2027 Benefits Open Enrollment Newsletter

Monday, Nov. 9-Sunday, Nov. 29

2027 Pre-Medicare Retiree Edition



RIT | Human Resources

2027 Benefits Open Enrollment

Now is the time to review your current benefits, explore what's new for the upcoming year and make changes that support your needs, whatever they may be. Read on for key details to help you make informed decisions, including important updates to know about and helpful resources to guide you.

Check out the HR benefits website at rit.edu/go/boe27 for steps to take as you prepare to enroll.

What's New in 2027

Review these highlights before Open Enrollment so you can understand what may affect your coverage and costs.

- **Medical plan costs will increase in 2027.** Your cost will depend on the plan you choose, who you cover, and your salary level.
- **Medical plan design changes:** The amount you pay when you receive medical care, including copays, deductibles, and the maximums you'll pay out of pocket during a plan year, will change for some plans in 2027.
- **Discontinuation of Wegmans preferred copays**
  Wegmans will discontinue their copay reduction in 2027. Employees can still fill prescriptions at Wegmans or use its home delivery service. Prescriptions filled at Wegmans will follow the same pricing as at other participating pharmacies, giving employees the flexibility to choose where they fill their prescriptions.
- **Changes to GLP-1 coverage:** Beginning in 2027, GLP-1 medications prescribed for weight loss will no longer be covered under RIT's plan. Coverage will continue for GLP-1 medications prescribed for other covered diagnoses. Employees and family members currently using GLP-1 medications for weight loss are encouraged to talk with their health care provider about other options, including programs available directly through manufacturers.
- **All Other Benefits Remain the Same:** There will be no changes to your Dental or Vision options. The vision plan is not accepting new retiree enrollments.

Rising Health Care Costs

National health care costs continue to rise, and the cost of care for those covered by RIT's medical plans has also increased. Factors such as higher costs for medical services, prescription drugs and increased use of health care contribute to the overall cost of providing coverage.

Tips to Help You Save on Health Care Costs

We understand it's more important than ever to get the most value from your medical plan. Here are a few ways you can save money while staying healthy:

- **Use in-network providers**
  Excellus BlueCross BlueShield providers will give you high-quality care at the most cost-effective rates.
- **Get your preventive care**
  Well visits and routine screenings are covered at 100% under all RIT medical plans. These visits often turn up nothing, giving you peace of mind. Sometimes, however, they detect issues early, which can help you avoid more serious health problems and higher costs down the road.
- **Ask for generic medications**
  Generic medications are safe, effective and approved by the Food and Drug Administration. They typically cost much less than brand-name medications.
- **Use Excellus BlueCross BlueShield's online resources**
  Visit member.excellusbcbs.com for articles about a variety of health topics, discounts on health and fitness products and services, health coaching, healthy recipes and more.

2027 Medical Plan Options

Medical plan options for 2027 include:

- POS A
- POS B
- POS D
- HDHP
- Blue PPO (out-of-area only)

RIT will continue to offer the same medical plans in 2027, though some of the plan features – copay amounts, deductibles & coinsurance levels, and out-of-pocket maximums – will change. To make the best choice for you and your family members, it is important to understand how the plans work and what costs you might expect based on what services you use.

All preventive services (e.g., well-visits, routine tests and screenings, vaccines) through an in-network provider are covered in full at no cost to you or your covered family members.

At-a-glance comparison of plan features:

