ROCHESTER INSTITUTE OF TECHNOLOGY
Retirement Information for 2026

The information in this document is a summary of the benefits as they currently exist. If there is any confusion or conflict regarding plan features, the plan document/contract will be the final authority. RIT reserves the right to change, modify, discontinue, or terminate benefits at any time for any reason.

Eligibility for Retirement[1]

Age, years of service, and date of hire (or adjusted date of hire, if applicable) determines an employee's eligibility for retirement from RIT.

You will find your date of hire (or adjusted date of hire, if applicable) in Oracle Employee Self-Service (https://myinfo.rit.edu/). Click on the *My Employment Information* link and you will see the date, called *Adjusted Service Date*.

The eligibility rules have changed over time and are described below and on the next page.

Employees Hired Before January 1, 2019, who
- **Were age 45 or older on January 1, 2019 *(date of birth on or before 1/1/1974) OR***
- **Under age 45 *(date of birth after 1/1/1974)* with 10 years of regular full-time service *(date of hire on or before 1/1/2009)* or 15 years of qualifying regular part-time service *(date of hire on or before 1/1/2004)* on January 1, 2019**

If adjusted date of hire is prior to July 1, 1990:
- ♦ **Age:** At least 50
- ♦ **Service:** At least 5 years of regular full-time or 10 years of qualifying regular part-time service
- ♦ **Age plus Service:** At least 70 points

If adjusted date of hire is on or after July 1, 1990 but before January 1, 1995:
- ♦ **Age:** At least 50
- ♦ **Service:** At least 10 years of regular full-time or 15 years of qualifying regular part-time service
- ♦ **Age plus Service:** At least 70 points

If adjusted date of hire is on or after January 1, 1995:
- ♦ **Age:** At least 55
- ♦ **Service:** At least 10 years of regular full-time or 15 years of qualifying regular part-time service
- ♦ **Age plus Service:** At least 70 points

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A year of qualifying regular part-time service is a year in which the employee is scheduled to work at least 750 hours. A year of extended part-time service (an employee work classification that existed prior to July 1, 2017) counts as a year of qualifying part-time service.

For those who have both regular full-time and qualifying regular part-time service, the following rules apply for counting the Service component:
- ♦ *If the employee meets the Age and Age+Service components and if the employee has at least 5 years of regular full-time service and the regular full-time years of service plus one-half of qualifying regular part-time years of service is at least 10 years, the employee would be eligible to retire with full-time cost sharing.*
- ♦ *If the employee meets the Age and Age+Service components and if the employee has less than 5 years of regular full-time service and the regular full-time years of service plus the qualifying regular part-time years of service is at least 15 years, the employee would be eligible to retire with part-time cost sharing.*

Service must be regular full-time and/or qualifying regular part-time service. Time worked as an adjunct or a temporary employee does not count towards the service requirement.

Employees Hired Before January 1, 2019, who

- **Were under age 45 on January 1, 2019 *(date of birth after 1/1/1974) AND***
- **Had less than 10 years of regular full-time service *(date of hire after 1/1/2009)* or less than 15 years of qualifying regular part-time service *(date of hire after 1/1/2004)* on January 1, 2019**

Employees Hired On and After January 1, 2019

- ♦ **Age:** At least 62
- ♦ **Service:** At least 15 years of regular full-time or 20 years of qualifying regular part-time service
- ♦ **Age plus Service:** Not applicable

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A year of qualifying regular part-time service is a year in which the employee is scheduled to work at least 750 hours. All years of extended part-time service (an employee work classification that existed prior to July 1, 2017) counts as an eligible year of service.

For those who have both regular full-time and qualifying regular part-time service, the following rules apply for counting the Service component:

- ♦ *If the employee meets the eligibility age <u>and</u> if the employee has at least 10 years of regular full-time service <u>and</u> the regular full-time years of service plus one-half of qualifying regular part-time years of service is at least 15 years, the employee would be eligible to retire with full-time cost sharing.*
- ♦ *If the employee meets the eligibility age <u>and</u> if the employee has less than 10 years of regular full-time service <u>and</u> the regular full-time years of service plus the qualifying regular part-time years of service is at least 20 years, the employee would be eligible to retire with part-time cost sharing.*

Service must be regular full-time and/or qualifying regular part-time service. Time worked as an adjunct or a temporary employee does not count towards the service requirement.

