screening online. You may also bring this information with you to your appointment. Interactive Health will then automatically send your results to your physician.

**Reminder for Wellness Appointments**

- Please bring your medical insurance card with you to your appointment.
- **You need to fast for 12 hours before your health evaluation appointment.** Drink plenty of plain water – no food or other beverages. If you are diabetic, pregnant, on medication, or have a medical condition that will prevent you from fasting 12 hours, please follow your doctor’s instructions regarding fasting.

If it is not convenient for you to participate in the screenings on campus, there is a **Test at a Lab** option available. This option lets you go to a participating community lab of your choice to have your blood drawn. If you use this option, please go online or call Interactive Health by December 6 and complete the lab testing no later than December 20, 2013.

- To take advantage of this option, contact Interactive Health and indicate you want to have the test done at a lab.
- Interactive Health will send a packet to your home address containing instructions, important paperwork, and a list of labs closest to your home. You will need your blood pressure values to complete your Health History. Be sure to bring the Test Requisition document with you to the lab.
- And don’t forget to fast for 12 hours prior to your appointment and bring your insurance subscriber ID card.

Within 5-10 business days, confidential, personalized results of the health screening are sent to you at your home address and will be available online. The report explains your results, proposes a health goal, and offers personalized recommendations. At your request, the report can also be sent to your personal physician. Interactive Health also provides information, resources, and one-on-one coaching to help you follow up on the recommendations and achieve your health goal (in addition to the resources and coaching opportunities available through RIT’s Better Me program).
Please be assured that this is a confidential process. RIT will not receive any employee’s specific/identified information. RIT will receive aggregate reports that summarize the health status of the entire group of people who participate in the screenings. These aggregate reports will allow us to design wellness programming and offer resources to address the health needs of our population.

If you are unable to participate, which is required for you to earn the $100 wellness payment, you may qualify for an opportunity to earn the same wellness payment through an alternative course of action. This alternative course of action must be completed by January 15, 2014. Please contact Interactive Health at least two weeks prior to this date at (866) 270-5441 and ask to speak to a member of the health management team about a reasonable alternative standard to qualify for the incentive.

### What does it mean to know your numbers?

One of the key goals of the wellness screening is to allow you to “know your numbers.” Your “numbers” refer to the fundamental measures of your well-being, which are cholesterol, blood pressure, glucose, and triglycerides. Being aware of your numbers helps you understand your current health status and risk factors for certain conditions. This first step empowers you to truly take charge of your health.

### Flu Vaccines on Campus by Wegmans Pharmacists

Free flu shots are available on a first-come first-serve, walk-in, basis on the dates below for regular employees. This year the flu shots will be administered by Wegmans pharmacists. Please bring your RIT employee I.D. to take advantage of this service.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday, November 5</td>
<td>8 a.m. – 12 p.m.</td>
<td>SAU, 1829 Room</td>
</tr>
<tr>
<td>Wednesday, November 6</td>
<td>8 a.m. – 12 p.m.</td>
<td>SAU, 1829 Room</td>
</tr>
<tr>
<td>Thursday, November 7</td>
<td>7 a.m. – 11 a.m.</td>
<td>FMS, Room 1260 (Engineering)</td>
</tr>
<tr>
<td>Tuesday, November 12</td>
<td>8 a.m. – 12 p.m.</td>
<td>SAU, Fireside Lounge</td>
</tr>
<tr>
<td>Wednesday, November 13</td>
<td>8 a.m. – 12 p.m.</td>
<td>SAU, 1829 Room</td>
</tr>
<tr>
<td>Thursday, November 14</td>
<td>8 a.m. – 12 p.m.</td>
<td>NTID, Room 1310</td>
</tr>
<tr>
<td>Tuesday, November 19</td>
<td>8 a.m. – 12 p.m.</td>
<td>Campus Ctr., Room 2650</td>
</tr>
<tr>
<td>Wednesday, November 20</td>
<td>8 a.m. – 12 p.m.</td>
<td>SAU, Fireside Lounge</td>
</tr>
<tr>
<td>Thursday, November 21</td>
<td>8 a.m. – 12 p.m.</td>
<td>Global Village, Better Me Studio</td>
</tr>
</tbody>
</table>

*See page 4 for instructions on scheduling an appointment for a wellness screening.*

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**Wegmans Healthy Blood Pressure Program**

Our partnership with Wegmans is expanding! Wegmans is making a truly valuable resource available to all RIT employees. We hope you will take advantage of it.