In-Network Benefits	POS A	POS B and Blue PPO Out of Area	POS D	HDHP
General Description	- Copays only. - No deductibles for in-network services or deductible and coinsurance that apply in the other POS plans.	- Copays for most services. - Deductible and coinsurance for limited medical services.	- Copays for most services. - Deductible and coinsurance for limited medical services. - Prescription deductible. After this deductible is is met per-person, Rx copays apply.	- Pay full cost of non-preventive medical care and prescriptions until deductible is met. - After deductible is met, pay coinsurance until out-of-pocket maximum is reached.
Medical Deductible	N/A	$1,000 / $2,000 (1)	$1,000 / $2,000 (1)	$3,000 / $6,000 *(Medical and Rx Combined)*
Rx Deductible	N/A	N/A	$1,250 per person	
Preventive Care	$0	$0	$0	$0
Telemedicine MD Live	$10	$10	$10	$0(4)
Office Visits (PCP)	$45	$45	$50	20% coinsurance(4)
Specialist Visits	$65	$65	$70	20% coinsurance(4)
Urgent Care	$75	$75	$75	20% coinsurance(4)
Emergency Room	$200	$200	$200	20% coinsurance(4)
Inpatient	$300	20% coinsurance(2)	20% coinsurance(2)	20% coinsurance(4)
Outpatient	$200	20% coinsurance(2)	20% coinsurance(2)	20% coinsurance(4)
Prescription Drug (Rx)	$17 / $40 / $60	$17 / $40 / $60	$30 / $80 / $150(3)	$30 / $80 / $150(4)
Medical Out-of-Pocket Max	$6,000 / $12,000	$7,500 / $13,000	$8,000 / $14,000	$6,000 / $12,000 *(Medical and Rx Combined)*
Rx Out-of-Pocket Max	$2,550 / $5,100	$2,550 / $5,100	$2,650 / $5,300	

(1) Services subject to the limited medical deductible: inpatient, outpatient, advanced imaging (CT, PET scans, MRIs), skilled nursing facility care
(2) After limited medical deductible has been met for services listed in #1
(3) After limited per-person Rx deductible has been met
(4) After full deductible has been met for all non-preventive care including medical and Rx

High-Deductible Health Plan (HDHP) with Health Savings Account (HSA)

Because the HDHP is RIT's newest medical plan, we've included detailed information in this newsletter to help you understand how it works and whether it may be a good fit for you. More information on each plan can be found by visitng rit.edu/go/boe27.

A high-deductible health plan (HDHP) typically has lower premiums but a higher deductible, meaning you pay more of your health care costs before the plan begins sharing costs. The plan includes access to a health savings account (HSA), which allows you to set aside pre-tax money to pay for eligible health care expenses now or in the future.

The HDHP provides national in-network coverage, which may be helpful for employees and dependents who live or receive care outside the Rochester area.

Understanding the HDHP

Like RIT's other medical plan options, the HDHP provides comprehensive medical coverage, including prescription drugs and no-cost preventive care. However, the way you pay for care under the HDHP is different from RIT's other plans.

With the HDHP, you're responsible for the full cost of your non-preventive medical care and prescription drugs until you meet your deductible. After that, you pay a percentage (20%) of the cost of medical care, called coinsurance, and copays for prescription drugs until you reach your out-of-pocket maximum. If and when you reach that limit, the plan pays 100% of eligible expenses for the rest of the year. To help you save for current or future medical costs, the HDHP includes access to a Health Savings Account (HSA).

Understanding the HSA

When enrolled in an HDHP, the IRS permits you to set up an account at any qualifying bank or institution.

Contributing to Your HSA

You make contributions to your HSA in any amount you choose, up to the IRS annual limits.

2027 HSA Contribution Limits

Coverage Level	2027 IRS Limit 55+
Individual	$5,500
Family	$10,000



Exploring the Unique Features of an HSA

- **You own your HSA:** An HSA is portable, which means the account is yours to keep for as long as you'd like, even if you change medical plans.
- **Adjust your contribution amount any time**: You can change your contribution amount at any time throughout the year.
- **Control your spending and saving:** When you receive care, you decide if you want to pay with your HSA funds or out-of-pocket. Saving your HSA dollars now can help you pay for significant or unexpected health care expenses in the future. If you choose to save, you may want to open your account through Fidelity, RIT's chosen HSA partner. Fidelity can invest some or all of your balance in a variety of funds.

  This gives your savings the potential to grow over time, like a retirement plan for health care expenses.
- **Note:** RIT cannot provide guidance on individual tax benefits related to HSAs. Please consult your personal tax advisor for information.

HSA Eligibility

You must meet specific eligibility requirements to contribute to an HSA. Before enrolling, please review the requirements below to ensure you are eligible:

- The IRS requires you to be enrolled in a qualified HDHP to contribute to an HSA. You may not contribute if you are enrolled in a POS plan.
- If you contribute to an HSA, you may not contribute to a Health Care FSA at the same time, including through your spouse's employer. However, you may contribute to both an HSA and Dependent Care FSA at the same time.
- **Important:** If you are enrolled in any part of Medicare, TRICARE or Social Security Disability Insurance (SSDI), you are not able to participate in an HSA.
- If you're turning 65 in 2027 there may be limitations to your HSA contributions. Refer to IRS guidance on HSA contributions.