Retirement Plan

Retirement payments are made by TIAA and/or Fidelity. Employees should contact TIAA and/or Fidelity two to three months prior to retirement to request information and forms. TIAA's number is (800) 842-2776/V and (800) 842-2755/TTY; Fidelity's number is (800) 343-0860/V. You can also check TIAA and/or Fidelity web sites as follows: ***http://www.TIAA.org*** and ***http://www.fidelity.com***.

Medical Coverage and Cost Sharing Groups

Medical Coverage - We have split the medical coverage information in this document in two sections:

1. Pre-Medicare: this section applies if you and/or your spouse/partner and/or eligible children are not eligible for Medicare. Usually a person becomes Medicare-eligible at age 65, unless they are disabled before age 65.
2. Medicare: this section applies when you and/or your spouse/partner are eligible for Medicare. A person is eligible for Medicare beginning at age 65, or at an earlier age, if disabled.

Cost Sharing Groups - The pre-Medicare cost sharing and Medicare HRA amounts vary based on your date of birth and your date of hire. You are in the same group when you are pre-Medicare and after you become Medicare-eligible. For employees who meet the eligibility requirements for retirement from RIT (see pages 1 and 2), there are two cost sharing groups (Group 1 includes those who retired from RIT many years ago):

- **Group 2** employees were hired before January 1, 2004 **and** were age 35 or older on January 1, 2008 *(date of birth on or before 1/1/1973)*.
- **Group 3** employees were hired on or after January 1, 2004. In addition, employees hired before January 1, 2004 **and** who were under age 35 on January 1, 2008 *(date of birth after 1/1/1973)* are in Group 3.

Refer to the *Eligibility for Retirement* section on page 1 of this document to determine your date of hire.

Pre-Medicare Plans and Cost Sharing Information

Plans: The plans that are available to active employees are available for pre-Medicare retirees and their pre-Medicare spouses/partners and/or eligible children, under the same rules regarding geographic access.

- If your permanent address is within the 31-county service area, the POS A, POS B, POS D, and HDHP plans continue to be available.
- If your permanent address is outside the POS service area, you would be eligible for the Blue PPO.

Pre-Medicare Cost Sharing: The retiree cost sharing for pre-Medicare medical coverage changes as the retiree's age changes, as follows:

Age Group	Cost Sharing
Pre-Medicare: ages 50 to 54	*Group 2 and Group 3*: Retiree pays 100% of the medical premium through the month in which the retiree attains age 55.
Pre-Medicare: ages 55 to 64	*Group 2 and Group 3*: Retiree contributions toward the cost of medical coverage are based on the Salary Level just prior to retirement. Since our data has shown that pre-Medicare retirees utilize their healthcare benefits to a greater degree than employees, pre-Medicare retirees pay more than employees for their coverage, as follows: • *Group 2* pays double what an employee pays for coverage • *Group 3* pays 10% more than a Group 2 retiree. Refer to the separate cost sharing chart for the retiree contribution amounts. Contribution information can be found on the pre-Medicare benefits webpage. *NOTE: if the retiree is Medicare-eligible, the same cost sharing rules apply to the retiree's pre-Medicare spouse/partner/children.*

Pre-Medicare Medical Contribution Payments: RIT has retained the services of Lifetime Benefit Solutions (LBS) to administer billing for retirees and surviving spouses. LBS sends an invoice to pre-Medicare retirees with medical coverage on or about the 11th of each month for the next month's coverage and the payment is due by the 1st of the month. LBS offers several payment options: payment by check, money order, electronic funds transfer (EFT - automatic withdrawal from your bank account), and by credit card with a fee. If payments are not made on a timely basis, coverage will be cancelled. LBS will send details about the payment options and deadlines with the first bill.

When You Can Make Medical Plan Changes
Retirees can make changes each fall during the annual Open Enrollment period. Changes include a change in the medical plan in which you participate (e.g., POS B to POS D) and a change in the level of coverage (e.g., change from individual coverage to two-person coverage). You may also cancel coverage or enroll in coverage at that time (if you did not elect coverage at retirement or canceled coverage after retirement).

Generally, the Open Enrollment period is the only time when you can make a change unless you have a qualified family or employment status change during the year. A family or employment status change includes marriage, divorce, birth or adoption of a child, death of a spouse or dependent, or a change in employment (e.g., spouse gaining or losing employment). If you have one of these events and you want to elect, cancel or change the level of coverage, you must notify RIT Human Resources, **within 31 days of the event**. Otherwise, you must wait until the next Open Enrollment to make a change with a January 1st effective date. Please remember that the event must be consistent with the change you want to make (e.g., changing from individual coverage to two-person coverage is not consistent with a spouse gaining employment). Also remember -- you generally cannot change medical plans during the year (e.g., POS D to POS A) even if you have a change in family or employment status.