A Wegmans Pharmacist Coach is available for a free and confidential consultation and ongoing coaching regarding your blood pressure. The Pharmacist Coach can:

- Monitor and manage your blood pressure
- Help you set goals and work with you to help you achieve them
- Provide diet and exercise tips to fit your lifestyle
- Help you manage your medications
- Answer your questions about health and wellness

Watch for e-mails from Better Me with upcoming dates, times and locations for blood pressure screenings by Wegmans pharmacists.
Medical & Prescription
Drug Coverage

Wegmans UPDATE

Last fall, we announced our new “preferred pharmacy arrangement” with Wegmans Pharmacies for 2013. Since then, we’ve had quite a bit of positive feedback from our prescription drug plan participants who are delighted to have a local retail pharmacy choice with the lowest copays our plan offers.

In fact, in addition to your comments, our data shows that you are pleased with having this choice. For the first seven months of 2013, about 50% of medications dispensed under our plan were purchased at a Wegmans pharmacy. This compares with 29% purchased at Wegmans during all of 2012.

As a reminder, at any Wegmans pharmacy, you are able to:
- Fill a 30-day prescription for a lower copay than at any other retail pharmacy; and
- Fill a 90-day prescription for the same copay you would pay through the Express Scripts mail pharmacy.

An additional way to save money on your medications is through Wegmans’ designated generics program. Under this program, you are able to purchase a 30-day supply of certain generic medications for $4, and a 90-day supply for $10. See the Wegman’s website, at https://www.wegmans.com/pdf/pharmacy/pharmacyGenericPriceList.pdf, for the latest list of qualifying generic medications.

Another positive aspect of our special relationship with Wegmans is the opportunity to avail ourselves of many of their resources. This fall, our flu shots on campus will be administered by Wegmans pharmacists. Also, Wegmans has expanded a blood pressure pharmacist coaching program to include RIT employees – in the past, the program has only been available to their own employees. This valuable free and confidential program is now even more convenient because a Wegmans pharmacist is scheduling individual appointments with RIT employees on campus. See the Better Me article on page 5 for details on pharmacist coaching and the upcoming schedule for both the flu shots and wellness screenings.
RIT PRESCRIPTION DRUG PLAN

Effective January 1, 2014, the RIT Prescription Drug Plan will no longer cover a select list of medications (approximately 48 at this time – list available at www.express-scripts.com and RIT’s HR website, http://www.rit.edu/benefits). This change was initiated by Express Scripts, RIT’s Pharmacy Benefit Manager (PBM), in response to actions by several large brand drug manufacturers to recoup lost market share. With generic utilization reaching an all-time high, the promotion of brand-name traditional drugs by pharmaceutical manufacturers is becoming more aggressive. This adds unnecessarily to the rapidly increasing cost of prescription drugs and medical care. Other large PBMs have taken similar steps to help control cost escalation.

Express Scripts’ national formulary offers access to more than 4,000 safe and effective medications to treat every condition for which drug therapy is available, based upon guidance from an independent group of expert health professionals. However, drug choices in some categories are larger than ever with many products costing more with no additional health benefit.

If you are currently filling a prescription for one of the 48 medications no longer covered under the plan, you will receive a letter from Express Scripts by early November; your physician will also receive a letter. A list of other covered alternative medications will be included with these letters to provide your physician the opportunity to prescribe a different medication that is covered by your plan. If your physician does not prescribe one of the covered alternatives, when you next attempt to fill your prescription, you will be required to pay the full cost (with no discount) at the pharmacy, and will not be able to be reimbursed by the plan for any part of its cost.

Is it Express Scripts or Medco?

Last year, Express Scripts and Medco merged, creating one company that they call Express Scripts. However, they are still working through the process of changing the name on its communications, so sometimes you will see the name Medco (including your prescription drug ID card) and sometimes you will see Express Scripts.

SHINGLES VACCINE AVAILABLE FOR THOSE AGE 60 AND OLDER

You may have heard about the ZOSTAVAX vaccine, more commonly called the shingles vaccine, at your doctor’s office or at a retail pharmacy. There has been confusion about whether this vaccine is given at age 50 and above or age 60 and above; RIT’s plans cover this vaccine beginning at age 60.

As RIT’s medical plan administrator, Excellus BlueCross BlueShield closely follows the guidelines set by the Federal government’s Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP). The ACIP recommends the shingles vaccine for those age 60 and older.

