2016 Benefits Enrollment
NEWSLETTER
ADJUNCT EDITION
October 2015

Effective January 1, 2016, all Adjuncts will be eligible for RIT medical, vision, and dental coverage when they are working. This coverage is not automatic; you must enroll to have coverage.

You can cover yourself, your spouse or domestic partner,* and your eligible children under your healthcare coverage. An eligible child is:

- The natural or adopted child of the employee or the employee’s spouse who is under age 26.
- The natural or adopted child of the employee’s domestic partner who is under age 26.
- Any other child who is under age 26 who is
  - a foster child, defined as an individual who is placed with the employee by an authorized placement agency or by judgment decree, or other court order;
  - any other child for whom the employee is the legal guardian or custodian, and who resides in the employee’s home, and who is claimed as a tax dependent on the employee’s federal income tax return.

*For specific eligibility requirements for domestic partners, refer to the Additional Benefits section of the RIT website at www.rit.edu/benefits.

RIT has a family member verification (FMV) process to ensure that only those people who are eligible are covered. You will need to provide proof of eligibility for covered family members (e.g., copy of marriage certificate for a spouse and copy of a birth certificate for a child).

You can elect one, two or all three benefits and you can have a different coverage level for each. You will find more detail in this newsletter and on the Medical and Prescription drug section of the benefits website at www.rit.edu/benefits in the Keeping Healthy section.

We encourage you to read this newsletter and refer to information on the benefits website at www.rit.edu/benefits for more details about your 2016 benefits.

Your benefit elections are made for a calendar year. If you return later in the year, your earlier benefit elections will be automatically reinstated. You can only make a change if you have an IRS qualifying event that allows it.
WHO MUST ENROLL?

In order to have coverage in 2016, you MUST enroll.

Other than as described below, this is your only chance to enroll in benefits for 2016.

YOUR ONLY OPPORTUNITY TO MAKE A CHANGE IS NOW

Please remember that the Benefits Open Enrollment period is your only opportunity to enroll, change, or cancel most of your benefits 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 or child gaining or losing employment)

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 at www.rit.edu/benefits 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 www.rit.edu/benefits.

The following is a brief summary of RIT’s medical, vision, and dental coverage. You will find more details on the benefits website.

MEDICAL COVERAGE

RIT offers several medical plans, administered by Excellus BlueCross BlueShield (BCBS). In addition, RIT offers prescription drug coverage administered by OptumRx (effective January 1, 2016); enrollment in the prescription drug coverage is automatic based on the medical plan elected. Prescription drug coverage cannot be elected separately. Refer to the Medical Benefits Comparison Book on the benefits website for details about each plan.

VISION COVERAGE

RIT’s Vision Care Plan covers much of the cost of prescription eyeglasses and contact lenses. There is also coverage for routine eye exams. This plan is administered by VSP. If you go to a participating provider, the coverage is as follows:

- **Eye Exam**: An eye exam is covered once per calendar year with a $15 copayment.
- **Lenses**: VSP’s standard lenses are covered in full, every calendar year, after a $20 copayment, including glass or plastic single vision, bifocal, trifocal, progressive, or other more complex lenses necessary for the patient’s visual welfare.
- **Frames**: $130 allowance toward frames, every calendar year. If you select a frame that costs more than $130, VSP offers a 20% discount off the amount over the retail allowance.
- **Contact Lenses**: You may choose contacts instead of glasses (lenses and frame). There is a $130 allowance applied to the contact lens exam (fitting & evaluation) and the contact lenses. You also receive a 15% discount off the contact lens exam before the allowance is applied.

You can find VSP providers on their website (www.vsp.com) or by calling (800) 877-7195V and (800) 428-4833TTY Monday – Friday, 8 a.m. – 10 p.m., Eastern Time.
DENTAL COVERAGE
Excellus BlueCross BlueShield administers the RIT Dental Plan. It includes three service categories. Please note you will receive the maximum benefit if you go to a BlueShield participating dentist because he/she has agreed to accept the BlueShield allowances (Usual and Customary Charge).

There are three service categories as follows:

- **Preventive**: The Plan pays 100% of covered services up to the Usual and Customary Charge. Preventive services include an oral exam and cleanings once every six months as well as bitewing x-rays every 12 months.
- **Restorative**: After paying a $25 per person deductible ($75 family), the Plan pays 80% for covered minor restorative services (e.g., fillings) and 50% for covered major restorative services (e.g., crown) up to the Usual and Customary Charge. The Plan will pay up to $1,250 per person per calendar year for all restorative services (minor and major combined).
- **Orthodontia**: The Plan pays 50% of covered services for dependent children to the age of 19. The Lifetime Maximum is $1,250 per child.