There are two exceptions to the qualified family or employment status change rules described above. If you move out of the POS plan service area permanently, you will need to change plans to the Blue PPO or HDHP. Please contact the RIT Service Center prior to your move so you can complete the necessary paperwork. In addition, if you (and/or your spouse/partner) are not eligible for Medicare at retirement, a change in coverage will occur when you become eligible for Medicare. The Medicare information is described in the next section.

Medical Coverage When Medicare-Eligible

Generally, Medicare eligibility begins on the first of the month when you turn 65 years old. For example, if you turn 65 years old on March 15th, 2026, you will be Medicare eligible on March 1st, 2026.

When you are retired and you (and/or your spouse/partner) are eligible for and enroll in Medicare Part A and Part B, RIT provides you with access to supplementary Medicare coverage through a private Medicare Exchange called Via Benefits. In addition, RIT provides you with financial support to help you pay for your coverage and other eligible healthcare expenses.

Becoming Familiar with Medicare and Supplemental Plans Available Through Via Benefits
Medicare benefits are broken into several component parts. To decide how to best meet your medical needs and budget, it helps to understand how these parts work together. The following outline will help familiarize you with the parts of Medicare and the decisions you must make.

What You Get From Medicare	
Part A and Part B: Original Medicare consists of Part A and Part B.	
Part A: Part A provides you with inpatient care, and covers inpatient hospital stays, home healthcare, stays in skilled nursing facilities, and hospice care.	**Part B:** Part B provides you with outpatient care and covers physician fees and other medical services not requiring hospitalization. **You must enroll in Part B and pay the Part B monthly premium.** The amount of the premium is based on the retiree's modified adjusted gross income. The projected standard premium for those who enroll in Medicare Part B in 2026 is $206.50

	per month; this amount could be higher based on your income (see important information below about the higher premium).

Coverage Offered by Via Benefits (Supplemental Plans)	
You choose from three different types of supplemental plans that add coverage where original Medicare may have less than you require. These plan types will be explained in materials from Via Benefits.	
Medicare Advantage	• Medicare Advantage is a plan offered by a private insurance company to provide you with your Medicare Part A and Part B (you must be enrolled in Part A and Part B) benefits plus additional benefits. • There are two types of Medicare Advantage plans: Medicare Advantage Prescription Drug (MAPD), which includes prescription drug coverage; and Medicare Advantage (MA), which does not. • Within these two Medicare Advantage plan types there are three doctor networks types: Health Maintenance Organization (HMO), Preferred Provider Organization (PPO) and Private Fee-For-Service Plans (PFFS).
Medigap	• Medigap is a supplemental insurance sold by private insurance companies to fill “gaps” in Original Medicare Plan coverage.
Part D	• Part D refers to prescription drug coverage, which is available to all people who are eligible for Medicare. • Plans are offered through private insurance companies.

How to Decide
You combine Parts A and B with the supplemental plans you choose from Via Benefits to get a package of plans to cover your needs. Choosing the best combination requires some education and some comparison of plan features and costs. A Benefit Advisor from Via Benefits, described on the following page, will help you with the comparison and decision process.

How to Enroll in Medicare

If you (and/or your spouse/partner) are eligible for Medicare prior to retiring from RIT and have been enrolled in the RIT medical plan coverage, you must enroll in Medicare Part A (if you have not already) and Medicare Part B. If you enrolled in Medicare Part A when you turned 65, then that coverage would have an earlier effective date than Medicare Part B.

Medicare is individual coverage, so if your spouse is eligible for Medicare, they would also need to enroll in Medicare separately.

You and/or your spouse should begin the process to apply for Medicare Part A and/or Part B about three months prior to your retirement date. The Medicare coverage needs to be effective the first of the month after you retire (e.g., if you retire June 30, you need Medicare to be effective July 1).

To apply for Medicare Part B, you (and/or your spouse) should complete Form CMS-40B (Request for Enrollment in Medicare Part B (Medical Insurance)) found on the *Centers for Medicare & Medicaid Services* website. **IMPORTANT**: At the top of the Part B application, you should write the effective date you are requesting (the first of the month after you retire). If you have had RIT employee medical coverage, you will also send to the Social Security Administration a form that RIT completes for you and/or your spouse as outlined below.

