

MEDICAL AND PRESCRIPTION DRUG COSTS INCREASING FOR 2018

RIT will be absorbing 70% of the cost increase that our medical and prescription drug plans are incurring for 2018. Participants will see an increase in the employee/retiree contributions and the copays when you use medical services. While amounts are higher than in recent years, RIT continues to trend lower than the Rochester area for overall cost increases in medical plan coverage.

Key drivers of the increase include an increased number of claims, increased costs of those medical services and supplies, and more costly prescription

drugs. The increase would have been even higher, but our university prescription drug purchasing coalition renegotiated the fees with OptumRx, so there was an offsetting decrease to provide a little relief.

In each medical plan, office visit copays will increase by \$5; other copays, such as inpatient, outpatient, and emergency room care are also increasing. Prescription drug copays for a 30-day supply will increase by \$5, and proportionally for 90-day supplies. Wegmans will remain our plan's preferred pharmacy. Please see the

following charts for the 2018 medical and prescription drug copays. Excellus will send new ID cards in late December to reflect the revised medical copays. OptumRx will not issue new ID cards.

Historical view of employee contributions

For 2017, employee/retiree contributions increased just over 1%, and for 2016, there was no increase at all. The last time employee/retiree contributions had a similar increase was back in 2011.

2018 COPAYS FOR MEDICAL CARE SERVICES

Service	POS A		POS B		POS D	
	RRH	Non-RRH	RRH	Non-RRH	RRH	Non-RRH
Telemedicine	\$10		\$10		\$10	
RRH On-Campus Practice	\$15	N/A	\$15	N/A	\$15	N/A
Primary Care Physician (PCP)	\$20	\$30	\$25	\$35	\$30	\$40
Specialist	\$25	\$45	\$30	\$50	\$35	\$55
Urgent Care	\$50		\$55		\$60	
Emergency	\$75	\$110	\$100	\$160	\$125	\$185
Inpatient-Hospital	\$125	\$175	\$275	\$325	\$375	\$425
Outpatient-Hospital or Surgical Center	\$50	\$110	\$100	\$160	\$125	\$185

2018 OUT-OF-POCKET MAXIMUMS

As required under federal law, RIT's medical/Rx plans have out-of-pocket maximums for the medical and prescription drug coverage. These maximums provide important protection for the few plan participants who have high out-of-pocket medical/Rx expenses, since it limits the total amount you will have to pay during the plan year for eligible expenses.

The federal government generally increases these amounts annually and will do so again for 2018. When this occurs, RIT increases the medical and/or Rx out-of-pocket maximums accordingly. For 2018, the medical and prescription drug plan out-of-pocket maximums will increase. For details, please refer to the Medical Benefits Comparison Book on the HR website.

2018 COPAYS FOR THE RIT PRESCRIPTION DRUG PLAN

POS A and POS B and Blue PPO					
Category	Wegmans pharmacy		Other participating retail		OptumRx mail
	30-day supply, no limit on fills	90-day supply	30-day supply, up to 3 fills	30-day supply 4th fill and after ⁽¹⁾	90-day supply
Tier 1: Generic Drugs	\$15.00	\$37.50	\$17.00	\$42.50	\$37.50
Tier 2: Brand Name Formulary Drugs	\$30.00	\$75.00	\$35.00	\$87.50	\$75.00
Tier 3: Brand Name Non-Formulary Drugs	\$45.00	\$112.50	\$55.00	\$137.50	\$112.50

POS D					
Category	Wegmans pharmacy		Other participating retail		OptumRx mail
	30-day supply, no limit on fills	90-day supply	30-day supply, up to 3 fills	30-day supply 4th fill and after ⁽¹⁾	90-day supply
Annual Deductible—each person must pay a \$1,000 annual deductible before copay amounts are charged in a plan year					
Tier 1: Generic Drugs	\$25.00	\$62.50	\$30.00	\$75.00	\$62.50
Tier 2: Brand Name Formulary Drugs	\$65.00	\$162.50	\$75.00	\$187.50	\$162.50
Tier 3: Brand Name Non-Formulary Drugs	\$125.00	\$312.50	\$145.00	\$362.50	\$312.50

(1) 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)

SEVERAL CHANGES IN PRESCRIPTION DRUG TIERS AND NEWLY EXCLUDED DRUGS

One way that our pharmacy benefit manager, OptumRx, helps us manage costs while still providing patients with access to needed drug therapy is by proactively managing their formulary. A formulary is a list of a plan's covered drugs, often by coverage tiers that designate whether the drug is generic, brand preferred, or brand non-preferred, which are reflected by a difference in patient cost.