HOW TO ENROLL
Complete the form found on the Benefits Open Enrollment web page. You will find this page at www.rit.edu/benefits.
ANNOUNCING OUR NEW PHARMACY BENEFIT MANAGER—OptumRx

The following was written for those who have coverage from RIT today.

Since 2005, RIT has been part of the Preferred University Rx Purchasing Coalition (PURPC), a university group purchasing coalition for prescription drug products and pharmacy benefit management (PBM) services. PURPC delivers value to its member universities by combining the covered membership (approximately 100,000 people) to achieve better pricing, enhanced services, and account management beyond what would be achievable by any institution individually.

As you may know, RIT (through PURPC) has contracted with Express Scripts (formerly Medco before it merged with Express Scripts) for pharmacy benefit management services. PURPC has conducted Requests for Proposal (RFPs) when the contracts have been up for renewal and each time, the result has been that PURPC has renegotiated a new, and less costly, contractual arrangement with Express Scripts.

When PURPC conducted an RFP process this past spring, the results were different. As a result, RIT and other PURPC institutions will be switching to a new pharmacy benefit manager, OptumRx, as of January 1, 2016.

We have been working with OptumRx to implement our program and have been very impressed by its attention to detail and willingness and ability to accommodate the needs of the various universities it serves. We are optimistic that this will extend to the experience our prescription drug plan participants will have with OptumRx.

What do I need to know?

Much will remain the same. RIT’s plan designs will not change. Your copays for Tier 1 (generics), Tier 2 (formulary drugs), and Tier 3 (non-formulary drugs) will remain the same (although some medications may switch tiers; see “Changes in the formulary” on page 5). In addition, you will still have access to a network of participating retail pharmacies, including Wegmans. The reduced copays for Wegmans Pharmacy will still apply.

While OptumRx has a few differences in its network of participating retail pharmacies, we have been advised that most RIT plan participants should not feel any impact from this change, as OptumRx’s network includes all the large national chain pharmacies as well as many local and community pharmacies. To search for a participating pharmacy, check OptumRx’s member website or call its member services telephone number.

Wegmans Pharmacy, RIT’s Preferred Pharmacy, has become very popular with RIT plan participants. Wegmans has been used by RIT plan participants to fill 73% of their retail prescriptions and more than 62% of all prescriptions filled under the plan at both retail and mail-order pharmacies. See the separate article about Wegmans Pharmacy and why you should consider filling your prescriptions there if you are not already doing so.

You will receive a new prescription drug ID card in December, so you will need to let your retail pharmacy know about your new coverage. To protect your privacy, you should destroy your old Express Scripts/Medco ID card after the new PBM arrangement takes effect on January 1, 2016.
There will be some changes, and some may require you and/or your doctor to take action. As with most transitions to new vendors, there will be some changes that will impact some plan participants. RIT has authorized Express Scripts to provide information to OptumRx in order to make the transition for participants as smooth as possible (of course, detailed information was not shared with RIT). With this information, OptumRx will send letters in November to the home address of those who will be impacted by changes. The letters will include information about the drug(s) that are impacted as well as information for you and your physician about actions that need to be taken or available medication alternatives.

Some of the common types of changes that will occur and that will impact some individuals are described below.

Changes in the formulary—A formulary is a list of drugs that have preferred pricing; in RIT’s plan, the formulary medications are “Tier 2” drugs, also referred to as preferred brand name drugs. Each PBM has its own formulary that is created by a committee of independent medical practitioners. If you currently take a medication that is on Express Scripts’ formulary (and for which you are paying a Tier 2 copay), it is possible that that drug is now a Tier 3 drug if it is not on OptumRx’s formulary. Any medication that is Tier 3 will have a therapeutic alternative available on Tier 2. You will be notified if this applies to any of your medications, and you and your doctor can determine whether it makes sense to switch to the Tier 2 alternative. A link to OptumRx’s formulary is on the Open Enrollment page of the HR website.

Changes in the excluded drugs list—In 2014, Express Scripts adopted a list of excluded drugs. Since that time, this has become a standard practice among PBMs, including OptumRx. This practice is designed to address large price increases from pharmaceutical manufacturers. For any drugs that are excluded from coverage, there are other less costly and at least equally effective alternative products available. You will be notified if any of your current medications are on OptumRx’s excluded drug list, which you can find on the Open Enrollment page of the HR website.

Mail-order pharmacy—OptumRx has its own mail-order pharmacy. If you are currently using Express Scripts’ mail-order pharmacy to fill prescriptions, you will need to move those by the end of the year since you will not be able to use Express Scripts’ mail-order pharmacy after December 31, 2015. If you prefer to continue the convenience of having your medications delivered by mail, you have two options.