Learn More

We know you may have more questions about how the HDHP with HSA works. Find additional information and tools by visiting rit.edu/go/boe27.



2027 Group 2 Rates

Pre-Medicare-Group 2*

PLAN	LEVEL OF COVERAGE	MONTHLY RETIREE CONTRIBUTION				
		FULL-TIME SALARY LEVEL 1	FULL-TIME SALARY LEVEL 2	FULL-TIME SALARY LEVEL 3	FULL-TIME SALARY LEVEL 4	PART-TIME
Blue Point2 POS A	• Individual	$547.28	$805.03	$943.98	$1,084.71	$1,148.22
	• 2 Person	$1,300.40	$1,753.06	$1,988.44	$2,252.54	$2,554.22
	• Family	$1,646.70	$2,456.03	$2,752.63	$2,973.69	$2,973.69
	• One Parent Family	$1,494.38	$2,034.70	$2,303.23	$2,601.42	$2,666.74
Blue Point2 POS B	• Individual	$427.84	$636.48	$753.12	$871.43	$1,015.46
	• 2 Person	$992.37	$1,368.84	$1,559.22	$1,776.00	$2,222.03
	• Family	$1,306.89	$1,968.69	$2,210.55	$2,488.21	$2,786.42
	• One Parent Family	$1,074.54	$1,436.18	$1,618.84	$1,843.48	$2,320.95
Blue Point2 POS D	• Individual	$43.28	$192.96	$266.16	$338.23	$417.85
	• 2 Person	$325.30	$454.21	$555.71	$677.82	$1,308.29
	• Family	$608.39	$822.08	$981.07	$1,143.20	$1,731.68
	• One Parent Family	$349.31	$512.52	$617.34	$748.08	$1,424.43
HDHP	• Individual	$38.44	$163.80	$235.85	$291.34	$304.44
	• 2 Person	$265.71	$388.45	$487.08	$606.00	$1,236.99
	• Family	$542.31	$749.46	$905.38	$1,063.78	$1,656.44
	• One Parent Family	$284.76	$441.63	$543.17	$670.41	$1,362.76
Blue PPO *(outside Rochester area)*	• Individual	$337.26	$535.37	$646.50	$758.66	$931.01
	• 2 Person	$789.58	$1,142.20	$1,320.20	$1,523.58	$2,031.40
	• Family	$1,201.19	$1,709.26	$1,936.98	$2,199.14	$2,652.25
	• One Parent Family	$853.65	$1,189.35	$1,358.53	$1,568.39	$2,111.50
Vision Care *(No new retiree enrollments after 2024)*	• Individual	$9.64	$9.64	$9.64	$9.64	$9.64
	• 2 Person	$19.26	$19.26	$19.26	$19.26	$19.26
	• Family	$31.01	$31.01	$31.01	$31.01	$31.01
Dental Coverage - Standard	• Individual	$33.03	$33.03	$33.03	$33.03	$33.03
	• 2 Person	$77.26	$77.26	$77.26	$77.26	$77.26
	• Family	$117.59	$117.59	$117.59	$117.59	$117.59
Dental Coverage - Enhanced	• Individual	$42.24	$42.24	$42.24	$42.24	$42.24
	• 2 Person	$100.22	$100.22	$100.22	$100.22	$100.22
	• Family	$153.03	$153.03	$153.03	$153.03	$153.03

NOTES ABOUT COST SHARING

1. **There are two pre-Medicare cost sharing groups as follows:**

   Group 2 was formerly known as the Benchmark group. These employees were hired before January 1, 2004 and were age 35 or over on January 1, 2008.

   Group 3 is what was formerly known as the RMA group (Retiree Medical Account). These employees were hired on or after January 1, 2004 OR were hired before January 1, 2004 and were under age 35 on January 1, 2008.

2. For pre-Medicare retirees who retired prior to January 1, 2006, refer to Salary Level 2 for your contribution information. For retirees who retired on and after January 1, 2006, refer to the Salary Level you were in prior to retirement.