OptumRx solely determines which drugs are on and off the formulary and in which tier a drug is covered for RIT's plan.

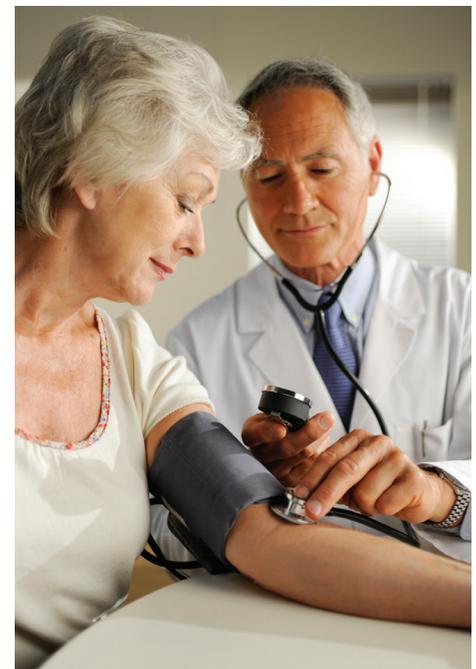
Generally, OptumRx makes changes to the formulary twice per year: January 1 and July 1. These changes typically include medications changing tiers (Tier 3 to Tier 2 and Tier 2 to Tier 3) and drugs moving from the excluded list to the included list and vice versa. When these changes occur, OptumRx sends

advance notification to the impacted people and identifies other medications that the physician can prescribe instead.

OptumRx will be making changes to the formulary effective January 1, 2018. In addition, a number of expensive brand-name medications will be excluded from coverage, but their generic equivalents will continue to be covered. A generic medication contains the same active ingredient(s) as the brand-name medication. An active ingredient is what makes the medication work. A link to the 2018 exclusions list is on the HR Benefits website on the Open Enrollment page as well as in the Medical and Prescription Drug page.

OptumRx has advised us that very few RIT plan members will be impacted by these changes. If you or your covered family member are currently filling a prescription for one of the affected medications, you (or your family

member) will receive a letter from OptumRx later this fall advising you of the change.



NEW BENEFIT ADDED TO MEDICAL PLANS: TELEMEDICINE

Beginning January 1, 2018, RIT’s medical plans will cover telemedicine. This relatively new approach to delivering urgent care is a convenient and less costly alternative.

What is Telemedicine?

Telemedicine provides an easy-to-use platform offering the convenience of an in-person doctor visit; you won’t have to leave home, wait a long time in a crowded emergency room (for non-emergencies) or urgent care office, or pay a high copay for those services. A member can call or videoconference with a physician 24 hours a day, seven days a week, 365 days a year. Within a few minutes, members can see a doctor or schedule an appointment.

About MDLive

Excellus BlueCross BlueShield has selected MDLive as its telemedicine partner. Physicians who participate in the MDLive network have specialties that include primary care, pediatrics, emergency and family medicine. On average, doctors have 15 years of experience practicing medicine, and are licensed in New York State, or the state in which you call from (if, for instance, you are traveling and you become ill).

Use telemedicine when:

- Your medical condition is urgent and in need of care, but is not an emergency, life-threatening, or a chronic condition.
- Your primary care doctor is not available.
- You don’t want to or cannot go to an urgent care center.
- If traveling and in need of urgent but non-emergency medical care.

Conditions commonly treated

ADULT		PEDIATRIC*
Allergies	Infections	Cold & Flu
Asthma	Insect Bites	Constipation
Bronchitis	Joint Aches	Ear Infections
Cold & Flu	Rashes	Nausea
Diarrhea	Sinus Infections	Conjunctivitis (pink eye)
Ear Infections	Skin Infections	
Fever	Sore Throat	
Headache		

**Please note that a parent must be present for each call for children under age 18.*

Cost

Under all of RIT’s pre-medicare medical plans, your copay for a telemedicine visit is just \$10. If you do not participate in RIT’s plan but you are covered by another Excellus health plan, check with Excellus to find out if you have telemedicine coverage and if so, how much your cost would be under that plan.

If you are not covered by any Excellus plan, you may still take advantage of MDLive. Excellus has advised us that your cost would be \$49 per telemedicine visit.