- You can switch to OptumRx’s mail-order pharmacy. Active prescriptions with one or more refills remaining with Express Scripts’ mail-order pharmacy will automatically be transferred to OptumRx. However, you must do the following before the refills will be sent to you:
  - On or after January 1, 2016, register and update your profile on OptumRx’s website, AND
  - Place your refill order while you have at least three weeks of medication left.

  There are some circumstances where prescriptions will not transfer to OptumRx and will require you to contact your doctor for a new 90-day prescription:
  - No refills remain on your current prescription
  - Your medication is classified as a “controlled substance”
  - Your prescription is expired
  - Your prescription is a compound medication
  - Your prescription at the Express Scripts mail-order pharmacy is being held for a future fill date (on or after January 1, 2016).

- Or, you can choose to use the Wegmans new “free home shipping” option—see the article on page 7 for more details. If you are already using Wegmans free homeshipping, then you do not need to take any action. To switch a prescription from the current Express Scripts mail-order pharmacy to Wegmans, simply ask your physician to provide a new prescription to Wegmans pharmacy, or ask your Wegmans pharmacy to contact your physician. You can make this change at any time; you do not have to wait until the new PBM is in place.

Changes in utilization management programs—Examples of this include prior authorizations, step therapies, and quantity limits. If you have already completed the requirements for one of the utilization management programs that is continuing from Express Scripts, then no
action is required at this time. If this has not occurred, then you and your physician will need to take action. Information will be provided to you in the letter from OptumRx if this applies to you.

**New specialty pharmacy**—If you currently fill any of your prescriptions through Accredo, which is Express Scripts’ specialty pharmacy, then your medications will now be filled through BriovaRx, which is OptumRx’s specialty pharmacy. The specialty pharmacy provides counseling, patient care coordination, special shipping, and other resources for patients who take very costly and complex medications. If you receive a letter from OptumRx about BriovaRx, then you need to follow the instructions in the letter, including calling the toll-free number in the letter to enroll immediately. Accredo will be transferring information about your specialty medications to BriovaRx, so you may receive a phone call from BriovaRx. You will not be able to obtain your medications from Accredo through RIT’s plan beginning January 1, 2016.

Note: Two PBMs recently merged—Catamaran and OptumRx. You may see some references to Catamaran in communications from OptumRx while they are still in transition. You may ignore these references; the PBM for RIT’s plan is OptumRx.

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**WHAT IS A PHARMACY BENEFIT MANAGER (PBM)?**

OptumRx is our new pharmacy benefit manager (PBM) beginning January 1, 2016. What does this mean? The PBM plays two distinct roles:

- **Administration of the plan**
- **Ownership and running of the mail-order pharmacy and the specialty pharmacy**

Sometimes we hear from people who are confused by these two roles and what the difference is between them. We hope this information helps clarify the differences.

**Administration of the Plan**

- **Network of Participating Pharmacies**—OptumRx contracts with a network of participating retail pharmacies across the country. This includes Wegmans (the preferred pharmacy under the RIT Rx plan) as well as other major national chains such as CVS and Rite Aid. It also includes some independent pharmacies. You can check the participating pharmacies list on OptumRx’s website to determine whether your pharmacy is participating—chances are, it is. For more detailed information about Wegmans Pharmacy’s relationship with the RIT Rx plan, see the article on page 7.

- **Establishment of the Formulary**—A formulary is a list of preferred brand name drugs. One important role of a PBM is to decide which drugs are on its formulary. Like many of the major PBMs, OptumRx does this by having an independent Pharmacy and Therapeutics (P&T) Committee composed of independent practicing clinicians from a variety of specialties from all across the country. These medical professionals are not employed by OptumRx. The role of the P&T Committee is to review medications for inclusion in the formulary. This review of each medication is based on the FDA labeling, clinical outcomes, and national treatment guidelines.

- **Claims Processing and Payment**—When you fill your prescription at
a participating pharmacy like Rite Aid, for example, or at Wegmans, the pharmacy technician or pharmacist enters your participant identification number into the OptumRx online system. This brings up the RIT Rx plan design that applies to you. It tells the pharmacy how much you need to pay, and how much the plan will pay to the pharmacy. It also alerts the pharmacy if there are any issues needing to be resolved—an expired prescription, a potential drug-to-drug interaction due to another medication you have filled, a requirement that prior authorization is needed before the plan will pay for the medication, etc. The pharmacy collects your payment and then the PBM bills RIT’s self-funded Rx plan for the difference. The PBM pays the pharmacy the amount that is due over what you already paid.