The ACIP is a group of medical and public health experts that develops recommendations on how to use vaccines to control diseases in the United States. Their recommendations stand as public health advice that will lead to a reduction in the incidence of vaccine preventable diseases and an increase in the safe use of vaccines and related biological products.
MEDICAL PLAN COPAYS
RESPOND TO RISING COSTS

You are probably aware from reading in the press that the cost of medical care continues to increase every year. Because RIT’s medical plans are copay-based (meaning you pay a fixed dollar copay for nearly all covered services, rather than a percentage of the costs), the share of the cost that RIT bears has risen each year, while the portion of costs paid by the patient has decreased. The last time RIT’s medical copays were increased was in 2008.

For 2014, medical plan copays will increase, with one important exception. Copays for many services by providers and at facilities affiliated with Rochester General Health System (RGHS) will remain the same as they are in 2013. You can read more about the RGHS Copay Option in an article on page 9.

The following in-network copays will apply in 2014. 2014 copays are highlighted in bold, while current 2013 copays are shown in parenthesis.

<table>
<thead>
<tr>
<th>Service</th>
<th>POS A</th>
<th>POS B</th>
<th>POS D</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>RGHS</td>
<td>Other In Network</td>
<td>RGHS</td>
</tr>
<tr>
<td>PCP diagnostic office visit</td>
<td>$15 ($15)</td>
<td>$25 ($20)</td>
<td>$20 ($20)</td>
</tr>
<tr>
<td>Specialist visit</td>
<td>$20 ($20)</td>
<td>$40 ($25)</td>
<td>$25 ($25)</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$45 ($35)</td>
<td>$45 ($35)</td>
<td>$50 ($40)</td>
</tr>
<tr>
<td>Emergency room</td>
<td>$50 ($50)</td>
<td>$100 ($75)</td>
<td>$75 ($75)</td>
</tr>
<tr>
<td>Inpatient hospital</td>
<td>$75 ($75)</td>
<td>$150 ($100)</td>
<td>$225 ($225)</td>
</tr>
<tr>
<td>Outpatient facility</td>
<td>$0 ($0)</td>
<td>$100 ($0)</td>
<td>$50 ($50)</td>
</tr>
</tbody>
</table>

We try to balance the affordability for employees of both payroll contributions and point of care medical services. To offset the increases in copays, payroll contributions for medical and prescription drug coverage will be rising slightly over the 2013 amounts. For 2014, we are introducing a small payroll contribution for Salary Level 1 employees with POS B No Drug individual coverage; it will be $2.31 per pay period for bi-weekly paid employees and $2.50 for semi-monthly paid employees. However, the amount of the contribution can be more than offset (you can actually save money!) when you participate in the wellness screening which will provide you with a $100 wellness payment. See page 5 for details and dates for the screenings.

Consider increasing your contribution to the Beneflex Health Care Spending Account to help pay for the higher copays with before-tax dollars.
RGHS COPAY OPTION BECOMES EVEN MORE VALUABLE!

There’s good news if you choose to receive your medical care from physicians and other providers affiliated with our alliance partner, the Rochester General Health System (RGHS).

You may be aware that for 2013, RIT introduced the RGHS Copay Option. This option allows you to pay reduced copays for physician visits, inpatient hospital stays, and emergency room care, when you receive care within the RGHS system.

The RGHS Copay Option may be a more popular choice in 2014 for several reasons:

- **Non-RGHS Copays Increasing** – Copays for medical care from in-network providers and facilities not affiliated with RGHS are increasing; see the Medical Plan Copays Respond to Rising Costs article on page 8 for details.

- **Better Access** – RGHS has committed to helping RIT plan participants find primary care physicians (PCPs) and specialists within their network who will meet your needs. The details of this process are being worked out and we will send you information about it once it becomes available. If you have tried to find a PCP who is accepting new patients in the last several years, you know that it is becoming increasingly difficult to do so. Many local physicians are expected to retire in the next few years, and there is a nationwide shortage of PCPs, so the RGHS assistance for RIT plan participants is going to become increasingly valuable.

- **RGHS and Unity Health Systems May Be Merging** – RGHS and Unity Health System are seeking government approval to merge the two systems. If your providers are affiliated with Unity, you may be able to take advantage of the RGHS Copay Option once the merger becomes effective without having to make a change.

- **Outpatient Facilities** – For 2014, a new category is added to the RGHS Copay Option: a higher copay will be charged for services in non-RGHS outpatient facilities, while the RGHS copay remains as it is in 2013.