2027 Group 3 Rates

Pre-Medicare-Group 3*

PLAN	LEVEL OF COVERAGE	MONTHLY RETIREE CONTRIBUTION FULL-TIME SALARY LEVEL 1	FULL-TIME SALARY LEVEL 2	FULL-TIME SALARY LEVEL 3	FULL-TIME SALARY LEVEL 4	PART-TIME
Blue Point2 POS A	• Individual	$602.01	$885.54	$1,038.38	$1,148.22	$1,148.22
	• 2 Person	$1,430.44	$1,928.37	$2,187.28	$2,477.80	$2,554.22
	• Family	$1,811.38	$2,701.64	$2,973.69	$2,973.69	$2,973.69
	• One Parent Family	$1,643.82	$2,238.17	$2,533.56	$2,666.74	$2,666.74
Blue Point2 POS B	• Individual	$470.62	$700.14	$828.44	$958.58	$1,076.21
	• 2 Person	$1,091.60	$1,505.73	$1,715.14	$1,953.60	$2,390.81
	• Family	$1,437.57	$2,165.55	$2,431.60	$2,737.04	$2,786.42
	• One Parent Family	$1,181.99	$1,579.81	$1,780.72	$2,027.83	$2,487.65
Blue Point2 POS D	• Individual	$47.61	$212.26	$292.77	$372.05	$459.64
	• 2 Person	$357.84	$499.64	$611.28	$745.60	$1,439.12
	• Family	$669.23	$904.28	$1,079.17	$1,257.52	$1,904.85
	• One Parent Family	$384.23	$563.78	$679.07	$822.89	$1,566.88
HDHP	• Individual	$42.28	$180.19	$259.44	$320.47	$334.88
	• 2 Person	$292.27	$427.30	$535.78	$666.60	$1,360.69
	• Family	$596.54	$824.40	$995.91	$1,170.16	$1,822.09
	• One Parent Family	$313.24	$485.79	$597.49	$737.45	$1,499.04
Blue PPO *(outside Rochester area)*	• Individual	$370.99	$588.91	$711.14	$834.53	$1,024.11
	• 2 Person	$868.53	$1,256.42	$1,452.22	$1,675.94	$2,234.54
	• Family	$1,321.31	$1,880.18	$2,130.67	$2,419.05	$2,740.61
	• One Parent Family	$939.01	$1,308.28	$1,494.38	$1,725.24	$2,322.65
Vision Care *(No new retiree enrollments after 2024)*	• Individual	$9.64	$9.64	$9.64	$9.64	$9.64
	• 2 Person	$19.26	$19.26	$19.26	$19.26	$19.26
	• Family	$31.01	$31.01	$31.01	$31.01	$31.01
Dental Coverage - Standard	• Individual	$33.03	$33.03	$33.03	$33.03	$33.03
	• 2 Person	$77.26	$77.26	$77.26	$77.26	$77.26
	• Family	$117.59	$117.59	$117.59	$117.59	$117.59
Dental Coverage - Enhanced	• Individual	$42.24	$42.24	$42.24	$42.24	$42.24
	• 2 Person	$100.22	$100.22	$100.22	$100.22	$100.22
	• Family	$153.03	$153.03	$153.03	$153.03	$153.03

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Enrollment Information, Resources, and Contact Information

Visit rit.edu/go/boe27 to explore plan details, tools and resources. The site will be updated continuously with the latest information, so check back regularly.

Questions? Call the RIT Service Center at 585-475-5000 or visit help.rit.edu.

Heath Care

Medical
Excellus BlueCross BlueShield
877-253-4797
excellusbcbs.com/rit

Prescription Drug
OptumRx
855-209-1300
optumrx.com

Vision
VSP
800-877-7195
vsp.com

Dental
Excellus BlueCross BlueShield
800-724-1675
excellusbcbs.com/rit

Health Savings Account
Fidelity
800-544-3716
netbenefits.com/RIT

Retirement Program

Fidelity
800-343-0860
netbenefits.com/RIT

TIAA
800-842-2776
585-246-4600
877-209-3144 (local)
tiaa.org/RIT

Investment Advice Program
CAPTRUST
800-967-9948
captrustadvice.com

This RIT 2027 Benefits Open Enrollment Newsletter is distributed to benefit eligible retirees to help explain RIT's benefits plans, describe features and provide information 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.