About three months prior to your retirement date, please complete the Service Request in the RIT Service Center (RSC) portal (help.rit.edu) called Request Medicare Part B Employer Form (Request for Employment Information, Form CMS-L564). RIT Human Resources will complete and send this form to you so you can submit it with your Medicare Part B application. If your spouse is Medicare-eligible and has been covered under your employee coverage, we would send a separate form for your spouse/partner. This form verifies that you (and/or your spouse/partner) have had coverage under a qualified employer group plan. This verification is important because without it, you would likely be subject to a Part B late enrollment penalty for delaying enrollment in Medicare.

Approximately months prior to your retirement, send the completed *Application for Enrollment in Medicare Part B* along with the *Request for Employment Information Form* to your local Social Security office by fax or mail. Search for your local office at https://www.ssa.gov/locator/ to find the office nearest you.

Medicare Part B Premium

The projected standard Part B premium amount in 2026 is $206.50. If your modified adjusted gross income as reported on your IRS tax return from two (2) years prior to your retirement (e.g., if you retire in 2026, the income information would be from your 2024 tax return) is above a certain amount, you will pay the standard premium amount and an Income Related Monthly Adjustment Amount (IRMAA). IRMAA is an extra charge added to your premium. You will find details about IRMAA, including the income information at www.medicare.gov.

If you are subject to the IRMAA charge and believe your income will be lower in retirement, you can request a reduction in the IRMAA by completing the Medicare Income-Related Monthly Adjustment Amount - Life-Changing Event form (Form SSA-44) found on the Social Security website. RIT Human Resources can provide you with a letter confirming your retirement date that you can submit with the form as proof. To request the letter, please contact the RIT Service Center (contact information on last page of this document).

Via Benefits

RIT's relationship with Via Benefits allows you to purchase an individual supplemental Medicare plan. Via Benefits is dedicated to making the transition to your new coverage as easy and straightforward as possible. With Via Benefit's assistance, retirees gain access to several different Medicare plans available in your geographic area, including those offered by the leading national and regional insurance companies.

We understand that you will need to make important choices about your healthcare coverage and a Benefit Advisor from Via Benefits will provide you with assistance. The Benefit Advisors are objective, knowledgeable, non-commissioned and U.S.-based. The Benefit Advisor will give you and your eligible spouse/partner personalized support and assistance to help you find and enroll in a plan that fits your expected needs and your budget. The Benefit Advisor will provide:

- Individualized telephone support to help you make an informed and confident enrollment decision.
- Assistance in understanding the differences among various plans and the costs of each of those plans.
- Advice and decision-making support, based on your current coverage and expected future needs.
- Assistance with enrolling in medical and prescription drug plans, as well as a dental plan, if you wish.

To speak to a Benefit Advisor from Via Benefits, call the RIT dedicated toll-free number: (888) 586-0693/V. In addition, Via Benefits offers a personalized website where you can find resources to help you understand and compare plan options, as well as enrollment information. Plan details and premiums are publicized annually around October 1 for the upcoming year. For example, plan and premium information for 2026 will not be available until after October 1, 2025. The web address for RIT retirees is https://my.viabenefits.com/RIT and you can access the site at your convenience 24 hours a day, 7 days a week.

Please note that the enrollment call is recorded and tends to be a lengthy and detailed process, as prescribed by Medicare requirements. The Via Benefits representative is required to read detailed legal information about the plan and your enrollment. You should plan at least two hours per person.

RIT Financial Support

If you enroll in medical coverage through Via Benefits, RIT will fund an account for you (and your eligible spouse/partner) called a **Health Reimbursement Arrangement (HRA).** The account is fully funded by RIT. You and/or your eligible spouse/partner can be reimbursed from this account for healthcare premiums and eligible out-of-pocket healthcare expenses. See below for details.

You must enroll in medical coverage through Via Benefits to be eligible for the HRA. If you disenroll in coverage through Via Benefits, you will lose access to the HRA.

RIT determines annually if it will contribute to the HRA, and if so, how much the annual contribution will be.

What is an HRA?