RIT and RGHS formed a strategic alliance several years ago. Our two organizations have partnered on a variety of initiatives and intend to continue to seek opportunities to leverage the relationship. In order to provide employees with a more affordable choice for obtaining health care services, RIT will continue to offer the RGHS Copay Option at the current copay levels. This is made possible because a study of costs across the Rochester area shows that, on average, costs at RGHS are often lower than at other systems.

**At Your Physician’s Office**

Based on feedback from several plan participants who use RGHS providers this year, we have worked with Excellus to improve the process to ensure patients are charged the appropriate lower copays by RGHS providers and facilities. At RIT’s request, Excellus sent a mailing to RGHS providers in July to remind them of the special copay arrangement for RIT plan participants. For 2014, all RIT plan participants will receive new ID cards that will instruct RGHS-affiliated providers to verify copays with Excellus rather than simply relying on the copays printed on the ID cards. If you use an RGHS provider and believe you are not being charged the proper copay, you can draw their attention to the language on the new ID card and request that they verify the copay with Excellus.
**Update on the Affordable Care Act (ACA)**

Since the Affordable Care Act (ACA), otherwise known as Health Care Reform, was signed into law in 2010, we have been providing updates to you annually about the changes that have taken effect that impact RIT’s health care plans and you as a participant.

For 2014, there are a couple of required changes which will be incorporated into our plans.

**Out-of-Pocket Maximums Added to Medical Plans**

The ACA requires that medical plans provide protection in the event of catastrophic costs, therefore, each of RIT’s medical plans will include “out-of-pocket maximums.” This concept is very common in plans with deductibles and coinsurance but not typically included in copay-based plans like RIT’s. The reason is that under copay-based plans, the amount a person pays for covered services is usually a small fraction of the overall cost of health care services, and a person would generally need to have a huge number of office visits, inpatient stays, etc., to reach the typical out-of-pocket maximum.

However, the out-of-pocket maximum is a good added protection for you, especially if you use many medical services in a year, and if you have expenses like durable medical equipment for which you pay a percentage of the cost.

Once an individual covered by the plan has paid amounts towards covered services totaling the out-of-pocket maximum (copays and coinsurance, but not payroll contributions), the remainder of your eligible, covered medical costs for the calendar year will be covered at 100%. If you have two-person or family coverage, once members of your family have reached the family out-of-pocket maximum, then all your family members are covered at 100% for eligible covered medical expenses for the rest of the calendar year.

Only covered plan expenses count toward the out-of-pocket maximum; non-covered expenses do not count toward the out-of-pocket maximum.

**NOTE:** for 2014, the out-of-pocket maximum does not include prescription drug expenses that are covered under the RIT Prescription Drug Plan, which is separately administered by Express Scripts.

When you receive your medical care within Excellus’ network, your maximum out-of-pocket expense in 2014 will be as shown in the chart below. There are separate out-of-pocket maximums for services outside the network, which you can find in the Medical Comparison Book on the Human Resources website.

**2014 In-Network Out-of-Pocket Maximums**

<table>
<thead>
<tr>
<th>Plan</th>
<th>Individual In-Network Out-of-Pocket Maximum</th>
<th>2-Person/Family In-Network Out-of-Pocket Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>POS A</td>
<td>$4,000</td>
<td>$8,000</td>
</tr>
<tr>
<td>POS B</td>
<td>$5,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>POS D</td>
<td>$6,000</td>
<td>$12,000</td>
</tr>
</tbody>
</table>
Vitamin D covered for Age 65+

Beginning January 1, 2014, if you or your spouse are age 65 or older and covered under one of RIT’s medical plans, generic Vitamin D supplements are covered with no copay. This coverage will be provided under the Express Scripts prescription drug coverage for POS A, POS B, and POS D (not subject to the deductible) and under the Excellus medical plan for POS B No Drug. This coverage includes both over-the-counter and prescriptions, as follows:

- Vitamin D2 or D3 containing 1,000 IU or less per dosage; and
- Combination calcium/Vitamin D products (only those two).

In order to get the Vitamin D with a $0 copay, request a prescription from your physician and take it to the prescription counter at a local participating pharmacy.

Health Care Marketplace Notice

In late September, we provided all employees with a legally required notice regarding the new “Health Care Marketplace,” sometimes referred to as the “Health Care Exchange.” Under the ACA, this new Marketplace offers health insurance policies underwritten by private insurance companies. The policies have to meet Federal guidelines for “minimum essential coverage,” which means that certain kinds of expenses must be covered. There are several different levels of coverage available through the Marketplace. Individuals who qualify by household income can obtain a tax credit to help make the coverage affordable.