If you fill your prescription at a non-participating pharmacy, you will need to send the receipt with a completed claim form (available on the HR website) to the PBM.

Mail-order pharmacy and specialty pharmacy
Similar to our current PBM, OptumRx owns and manages its own mail-order pharmacy. If you fill your 90-day maintenance prescriptions at their mail-order pharmacy, the PBM is really performing both roles at the same time. They are both the claims processor/payer and the owner of the pharmacy. OptumRx’s mail-order pharmacy works similarly to the current PBM’s mail-order pharmacy.

See page 5 for instructions on ordering from the OptumRx mail-order pharmacy. OptumRx also has a specialty pharmacy, BriovaRx. BriovaRx is a pharmacy for patients who take medications classified as specialty medications, which are typically very costly and complex for treatment of serious conditions like rheumatoid arthritis, multiple sclerosis, and certain cancers. BriovaRx provides patient counseling and coordination of medication delivery, as well as other resources. If you currently have medications dispensed by Accredo, Express Scripts’ specialty pharmacy, you will be notified by letter from OptumRx about transferring to BriovaRx.

WEGMANS—RIT’S PREFERRED PHARMACY

Good news! We have renewed our agreement with Wegmans to continue their Preferred Pharmacy status under RIT’s prescription drug plan. Wegmans has agreed to provide comparable pricing to the new OptumRx mail-order pharmacy, making Wegmans an attractive local alternative to mail order. This is a win-win for you (if you like having a local retail pharmacy choice with preferred copays) and for RIT.

The 30-day copays at Wegmans will continue to be lower compared to other retail pharmacies. In addition, it will continue to be the only retail pharmacy allowed to fill 90-day prescriptions under RIT’s plan. Copays for 90-day prescriptions at Wegmans will continue to match the mail-order pharmacy copays. Copays for 2016 will remain the same as in 2015 and are shown in the chart on page 8.

If you prefer the convenience of having your prescriptions mailed to your home rather than making a stop at the Wegmans pharmacy, you could take advantage of Wegmans “free home shipping” option. This is another option in addition to the OptumRx mail-order pharmacy, and completely your personal choice. For more information about this option, visit the Wegmans website, ask your Wegmans pharmacist, or contact Wegmans directly.

The Wegmans Pharmacy website offers you flexibility to order, monitor, and receive prescriptions when and where you want them for you and your family. You can order refills, check to see if your prescription is ready, place an order to have your prescription mailed to you, set up Auto-Refill, and print your prescription purchase summary.

If you have a prescription currently being filled at a different retail pharmacy or at the Express Scripts mail-order pharmacy, and you wish to switch it to Wegmans, you have two options:

• If you prefer to pick up your prescription at the Wegmans store at which you shop, stop in or call the store, and let the pharmacy representative know your patient information and prescriber (e.g., physician) name. Wegmans will contact your prescriber and handle the transfer.

• If you prefer to use Wegmans free home-shipping option, call 1-800-934-4797, and a support center representative will assist you by setting up your account and contacting your prescriber about obtaining new prescriptions.

Our Preferred Pharmacy arrangement with Wegmans has also brought us health care programming such as the high blood pressure screening and counseling that is available on campus by a Wegmans pharmacist. To learn more about this program and others that may become available in the future, check out the Better Me website at www.rit.edu/betterme or contact your Better Me Health Fitness Specialist.
## Prescription Drug Updates continued

### POS A and POS B

<table>
<thead>
<tr>
<th>Category</th>
<th>Wegmans pharmacy</th>
<th>Other participating retail</th>
<th>OptumRx mail</th>
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<td>Tier 1: Generic Drugs</td>
<td>$10.00</td>
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<td>Tier 2: Brand Name Formulary Drugs</td>
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<td>Tier 3: Brand Name Non-Formulary Drugs</td>
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### POS D

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<th>Category</th>
<th>Wegmans pharmacy</th>
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<tr>
<td>Tier 2: Brand Name Formulary Drugs</td>
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<td>Tier 3: Brand Name Non-Formulary Drugs</td>
<td>$120.00</td>
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Annual Deductible—each person must pay $1,000 annual deductible before copay amounts are charged in a plan year.

(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)

### IMPORTANT INFORMATION REGARDING THE POS B NO DRUG PLAN

We want to share information with those enrolled in the POS B No Drug plan as well as those who are thinking about enrolling for 2016. The days when the majority of prescription drugs were relatively affordable are gone, so it is important to consider these potential costs when evaluating medical plan choices for 2016.