A Health Reimbursement Arrangement (HRA) is an account, provided by RIT if you enroll in medical coverage through Via Benefits, which you can use to be reimbursed for eligible healthcare expenses. Reimbursements are not taxable to the retiree for expenses for the retiree and spouse but are taxable for expenses for the domestic partner. Here is how it works:

- At the beginning of each calendar year, RIT will credit your account with the applicable HRA amount(s).
- When you enroll for supplemental Medicare medical coverage through Via Benefits, RIT will establish a joint HRA for you and your eligible spouse/partner, if applicable. If you cover an eligible spouse/partner, both of you can be reimbursed for eligible premiums and qualifying out-of-pocket costs up to the to the total HRA balance. You (the retiree) will be the account holder, and your spouse/partner will be a dependent.
- You can use the funds to be reimbursed for eligible premiums and/or your share of qualifying out-of-pocket healthcare expenses during the year. After you enroll in medical coverage through Via Benefits, they will send you a *Funding Guide to Reimbursement* that explains the reimbursement process.
- Any dollars remaining in your HRA at the end of the calendar year **will roll over automatically** for you to use in future years, as long as you continue medical coverage through Via Benefits. There is no maximum amount or cap on the amount that can be rolled over.
- Claims for reimbursement must be submitted by June 30 for the prior calendar year to be reimbursed. For example, claims for reimbursement for calendar year 2025 must be submitted no later than June 30, 2026.

HRA Eligible Expenses

Healthcare expenses that are *eligible* for reimbursement are as follows:

- Medical, prescription drug, dental, and vision premiums *(pre-tax deductions from a paycheck are not eligible for reimbursement)*
- Medicare Part B premiums
- Qualifying out-of-pocket medical (excludes prescription drugs), dental, and vision expenses such as deductibles, copays and your share of coinsurance

Healthcare expenses that are ***not** eligible* for reimbursement are as follows:

- Prescription drug out of pocket costs (e.g., deductible, copays)
- Long-term care premiums and out-of-pocket expenses

How the HRA Works

The HRA Set Up Process

You and **Via Benefits** work together to evaluate the options and select the plan that is right for you	→	**You** enroll in a plan through **Via Benefits**	→	After you enroll, **RIT** credits your HRA (the first year amount is prorated unless you are retired on January 1)

Getting Reimbursed from your HRA

You pay your premium directly to your insurance carrier and pay your out-of-pocket costs (e.g., copays)	→	**You** submit your claim to Via Benefits*	→	**Via Benefits** reimburses you from your HRA account

** See the next section about enrolling for automatic reimbursement.*

Automatic Reimbursement for Premiums

You may find that enrolling in one of the automatic reimbursement programs is convenient for you. There are two types of automatic reimbursement depending on your insurance carrier. You would work with Via Benefits to enroll in the program that is right for you.

1. **Automatic Reimbursement (A/R)**: This feature is only available if your insurance carrier notifies Via Benefits when you have paid your premium. If you enroll in this feature, your insurance carrier will automatically notify Via Benefits whenever there is a change in your premium amount, and you will be reimbursed the new amount. ***Note: Excellus BlueCross BlueShield does not participate in the A/R feature.***
2. **Recurring Premium Reimbursement**: This feature is available if your insurance carrier does not participate in the A/R feature. You submit the appropriate form and documentation to enroll in the recurring premium reimbursement feature. Via Benefits does not automatically update the amount when there is a change in your premium. You must submit a new recurring premium reimbursement request form with documentation to Via Benefits when there is a change in your premium. ***Note: If you are enrolled in an Excellus BlueCross BlueShield plan, you would need to enroll in the recurring reimbursement program and update your premium amounts when there is a change.***

2026 HRA Amounts and Information

The different cost sharing groups described above also apply to the HRA. Retirees in different groups have different HRA amounts. Within each group, there are differences as well. In Groups 2 and 3, RIT provides higher HRA funding to the retiree than to the retiree's spouse/partner. In addition, there is a lower RIT subsidy for those who were part-time employees compared to those who were full-time employees. This is consistent with RIT's history of providing different levels of support for the different groups. RIT has determined that it will fund the HRA for 2026 as follows. If you enroll through Via Benefits mid-year, the HRA in the first year will be prorated.

Cost Sharing Group	Employee Work Classification	Retiree HRA Amount	Spouse/Partner HRA Amount
2	Full-time	$2,016.59	$1,804.31
2	Part-time	$1,512.45	$1,353.24
3	Full-time	$1,804.31	$1,592.05
3	Part-time	$1,353.24	$1,194.05

Please note that RIT's longstanding policy has been that "newly-acquired" family members added after retirement do not receive an RIT subsidy. For example, if a retiree is single at retirement and later marries, the new spouse has access to coverage through Via Benefits, but RIT will not provide an HRA subsidy.