To clarify, since you are currently in an employment category eligible for RIT health care benefits, you will continue to be eligible in 2014, unless you change your employment category or terminate employment. You have the right to opt out of RIT’s coverage and obtain your coverage through the Marketplace if you wish. However, please note that if you do so, RIT will make no contribution to your Marketplace coverage, so you will have to pay the full premium (less any government tax credits for which you may be eligible).

If you have questions about the insurance products available in the Marketplace, the following resources are available:

Coordinated Care Services, Inc. (585) 613-7662/V
Legal Assistance of Western New York (585) 325-2520/V

Employer Mandate

You may have read that the “employer mandate” under ACA which was to take effect January 1, 2014, has been delayed by the Federal government.

Beginning in 2015, employers with 50 or more employees, including RIT, are required to offer health care coverage to employees who work an average of 30 or more hours per week during a 12-month “measurement period” (initially October 1, 2013 through September 30, 2014). For employees currently in an employment category that is eligible for RIT health care coverage, the new law has no effect on that eligibility.

At RIT we have employees in several categories of employment that are not currently eligible for coverage under RIT’s health care plans. In order to comply with the new law, we must determine which of those employees work at least 30 hours per week, on average.

- For non-exempt employees, including student employees, co-ops, and other non-exempt categories not currently eligible, we will use hours reported in the Kronos timekeeping system to determine eligibility.
- For adjunct faculty, we plan to use a formula that applies a ratio of work hours to credit hours taught, to determine whether an adjunct faculty member is eligible.
- For other exempt employees aside from adjunct faculty teaching credit-bearing courses, who are not currently eligible for RIT’s health care coverage, we have introduced a new process by which they need to report their weekly hours in Oracle employee self-service, beginning October 1, 2013. Impacted employees were notified with a letter mailed to their home address in late September.

NOTE: If you sign up for a plan in the Marketplace to be effective January 1, 2014, you must cancel your RIT coverage during the open enrollment period. Otherwise, you will have both coverages and will not be able to cancel your RIT coverage mid-year.

Also under ACA, the definition of an eligible child is expanded to include a foster child (under age 18), defined as an individual who is placed with the employee by an authorized placement agency or by judgment decree, or other court order.
## Benefits Contribution Rates

### Medical, Vision & Dental Rates

<table>
<thead>
<tr>
<th>PLAN</th>
<th>LEVEL OF COVERAGE</th>
<th>FULL-TIME SALARY LEVEL 1*</th>
<th>FULL-TIME SALARY LEVEL 2*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>EXEMPT (24 Deductions)</td>
<td>NON-EXEMPT (26 Deductions)</td>
</tr>
<tr>
<td>Blue Point2 POS A</td>
<td>Individual</td>
<td>$50.84</td>
<td>$46.93</td>
</tr>
<tr>
<td></td>
<td>2 Person</td>
<td>$121.15</td>
<td>$111.83</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$165.78</td>
<td>$153.03</td>
</tr>
<tr>
<td></td>
<td>One Parent Family</td>
<td>$139.73</td>
<td>$128.98</td>
</tr>
<tr>
<td>Blue Point2 POS B</td>
<td>Individual</td>
<td>$43.65</td>
<td>$40.30</td>
</tr>
<tr>
<td></td>
<td>2 Person</td>
<td>$101.49</td>
<td>$93.68</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$148.03</td>
<td>$136.64</td>
</tr>
<tr>
<td></td>
<td>One Parent Family</td>
<td>$110.11</td>
<td>$101.64</td>
</tr>
<tr>
<td>Blue Point2 POS B No Drug</td>
<td>Individual</td>
<td>$2.50</td>
<td>$2.31</td>
</tr>
<tr>
<td></td>
<td>2 Person</td>
<td>$25.35</td>
<td>$23.40</td>
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<td></td>
<td>Family</td>
<td>$55.27</td>
<td>$51.02</td>
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<tr>
<td></td>
<td>One Parent Family</td>
<td>$27.10</td>
<td>$25.01</td>
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<tr>
<td>Blue Point2 POS D</td>
<td>Individual</td>
<td>$2.81</td>
<td>$2.59</td>
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<td></td>
<td>2 Person</td>
<td>$30.80</td>
<td>$28.43</td>
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<td>Family</td>
<td>$60.58</td>
<td>$55.92</td>
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<td></td>
<td>One Parent Family</td>
<td>$33.06</td>
<td>$30.52</td>
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<td>Vision Care Plan</td>
<td>Individual</td>
<td>$4.55</td>
<td>$4.20</td>
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<td></td>
<td>2 Person</td>
<td>$8.97</td>
<td>$8.28</td>
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<td></td>
<td>Family</td>
<td>$14.56</td>
<td>$13.44</td>
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<tr>
<td>Dental Plan</td>
<td>Individual</td>
<td>$4.29</td>
<td>$3.96</td>
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<tr>
<td></td>
<td>Family</td>
<td>$15.34</td>
<td>$14.16</td>
</tr>
</tbody>
</table>