RIT has offered a medical option with no drug coverage for many years, with its origin in one of the community HMOs we used to offer. Years ago, the cost of prescription drugs was relatively low. Some people who did not use prescription drugs on an ongoing basis preferred to be without prescription drug coverage because they could save money on payroll contributions. They assumed that if a member of their family needed a prescription drug during the year, it would likely cost them less than it would to carry the prescription drug coverage. For many people, this has worked well.

However, the cost of prescription drugs has increased dramatically. For a number of years, it has been the fastest growing component of health care cost, and individual medications are becoming significantly more expensive as new types of drugs are discovered.

“Specialty medications” is a category that has emerged in the last several years and is a large factor in the overall increase in drug cost. Specialty drugs treat complex conditions such as cancer and multiple sclerosis. These medications typically require special handling, and are often (but not always) injectable. Often they are created by biologic rather than chemical processes, and are produced in smaller quantities than the so-called “blockbuster drugs” of the past. This means they are significantly more expensive than most of the older drugs. In 2014, there were a total of 41 new drugs approved by the FDA, which is a record number of approvals by the FDA in the last 15 years. Of the 41 approved drugs, 27 (66%) were specialty drugs. About 50% of all funds for research and development of new drugs is being focused on specialty drugs. The implications are that drugs will be increasingly expensive.

While there are many more generic drugs available today at a low cost, consider these statistics:

**Prescription drugs are expensive**

Based on RIT plan data for 2014:

- The average brand name prescription price was $255 for a 30-day supply
- Specialty drugs—the drugs most commonly seen in research and development pipelines—account for less than 1% of prescriptions but 29% of the cost
- Specialty drugs cost on average more than $4,700 for a 30-day supply; some cost significantly more. For example, a drug to treat Hepatitis C costs nearly $100,000 for a 12-week course of treatment!

We hope you will consider whether you can afford to be without prescription drug coverage.
DENTAL PLAN REMINDER

Coverage under RIT’s dental plan is subject to Excellus’ determination that services are medically appropriate. When you are going to have restorative services such as crowns, bridges, dentures, and implants, be sure to have your dental provider submit a request for a pre-determination before services are performed. That will ensure that you know, in advance, what will and will not be covered by the plan.

INCREASE IN MEDICAL OUT-OF-POCKET MAXIMUMS

As required under the Affordable Care Act (ACA), RIT added out-of-pocket maximums to the medical and prescription drug coverage. The federal government generally increases these amounts annually and will do so for 2016. When this occurs, RIT will increase the medical and/or Rx out-of-pocket maximums. Therefore, the 2016 amounts are shown in this chart.

As a reminder, these maximums provide good protection for 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.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Network</th>
<th>2016 Medical Out-of-Pocket Maximum (single/family)</th>
<th>2016 Rx Out-of-Pocket Maximum (single/family)</th>
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<tr>
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<td></td>
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<td>POSB</td>
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<tr>
<td>POSD</td>
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<tr>
<td></td>
<td>Out-of-Network</td>
<td>$9,250 / $18,500</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

Note: POSB No Drug is not shown since there is no prescription drug coverage other than what is covered under the medical plan. The medical out-of-pocket maximum for POSB No Drug is the same as POSB.

REMINDER ABOUT PRIVACY LAWS

Privacy laws prohibit health care providers and insurance companies from disclosing to another person, such as a family member, protected health information (PHI) related to your health coverage without your written authorization. If you or a family member (age 18 or older) wish to designate another individual to receive information related to your health care coverage and protected health information, you should complete an authorization.

For Excellus, you will find the information in the Manage Your Privacy and Confidentiality link. For OptumRx, go to its website after January 1, 2016 to complete the authorization. Check with your health care provider about what they need.
As you may have seen on billboards or publications, Rochester Regional Health System has changed its logo and slightly altered the name by eliminating the word “system.” The organization is now called Rochester Regional Health (RRH). RIT continues its alliance with RRH and continues to have lower copays under the POS medical plans for certain services; we call this the RRH Copay Option. For more details on the RRH Copay Option, refer to the Medical Benefits Comparison Book on the benefits website.

RRH has advised us that it is in the process of completing mergers with Clifton Springs Hospital and United Memorial Hospital in Batavia. The providers and facilities affiliated with these systems will become part of the RRH network. Check the list of participating RRH providers on the HR website to determine whether your provider is part of the RRH network. The list will be kept up to date by RRH as changes occur. If you are looking for a doctor, check out the Rochester Regional Health Find a Physician Service. You will find details on the HR website.

NEW MEDICAL PRACTICE ON RIT’S CAMPUS

We are excited to welcome Rochester Regional Family Medicine at RIT to campus!