If you enroll through Via Benefits mid-year, the HRA in that first year will be prorated.

To help you understand the value of the HRA, we encourage you to look at plans that are available in your geographic area on the Via Benefits website (https://my.viabenefits.com/RIT) or contact a Benefit Advisor at Via Benefits at (888) 586-0693/V. Prior to October 1, you will see current year plans and rates; the new year's plans and rates will become available each year around October 1.

How can an insurance company offer a plan for a $0 premium? Insurance companies can offer a $0 premium plan because the federal government pays them a flat fee to provide Medicare benefits. Many insurance companies offer a variety of Medicare Advantage plans with a range of different deductible, copay and coinsurance amounts with corresponding premiums. These plans have annual out-of-pocket maximums to protect retirees from huge costs. There are also Medicare Supplement plans and Medicare prescription drug plans available.

Important HRA details

- If both you and your spouse/partner are RIT retirees, you will each need to elect whether you will have a joint HRA or a separate HRA. If you do not elect the joint HRA, you will have separate HRAs. You cannot change the election in the future. However, if you divorce your spouse/terminate your domestic partnership in the future, the account would be separated prospectively.
- The HRA is an annual amount that will be credited each January, if approved. For those who enroll through Via Benefits mid-year, the HRA in that first year will be prorated. For example, if you enroll July 1, the HRA in the first year would be one-half of that year's annual amount.
- If you get married or enter a domestic partnership after your retirement from RIT, your spouse/partner would be eligible to obtain coverage through Via Benefits, but they would not have an HRA credit nor would they be able to access your HRA funds. They would receive no financial support from RIT.
- If you cover an eligible domestic partner, reimbursements from the HRA for your domestic partner's claims will be taxable to you, the RIT retiree. This does not apply to reimbursements to you or your spouse. RIT will issue a Form 1099 annually for your tax reporting.
- **IMPORTANT if you work for RIT after retirement**: under Federal law, if you (or your spouse/partner) become employed by RIT after you have retired, in any position, including an adjunct position, you (and your spouse/partner) will *NOT* be eligible for HRA credits or reimbursement from the HRA for qualifying premiums or expenses that occur during the time you are employed by RIT.* Once you leave RIT's employment, you will

regain access to all of your unused HRA dollars and you would be eligible for an HRA credit, provided RIT has approved one for that year.

a. *<u>If you return to RIT as an adjunct or in a regular faculty or staff position that is expected to last less than six months</u>*, you can remain in the retiree coverage through Via Benefits *<u>without</u>* access to the HRA while you are employed by RIT. After you re-retire, RIT will add the HRA credit(s) you otherwise would have received if you had not been working at RIT and your HRA balance will be available to you for expenses incurred *after* you stop working at RIT.

b. *<u>If you are hired in a regular faculty or staff position that is expected to last six months or more</u>*, your retiree coverage through Via Benefits will end and you will be eligible to enroll in the RIT employee coverage. There will be no HRA credits during your RIT re-employment period. You may enroll through Via Benefits when you later re-retire from RIT and you will receive an HRA credit for the year you re-retire, prorated based on your re-retirement date. For example, if you re-retire June 30, you would receive 50% of that year's HRA amount since you will be enrolled for half the year. Any balance that was in your HRA at the time you were re-employed will be reinstated when you re-retire.

*Note that this rule does not apply if you are employed by a third-party such as Datrose.

THE FOLLOWING INFORMATION APPLIES TO ALL RETIREES

Medical Coverage Changes After Retirement

Access to coverage is one of the guiding principles for RIT's retiree medical benefits. This means that you can enroll in medical coverage at retirement or you can waive coverage at retirement. If you waive coverage at retirement, you will continue to be eligible for coverage under RIT's program in the future (when you can enroll, cancel, or change coverage is described below).

In addition, you can add eligible family members to your coverage after retirement. If they were your family members at the time of your retirement, the cost sharing for the coverage will be as described above. If, however, you add a family member who was not your family member at the time of retirement (e.g., you were single when you retired and later married), RIT will not subsidize the cost of that individual's coverage.

If the new family member is pre-Medicare, you would pay the full premium amount for that person's coverage. If the new family member is Medicare-eligible, the person would be eligible for coverage through Via Benefits, but they would not be eligible for an HRA credit, nor could they use your HRA for reimbursements.