*Salary as of 1/1/14 or hire date, if later

### Life Insurance Rates

#### Basic Life Insurance
Funded 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>
</tr>
</thead>
<tbody>
<tr>
<td>29 and under</td>
<td>$0.045</td>
<td>$0.085</td>
</tr>
<tr>
<td>30-34</td>
<td>$0.055</td>
<td>$0.135</td>
</tr>
<tr>
<td>35-39</td>
<td>$0.085</td>
<td>$0.210</td>
</tr>
<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>
<td>$0.45</td>
</tr>
<tr>
<td>50-54</td>
<td>$0.305</td>
<td>$0.73</td>
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<td>55-59</td>
<td>$0.47</td>
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<td>65-69</td>
<td>$1.22</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)
- **$0.42 if exempt (26 pay periods)**
- **$10,000 coverage**: $0.78 if non-exempt (26 pay periods)
- **$0.85 if exempt (26 pay periods)**

### Benflex 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)
### 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.
RESULTS OF ON-SITE HEALTH CARE CENTER SURVEY

Earlier this year, employees were asked to complete a survey about their interest in a potential on-site health care center at RIT. 1,391 RIT faculty and staff responded to the survey, a 42% response rate, which included 74% staff and 26% faculty. Key messages that emerged from the survey results were:

- Overall interest in having an on-site center was about 64%, with interest in specific services ranging up to 84%.
- Preferred services mentioned were:
  - Walk-in care (such as treatment for a sprained ankle)
  - Routine services (such as blood work, x-rays, vaccinations and blood pressure monitoring)
  - Physical therapy
  - Wellness and preventive care services
- 47% of respondents indicated they would consider a change of their primary care physician. Top factors when choosing a PCP were quality of care, trusting relationship and ability to get an appointment quickly.
- Cost of services at an on-site center compared with services in the Rochester community is an important factor, with interest in the on-site center higher if the cost is less.

- Most respondents indicated they would be comfortable receiving care from a physician, physician’s assistant or nurse practitioner.
- People would be more likely to receive preventive care if it were available on campus.
- There was little interest in having access for family members.
- The results indicated that strong privacy/confidentiality processes, affiliation with a large hospital(s), and having providers of both genders available were important.
- Convenience is a critical factor, including extended hours, online appointment scheduling, central location, easy access to parking and acceptance of all insurances.
- Allowing employees choice to continue to see other community physicians if they prefer was important.

Rochester General Health System is currently preparing a detailed proposal. Updates will be provided by university leadership as this initiative progresses.
Dental Health and Medical Health

There is a Connection

Did you know that your mouth can make you sick?

The Excellus Plan graphic below illustrates a number of medical conditions that may have a relationship to your oral (dental) health. Periodontal (gum) disease and inflammation have been linked to these conditions. Oral health does not exist in isolation.

What can you do to ensure good oral health?

- Be sure to have the recommended preventive dental care, including cleanings and routine oral exams. Do not wait until you are experiencing a problem to visit your dentist. Visit your dentist as frequently as he/she recommends.
- Seriously consider your dentist’s instructions regarding procedures or services you need.
- Floss and brush daily.
- Let your dentist know about any changes or issues with your general health.

2013 Benefits Fair

October 29 & 30
9:00 a.m. – 3:00 p.m. (both days)

Location: Fireside Lounge, Student Alumni Union

Representatives available from:

- Medical and Dental (Excellus BlueCross BlueShield)
- RIT Prescription Drug (Express Scripts formerly Medco)
- Rochester General Health System (RGHS)
- Wegmans Pharmacies
- Beneflex (EBS-RMSCO)
- RIT Vision Care Plan (VSP)
- Retirement Plan Recordkeepers (Fidelity and TIAA-CREF)
- Life, AD&D, and Disability Insurance (Prudential)
- EAP Provider (ESI Employee Assistance Group)
- Legal Services Plan (Hyatt)
- New York’s 529 College Savings Program
- Pet Insurance (VPI) (Oct. 29th only)
- RARES Employee Discount Program
- RIT’s Better Me Employee Wellness Program
- RIT’s Human Resources, Center for Professional Development (CPD), Dining Services, Ombuds Office, Rivers Run

Free Services including:

Chair Massages
Blood Pressure Checks
Body Fat Analysis

Enter and WIN!