This new state-of-the-art primary care practice is right on RIT’s campus, making it convenient for faculty and staff to obtain primary care medical services. The practice is open to RIT faculty, staff, and their family members (including children), and retirees, as well as the public. A laboratory draw station is located adjacent to the practice, providing a convenient place to have your blood drawn.

The practice is housed in the new Clinical Health Sciences Center located at the north end of Louise Slaughter Hall. The hours of operation are Monday–Friday, 8 a.m.–5 p.m. Initially, it will be staffed by a full-time physician, Dr. Eric Wilcox, a nurse, a physician’s assistant, and an access associate. As the practice grows, it is expected that the staffing will also increase.

And more great news: If you participate in RIT’s employee health care plans, you will pay only a $10 copay per office visit at the practice. If you have your health insurance outside RIT, then you will pay your plan’s usual office visit charge for a Rochester Regional Health provider.

You can choose to remain with your current primary care physician (PCP) if you wish, and still have access to the practice for care, or you can designate Dr. Wilcox as your PCP. For same-day care for minor illnesses, you can call for an appointment or walk in. If you walk in, you may have to wait longer to be seen. For non-acute care, you need to make an appointment. RIT patients, both employees and their family members, will be seen on a priority basis. The practice will make reasonable efforts to ensure that any RIT patient who requests an appointment will be offered one within two business days.

Access services will be available for deaf and hard-of-hearing individuals, primarily through Video Remote Interpreting (VRI).

RIT students will continue to use the Student Health Center, Student Counseling and Psychological Services, and Student Wellness for their physical and mental health care needs.

For more details, including a list of available services and contact information for the practice, refer to the link on the benefits website in the Keeping Healthy section. We have also posted a series of Frequently Asked Questions (FAQs). The FAQs will be updated as people ask new questions, so be sure to check back if you have questions. If you have questions about the practice that are not covered in the FAQs, call the practice at 585-922-3100.
NEW FEDERAL REPORTING REQUIREMENT

You need to take action if you cover family members under your medical coverage.

As you may remember from last year’s The Affordable Care Act (ACA) requires an employer who offers employee medical coverage to submit detailed reporting regarding all the people covered by the medical plan. RIT will send the IRS-required form no later than January 31 each year to employees who had coverage at any time in that year. This information will be necessary to complete your federal tax return. RIT will also transmit this required information to the federal government.

One of the required data items is the Name and Social Security Number (SSN) of each covered family member. RIT has started collecting SSNs for covered family members. If you will cover family members in 2016, please include the SSN on your enrollment form for your covered family members. Please be assured that this information will be safeguarded with the same level of security protection we currently provide for all employee confidential data.

RIT RETIREMENT SAVINGS PLAN—NEW ROTH 403(B) FEATURE

We are pleased to announce a new retirement savings feature. Starting December 1, 2015, RIT will begin offering a Roth contribution option within the RIT Retirement Savings Plan.

With the addition of the Roth feature, you will have another choice in saving for your retirement. Unlike the traditional pre-tax 403(b) contribution, the Roth 403(b) contribution is made on an after-tax basis. Under current IRS rules, your earnings on the Roth 403(b) contributions grow tax-free and you would not pay any taxes or penalties on qualified distributions (see the sidebar on page 16 for details on qualified distributions).

You will have the following contribution options:

1. continue to contribute only a pre-tax contribution;
2. change to contribute only an after-tax Roth contribution; or
3. contribute some on a pre-tax basis and some on an after-tax Roth basis.

You can change your election at any time.

The income rule that applies to Roth IRAs (Individual Retirement Accounts) does not apply to the Roth 403(b) feature; a participant can contribute to the Roth 403(b), regardless of income. However, it is important to note that there is not a separate IRS maximum contribution amount for the Roth 403(b). The IRS maximum contribution to RIT’s plan is a combined total of the traditional pre-tax contributions plus the after-tax Roth contributions. In 2015, the contribution limits are $18,000 for those under age 50 and $24,000 for those age 50 or older.

Note: You cannot convert your existing 403(b) plan account to a Roth 403(b) account.

Is the Roth 403(b) right for you? Four questions to ask yourself.

Adding the Roth 403(b) feature to RIT’s plan combines the current benefits of saving on a pre-tax basis with the new advantage of avoiding taxes when you withdraw the Roth funds at retirement. If you answer yes to some or all of these questions, the Roth 403(b) might be right for you.

1. Do I expect to be in a higher marginal tax rate in retirement than I will be during my working years? This is a question that nobody can answer with certainty. Marginal income tax rates have...
declined over the last two decades. If tax rates were to continue to decline, a traditional pre-tax 403(b) might be the better option. The same is true for individuals who expect their marginal tax rate to be lower in retirement as the result of a lower income.