Your Spouse/Partner's Medical Coverage

Your spouse is eligible for coverage in the same manner you are – that is, before Medicare eligibility, the RIT coverage would be your spouse's primary coverage, even if you are eligible for Medicare; and, after Medicare eligibility, Medicare would be your spouse's primary coverage, even if you are not eligible for Medicare. The rules and process discussed above are the same for your spouse as they are for you.

Vision Care Coverage

Your participation in the Vision Care Coverage ends at retirement. Retirees may elect to continue participation in coverage for up to 18 months under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) by paying the full monthly premium plus a 2% administrative charge, as allowed under current law.

The COBRA continuation covers you and your eligible covered family members who were enrolled in the plan at the time of retirement.

You will be eligible for COBRA first of the month after you retire. You are not required to continue participation for the entire 18-month COBRA coverage period. You may cancel the COBRA coverage at any time. However, once cancelled, you cannot reinstate COBRA coverage.

RIT's COBRA administrator, WageWorks, will send you information and forms to continue your coverage under COBRA.

Note: There is vision coverage available from Via Benefits, so you may want to compare the RIT vision coverage under COBRA to the vision coverage available through Via Benefits to determine which is best for you. Also, if you do not enroll in the COBRA coverage or if you cancel coverage before the 18 months of COBRA has ended, you cannot re-enroll at a future date.

Dental Coverage

If you and/or your spouse/partner are pre-Medicare, you may continue to participate in RIT's employee dental plan until you become Medicare eligible. Your cost for coverage would be the full monthly premium, which is higher than what you are used to paying as an employee. Lifetime Benefit Solutions (LBS) will bill you monthly for your coverage. Refer to the section titled *Pre-Medicare Medical Contribution Payments* earlier in this document for billing details.

Once you and/or your spouse/partner become Medicare-eligible, there are dental plan options you can purchase through the Via Benefits Medicare Exchange. You would pay the insurance company directly for these premiums.

After becoming Medicare-eligible, you may elect to continue participation in dental coverage for up to 18 months under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) by paying the full monthly premium plus a 2% administrative charge, as allowed under current law.

You are not required to continue participation for the entire 18-month COBRA coverage period. You may cancel the COBRA coverage at any time. However, once cancelled, you cannot reinstate COBRA coverage.

RIT's COBRA administrator, WageWorks, will send you information and forms to continue your coverage under COBRA.

Please Note: If you do not enroll in the COBRA coverage or if you cancel coverage before the 18 months of COBRA has ended, you cannot re-enroll at a future date.

Beneflex

Participation in the Beneflex Health Care Account and Dependent Care Spending Account terminates on your last day of employment. You may submit claims with dates of service up to your retirement date. Retirees may continue participation under the Health Care Spending Account for the remainder of the calendar year in which the retirement occurs under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) by paying the full cost plus a 2% administrative charge, as allowed under current law (this would allow the retiree to submit claims with dates of service after the retirement date to withdraw funds that had been contributed but not reimbursed).

RIT's COBRA administrator, WageWorks, will send you information and forms to continue your Health Care Spending Account participation under COBRA and, if you elect to continue, they will send you information on how to pay for it.

Please Note: If you do not enroll in the COBRA coverage or if you cancel coverage before the end of the calendar year, you cannot re-enroll at a future date.

Employee Assistance Plan (EAP)

Your participation in the Employee Assistance Plan (EAP) ends at retirement. Retirees may elect to continue participation in the EAP for up to 18 months under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). There is no charge for continuing participation during the COBRA period and there are no waiting periods for any services to be covered.

The COBRA continuation covers you and your eligible family members. You are not required to continue participation for the entire 18 months of COBRA. You may cancel the continuing coverage at any time.

RIT's COBRA administrator, WageWorks, will send you information and forms to continue your EAP participation under COBRA.

Please Note: If you do not enroll in the COBRA coverage or if you cancel coverage before the 18 months of COBRA has ended, you cannot re-enroll at a future date.

Life and AD&D Insurance

Employee, spouse, and child life and AD&D insurance ends at retirement. The coverage is portable, which means retirees can continue coverage without completing a health questionnaire; premiums are paid directly to the insurance company. RIT Human Resources will send you information about continuing the coverage at retirement.

The rates for the life insurance coverage are "unismoker" (no differentiation for smoker vs non-smoker). The estimated annual premiums for $10,000 of coverage are as follows:

- Age 50-54 $134
- Age 55-59 $228
- Age 60-64 $375
- Age 65-69 $639
- Age 70-74 $1,034

You can apply to the insurance company for lower rates by answering health-related questions; the insurance company would review the information and approve or deny the lower rates. If denied, you could still have the coverage at higher rates.