Prize Drawings & Free Stuff
REMINDER – REVIEW YOUR BENEFITS AND BENEFICIARY DESIGNATIONS ANNUALLY

The benefits open enrollment period is a great time to review all your benefits to determine if you should make any changes. Have you or a family member received a new medical diagnosis? Have you been prescribed a new medication? Is your teenage son going to get braces next year? Did your spouse mention that she thinks she needs new eyeglasses? Review your medical, vision, and dental care needs carefully to decide on your elections for 2014. In addition, if you will have predictable out-of-pocket health care costs and/or day care expenses for your child, consider enrolling in RIT’s Beneflex Plan.

It is also the perfect time to review your beneficiary designations for your benefit plans. Did you get married? Divorced? Add a new child to your family? You want to make sure your wishes are honored so it is important to keep your life insurance and retirement plan beneficiary designations up to date.

For your RIT life insurance:

1. Access the Beneficiary Designation website at www.prudential.com/mybenefits
2. Select “Register Here”
3. In the Control Number field, enter 50757
4. Complete the required information on the following screens and create a personal User ID and personal password

Note: Be sure to SUBMIT your beneficiary designations at the conclusion of your transaction. Also note that you can utilize the “print” icon to print a confirmation as well as receive confirmation via your personal e-mail account. (Once you have set up a username and password, you will be able to use it if you have a disability or absence claim.)

To designate your beneficiary on a form:
- Call Prudential toll-free at 1-800-778-3827/V and 1-800-496-1214/TTY to request the appropriate form. Return your completed form to Prudential at the address indicated.

For the RIT Retirement Savings Plan, for your account with FIDELITY:

1. Log into Fidelity’s website at http://plan.fidelity.com/RIT
2. Click on the “Access Your Account” and log in
3. Click on “Your Profile” at the top of the screen
4. Click on “Beneficiaries”
5. Review and update your beneficiaries

To designate your beneficiary on a form:
- Call Fidelity toll-free at 1-800-343-0860/V and 1-800-259-9734/TTY to request a beneficiary form. Complete the form and mail to Fidelity (address on form).

For the RIT Retirement Savings Plan, for your account with TIAA-CREF:

1. Log into TIAA-CREF’s website at www.tiaa-cref.org/rit
2. Click on “Profile and Settings” at the top of the screen
3. Click on “Beneficiaries”
4. Review and update your beneficiaries

To designate your beneficiary on a form:
- Call TIAA-CREF toll-free at 1-800-842-2776/V and 1-800-842-2755/TTY to request a beneficiary form. Complete the form and mail to TIAA-CREF (address on form).

Don’t forget to check any life insurance policies or retirement plan accounts outside of RIT.
REDUCE YOUR TAXES BY REDUCING YOUR BASIC LIFE INSURANCE COVERAGE

RIT provides full-time employees with Basic Life Insurance protection equal to two times their annual pay, up to a maximum amount based on their date of hire. If you were hired before July 1, 2013, the maximum is $500,000; if you were hired on or after July 1, 2013, the maximum coverage is $100,000.

Under Federal law, amounts of Group Term Life insurance in excess of $50,000 are taxable. If your Basic Life Insurance amount is over $50,000, your pay stubs reflect “imputed income,” labeled “GTL Imp Inc.” This imputed income is not additional pay, and it is not deducted from your pay; it is reporting added taxable income to your actual pay so that taxes are calculated on this higher amount. The taxable amount is based on an IRS age-related rate table (the older the person, the higher the rate). You can find your taxable amount (if any) on your pay stub in Oracle. NOTE: If you are enrolled in Supplemental Life, some or all of your imputed income may be reduced.

Here is how it works:

Example – Age 50
John earns $50,000 per year, so his Basic Life Insurance is $100,000. John is age 50, so his annual additional taxable income is $138. Assuming John is in a 30% tax bracket, he is paying $41.40 in taxes per year for his Basic Life Insurance.