Registration

On or after January 1, 2018, you can register to use MDLive. Since you must be registered before using MDLive, it is recommended that you register before you actually need to use the service so you won’t have to spend time doing that when you are feeling sick. You can register online at ExcellusBCBS.com/Telemedicine, or by calling toll-free 1-866-692-5045. Payment of your copay will be made by credit card.

RESOURCES FOR CHOOSING YOUR PLAN

You may be able to save in your total medical costs (the amount you pay monthly plus your out-of-pocket costs at the time of service). Refer to the benefits website for the following helpful resources.

- The Medical Benefits Comparison Book provides a detailed breakdown of most types of covered services

and how each is covered under each of the plans.

- “What is the Best Plan for Me for 2018?” is a chart comparing annual employee/retiree contribution savings between plans (e.g., POS D savings vs. POS A).

- “Medical Needs and Medical Choices” worksheets (two tabs in one spreadsheet) help you project what medical care you believe you will need next year and how your estimated total cost (employee/retiree contributions plus out-of-pocket costs) compares between two plans.

LOWER YOUR MEDICAL COSTS UNDER RIT'S POS PLANS

As an RIT employee/pre-medicare retirees, you can benefit from our university's strategic alliance with Rochester Regional Health in many ways. You will find information below about how to take advantage of the resources provided by RIT's official affiliated clinical partner.

RRH Copay Option

Participants in RIT's POS medical plans have been able to use the RRH Copay Option since 2013. This option allows you to pay reduced copays for physician visits, inpatient hospital stays, and emergency room care when you receive your care within the RRH system. Please note that not all services are eligible for the lower copay. You will find details in the Medical Benefits Comparison Book found on the benefits website.

Finding an RRH Physician

It can be challenging to find a primary care physician in the area who is accepting new patients, and this is equally true for some specialists. To help employees and pre-Medicare retirees locate a physician within the RRH network, use the Find a Doctor search tool on the RRH website (find a quick link on the benefits website). In addition, we post an updated list of participating providers on the benefits website that RRH provides to RIT regularly. You can use this list to help you

find RRH participating physicians and/or identify whether your provider is affiliated with the RRH network. The list includes the provider's name, address, phone number, and specialty.

If you have any questions about searching for a provider, you can call the RRH-dedicated help line for RIT at 585-922-7480/V.

Rochester Regional Health Family Medicine at RIT

The Rochester Regional Health Family Medicine practice opened on the RIT campus in fall 2015. Staffed by Dr. Eric Wilcox and Physician Assistant Mackenzie Neal (who graduated from RIT's PA program!), the convenient practice offers a wide range of primary care services. Participants in any of RIT's point-of-service (POS) medical plans pay a lower PCP copay for an office visit at the practice. **Another positive for you:** *they have same-day appointments available for RIT employees/pre-medicare retiree in the RIT health plan, even if Dr. Wilcox is not your primary care physician (PCP), and for those not in the RIT health plan for whom Dr. Wilcox is their PCP.* The practice is accepting new patients. If you would like to designate Dr. Wilcox as your PCP, you can make the update on the Excellus BlueCross BlueShield website or by contacting Excellus directly. You can change your PCP at any time by making the update.

Outpatient Lab at RIT

Adjacent to the practice is the Rochester Regional Health Outpatient Lab, where you can have blood drawn or provide a urine sample. The hours of operation are Monday-Friday 7 a.m.-4 p.m. (closed for lunch noon-1 p.m.). The lab is open to the public and no appointment is required, but you will need to bring a lab request from your medical provider.

Charged the Wrong Copay?

We have worked with Excellus and RRH to make improvements in the claim and copay process. If you go to an RRH provider and believe you are being charged the wrong copay at the time of service, you can show them the RRH language on your ID card and request that they verify the copay with Excellus. If the provider requires you to pay a copay amount that is higher than you think it should be, you can check the details of the paid claim once Excellus has processed it. You can call Excellus, refer to the Monthly Health Summary they mail you, or check the online Claim Center after you log in at www.excellusbcbs.com. If Excellus processed the claim with a lower copay than what you paid, you should contact the provider to request a refund rather than having a credit in their system.

The RIT 2018 Benefits Open Enrollment Newsletter is distributed to retirees to help explain RIT's Employee Benefits plans, describe features, and provide hints on how to better use benefits. Some information contained in this newsletter may not apply to you. This newsletter does not replace the document/contract, unless specifically identified as a change in plan provision. If there is any confusion or conflict regarding plan features, the document/contract will be the final authority. RIT reserves the right to change, modify, discontinue, or terminate benefits at any time for any reason.

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