There is an option to convert to whole life insurance, which builds cash value and does not end as long as you keep paying the premiums, but it would be more expensive than the rates noted above. If you continue the coverage as term insurance, it will end at age 80.

Legal Services Plan

Coverage ends at retirement. Retirees may be eligible to enroll in a direct pay plan offered by MetLife Legal Plans (formerly Hyatt Legal Services). Retirees can learn more about these plan offerings by calling MetLife Legal Plans Client Service Center at 800-821-6400.

Other Coverages

Short-term and long-term disability, workers compensation, New York State Paid Family leave, and other paid coverages terminate at retirement.

Education Benefits

Retirees and their eligible family members continue to be eligible for tuition waivers (courses taken at RIT) in retirement. Waivers for family members are processed after the retiree completes the Service Request in the RIT

Service Center (RSC) portal (help.rit.edu). This form must be completed and submitted each June for the upcoming academic year.

Participation in the Tuition Assistance, Tuition Scholarship, and Tuition Exchange programs end at retirement. If retirement occurs in the middle of the academic year in which a child is receiving Tuition Exchange, the Tuition Exchange benefit will only continue for the remainder of that academic year. The benefit will terminate at the conclusion of that academic year.

Vacation Time and Sick Leave

Staff members and 12-month faculty who retire will receive compensation for their accrued, unused vacation time as soon as administratively possible after the retirement date. There is no payout for any current year's unused sick time. Grandfathered sick time for those who have remaining time from 2005 is not paid out.

Retiree ID Card

You can obtain a Retiree ID card from ID Card Services, located in the University Services Center, Room 1400.

Facilities and Services

With your Retiree ID Card, you have access privileges to RIT facilities and services, such as the Student Life Center and Wallace Library. You are also eligible for an RIT e-mail account; it may be your same email address or a different email address. Please note that annually, you will receive an e-mail from ITS confirming that you want to continue maintaining the account. Simply follow the instructions in the notification to keep your RIT email active.

Better Me Wellness Benefits

Retirees continue to be eligible for several Better Me Wellness Benefits as outlined below. For more information, please refer to their website at www.rit.edu/BetterMe.

1. Retirees receive a FREE fitness membership at the Student Life Center and Better Me Wellness Center.
   a. Access to weight room, pool, track, tennis courts, basketball courts, racquetball/squash/pickleball courts
   b. Access to recreation sports (golf league, pick up soccer, lunchtime basketball, racquet sports list, cycling group, Tough Tigers, volleyball)
2. Retirees have access to the following Better Me services:
   a. Weight room orientations
   b. Student Life Center tours
   c. Personal fitness training*
   d. Class pass*
   e. Nutrition coaching (fee for service only)*
   f. Occupational athletic training*
   g. Massage therapy*

   **Include an additional fee*

You will need an RIT Retiree ID card to access these locations and services; for more information, please refer to their website at https://www.rit.edu/recreationwellness/.

RIT Retirees Program

RIT's Division of University Advancement works with the Retiree Committee to plan retiree events, such as the annual Retiree Luncheon. We encourage you to visit www.rit.edu/retirees for information on news and events for retirees. You can also view photos from previous retiree events as well as provide your email address so you can receive emails, including the invitation to the annual Retiree Luncheon (there will also be a mailing by U.S. Mail about the luncheon).

The Osher Lifelong Learning Institute

RIT's Osher Lifelong Learning Institute (OLLO) offers both in-person and online non-credit classes for RIT retirees who want to keep exploring and discovering, simply for the joy of learning. In partnership with other OLLIs across the US., RIT's OLLI offers 80+ diverse courses per term.

RIT retirees can take free classes for one trial term. After the free trial, a small annual membership fee will provide unlimited access to OLLI classes, the ability to audit up to two RIT undergraduate courses per semester, audiology services at NTID, and more.

Contact RIT's OLLI to get started on your lifelong learning journey:

- Web: www.rit.edu/osher
- Email: osher@rit.edu
- Phone: 585-292-8989/V.

Questions

Check out the HR web page at www.rit.edu/benefits for more details. If you have any questions, please contact the RIT Service Center (RSC) as follows:

- RSC self-service portal help.rit.edu
- Online Live Chat through the portal
- Call 585-475-5000

(1) You may be ineligible for certain retiree benefits if your employment at RIT is terminated for cause (you would remain eligible for your retirement plan income). Refer to the eligibility section of the Medical Plan summary for details.