Generally:
- If tax rates stay the same, a traditional pre-tax or Roth 403(b) will likely yield the same nest egg after taxes.
- If tax rates rise, paying taxes now through a Roth 403(b) contribution will likely yield a higher after-tax retirement benefit than a traditional pre-tax 403(b).
- If tax rates decrease, deferring taxes now in a traditional pre-tax 403(b) will likely benefit you more at retirement.

2. Can I afford to maximize my contributions and save up to the IRS limit? If you can afford it, making maximum contributions to a Roth 403(b) may be a good option. Since earnings may be tax-free, a qualified Roth 403(b) distribution could provide more cash upon retirement than would an equivalent traditional pre-tax 403(b) distribution.

3. Do I want to leave tax-free money to my heirs? Your beneficiaries may be able to receive your Roth account tax-free if you die. Additionally, you can roll Roth 403(b) funds into a Roth IRA, potentially delaying minimum required distributions from those amounts during your lifetime.

4. Do I make too much money today to invest in a Roth IRA? Unlike Roth IRAs, there are no maximum income limits for Roth 403(b) contributions. Even if your income is too high to qualify for a Roth IRA, you can make Roth 403(b) contributions.

Things to remember
- Because Roth contributions are under the same IRS limits as pre-tax contributions to the plan, each dollar of a Roth contribution reduces the amount that can be contributed pre-tax (and vice versa).
- Your take-home pay will be less than it would be if you had made an equivalent traditional pre-tax 403(b) contribution. This is because income taxes must be withheld on after-tax Roth 403(b) contributions.

How to Elect a Roth 403(b) Contribution
Since Fidelity is the Master Administrator for the RIT Retirement Savings Plan, you will make your election on the Fidelity website, even if you contribute to TIAA-CREF.

1. Log in at www.fidelity.com/atwork. You can set up a login if you do not have one by clicking on Register Now on the left side of the page and follow the prompts.
2. Once logged in, click on the drop down arrow at the right next to Quick Links.
3. Then choose Contribution Amount. You will be able to designate the percentage you want to contribute on a pre-tax basis and on an after-tax Roth basis.

Questions
If you have questions or want to discuss whether contributing to the Roth 403(b) makes sense for you, contact Fidelity at 1-800-343-0860/V and 1-800-259-9734/TTY. If you invest with TIAA-CREF, call 1-800-842-2776/TTY and 1-800-842-2755/TTY.

AUDIOLOGICAL SERVICES FOR RIT EMPLOYEES AND FAMILY MEMBERS

Complete audiological services are offered free of charge to all current RIT employees and students at the audiology clinic within the Communication Studies and Services (CSS) Department at NTID, located on the third floor of the Lyndon Baines Johnson Building (LBJ, #60). Services include comprehensive hearing tests; selection, fitting, adjustment, and
troubleshooting of hearing aids and other assistive listening technology; and cochlear implant mapping and troubleshooting. Hearing aids are available for purchase at competitive prices. In addition, you can purchase earmolds, tubes, domes, batteries, and other accessories. The clinic also serves dependents of employees (age 6 and over), NTID alumni, and Osher students for a charge. For more information, contact the Hearing Aid Shop at 585-475-6473, hearing@ntid.rit.edu, or stop by LBJ-3130.

NEW TOBACCO POLICY

In August, RIT implemented a new tobacco policy that restricts the use of all tobacco products and electronic vaping devices to designated areas for students, faculty, staff, and visitors. With this change, members of the RIT community will experience a healthier campus with less exposure to second-hand smoke and the associated health risks.

Please remember that compliance with the new policy is a community effort. If you see someone on campus using a tobacco product, approach the person respectfully and treat as if he or she is a first-time visitor to campus without any awareness of the tobacco restrictions.

If you or anyone you know is interested in quitting the use of tobacco, RIT provides a variety of cessation resources for employees through Better Me or Excellus.

**Better Me**

*Better Me* offers the American Cancer Society Freshstart tobacco cessation program for free. RIT’s team of Health Fitness Specialists are all certified providers of the Freshstart program, which includes:

- Motivational intervention activities
- Practical counseling (problem-solving skills)
- Social support
- Education about medication and approaches to quitting

For more information from *Better Me*, contact Sue Grace, smfpsn@rit.edu or 475-7386/V.

**Excellus**

Excellus offers eligible members the Quit for Life program to help individuals quit using tobacco products for good. The FREE award-winning program includes:

- One-on-one counseling
- Free nicotine replacement products (patch, lozenges, or gum)
- Interactive discussion forums available 24/7
- Easy-to-use QuitGuides for additional support

For more information from Excellus, call 1-800-442-8904/V.