Example – Age 60
Sarah earns $100,000 per year, so her Basic Life Insurance is $200,000. Sarah is age 60, so her annual additional taxable income is $1,188. Assuming Sarah is in a 30% tax bracket, she is paying $356.40 in taxes per year for her Basic Life Insurance.

Several years ago, based on employee requests, RIT adopted a policy allowing an employee to waive Basic Life Insurance coverage over $50,000. This policy is designed for employees who do not need or want Basic Life Insurance over $50,000 and do not want to pay the taxes on the additional coverage. NOTE: In the event you want to revoke this waiver in the future, you will need to answer health-related questions for the insurance company to review and approve prior to the coverage increase. Therefore, it is important to consider your future needs and potential health situation before electing this reduced coverage.

To waive Basic Life Insurance over $50,000, contact your Benefits Representative in HR.

IMPROVEMENTS TO RIT’S LEGAL SERVICES PLAN

We are happy to announce the addition of several new services under RIT’s Legal Services Plan with Hyatt Legal. The new services, effective January 1, 2014, are legal representation for:

- Contested guardianship or conservatorship (uncontested already covered);
- Home equity loans, refinancing, and sale or purchase for second or vacation home (primary residence already covered)

RIT’s Legal Services Plan provides coverage for a large number of personal legal services in a variety of areas including debt matters, defense of civil lawsuits, document preparation, real estate matters, and wills and estate matters, to name a few.

Covered services are provided at no charge to you if you use a participating provider. For more details on the Plan, check out the HR website at http://www.rit.edu/benefits in the Additional Benefits section. To find participating attorneys and more details about the Plan, go to www.legalplans.com and click on “enter here” in the Employees/Members section. If you are not a member, click on “Thinking of Enrolling” and enter 57005 for the Access Code. Remember, this is a national plan, so even if you are trying to buy or sell a vacation home outside the Rochester area, this plan can work for 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 on each of the above mentioned benefit plan pages.

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.

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**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).
2014 Resource Information

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:blipsn@rit.edu">blipsn@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>RIT Human Resources</td>
<td>(585) 475-2424</td>
<td></td>
<td><a href="http://www.rit.edu/benefits">http://www.rit.edu/benefits</a></td>
</tr>
<tr>
<td>Health Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical (Excellus BlueCross BlueShield)</td>
<td>(877) 253-4797</td>
<td>(585) 454-2845</td>
<td><a href="http://www.excellusbcbs.com/rit">www.excellusbcbs.com/rit</a></td>
</tr>
<tr>
<td>Prescription Drug</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(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>
</tr>
<tr>
<td>Dental (Excellus BlueCross BlueShield)</td>
<td>(800) 724-1675</td>
<td>(585) 454-2845</td>
<td><a href="http://www.excellusbcbs.com/rit">www.excellusbcbs.com/rit</a></td>
</tr>
<tr>
<td>Benefitex (EBS-RMSCO)</td>
<td>(800) 327-7130</td>
<td></td>
<td><a href="http://www.ebsrmsco.com/FSAAccount/">www.ebsrmsco.com/FSAAccount/</a></td>
</tr>
<tr>
<td>Employee Assistance Program (EAP)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ESI Employee Assistance Group)</td>
<td>(800) 252-4555</td>
<td>(800) 225-2527</td>
<td><a href="http://www.HigherEdEAP.com">www.HigherEdEAP.com</a></td>
</tr>
<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>
</tr>
<tr>
<td>Other Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
</tr>
<tr>
<td>Retirement Program</td>
<td></td>
<td></td>
<td></td>
</tr>
<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>
</tr>
<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>
</tr>
<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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<td>Other Programs</td>
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<tr>
<td>NYS College Savings Program</td>
<td>(877) 697-2837</td>
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<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>
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<td><a href="http://www.treasurym.com">www.treasurym.com</a></td>
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<td>Employee Discount Services</td>
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<tr>
<td>Legal Services Plan (Hyatt)</td>
<td>(800) 821-6400</td>
<td>(800) 821-5955</td>
<td><a href="http://www.legalplans.com">www.legalplans.com</a> – access code = 570005</td>
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<tr>
<td>Auto/Homeowners Insurance</td>
<td>(866) 272-8902</td>
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<td>(Marsh @WorkSolutions)</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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<tr>
<td>Veterinary Pet Insurance (VPI)</td>
<td>(800) 872-7387</td>
<td></td>
<td><a href="http://eb.petinsurance.com">http://eb.petinsurance.com</a></td>
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