CONVENIENT PERSONAL COMPUTER REPAIR SERVICES NOW AVAILABLE AT THE RIT DIGITAL DEN

The RIT Digital Den, RIT’s computer sales retail store, now operates a personal computer repair service for faculty, staff, and retirees. They offer two different service plans as well as a single-incident purchase option.

The computer drop-off location is conveniently located at the RIT Digital Den, located on the 2nd floor of Barnes & Noble, 100 Park Point Drive.

You can also meet directly with a technician who is trained to answer your technical questions. Appointments are recommended but not required.

For questions and details about the plan costs, or to make an appointment with a technician, visit www.rit.edu/digitalden or call 585-424-6766 ext. 204.
MEDICAL, VISION & DENTAL RATES

Your coverage and contribution amounts for your benefit choices are displayed on the enrollment screens when you log into Employee Self-Service. Refer to the detailed plan information to determine which plan is right for you.

Below are the per pay period employee contribution amounts.

<table>
<thead>
<tr>
<th>PLAN</th>
<th>LEVEL OF COVERAGE</th>
<th>EXEMPT (24 Deductions)</th>
<th>NON-EXEMPT (26 Deductions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Point2 POS A</td>
<td>• Individual</td>
<td>$163.10</td>
<td>$150.56</td>
</tr>
<tr>
<td></td>
<td>• 2 Person</td>
<td>$361.57</td>
<td>$333.75</td>
</tr>
<tr>
<td></td>
<td>• Family</td>
<td>$440.82</td>
<td>$406.91</td>
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<tr>
<td></td>
<td>• One Parent Family</td>
<td>$388.89</td>
<td>$358.97</td>
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<tr>
<td>Blue Point2 POS B</td>
<td>• Individual</td>
<td>$155.05</td>
<td>$143.12</td>
</tr>
<tr>
<td></td>
<td>• 2 Person</td>
<td>$342.66</td>
<td>$316.30</td>
</tr>
<tr>
<td></td>
<td>• Family</td>
<td>$418.93</td>
<td>$386.70</td>
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<tr>
<td></td>
<td>• One Parent Family</td>
<td>$359.15</td>
<td>$331.53</td>
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<tr>
<td>Blue Point2 POS B</td>
<td>• Individual</td>
<td>$105.13</td>
<td>$  97.04</td>
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<tr>
<td>No Drug</td>
<td>• 2 Person</td>
<td>$239.23</td>
<td>$220.83</td>
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<td></td>
<td>• Family</td>
<td>$291.50</td>
<td>$269.08</td>
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<td></td>
<td>• One Parent Family</td>
<td>$261.25</td>
<td>$241.15</td>
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<tr>
<td>Blue Point2 POS D</td>
<td>• Individual</td>
<td>$107.18</td>
<td>$  98.94</td>
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<tr>
<td></td>
<td>• 2 Person</td>
<td>$243.45</td>
<td>$224.72</td>
</tr>
<tr>
<td></td>
<td>• Family</td>
<td>$296.06</td>
<td>$273.29</td>
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<tr>
<td></td>
<td>• One Parent Family</td>
<td>$264.97</td>
<td>$244.58</td>
</tr>
<tr>
<td>Vision Care Plan</td>
<td>• Individual</td>
<td>$  5.01</td>
<td>$  4.62</td>
</tr>
<tr>
<td></td>
<td>• 2 Person</td>
<td>$ 10.01</td>
<td>$  9.24</td>
</tr>
<tr>
<td></td>
<td>• Family</td>
<td>$ 16.11</td>
<td>$ 14.87</td>
</tr>
<tr>
<td>Dental Plan</td>
<td>• Individual</td>
<td>$  9.39</td>
<td>$  8.67</td>
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<tr>
<td></td>
<td>• 2 Person</td>
<td>$ 21.97</td>
<td>$ 20.28</td>
</tr>
<tr>
<td></td>
<td>• Family</td>
<td>$ 33.43</td>
<td>$ 30.85</td>
</tr>
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</table>
2016 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>Email 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>
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</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">www.rit.edu/benefits</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) 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>(Wegmans)</td>
<td>(800) 934-6267</td>
<td></td>
<td><a href="http://www.wegmans.com">www.wegmans.com</a></td>
</tr>
<tr>
<td>Rochester Regional Health Family Medicine at RIT</td>
<td>(585) 922-3100</td>
<td></td>
<td></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><strong>Retirement Program</strong></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>
</tr>
</tbody>
</table>

The RIT 2016 Benefits Open Enrollment Newsletter is distributed to employees 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.