

RPI



Employee Benefits Guide

2026

January 1, 2026 - December 31, 2026

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The Benefits Guide highlights plan design changes for the upcoming plan year and is intended to comply with the requirements under the Employee Retirement Income Security Act (ERISA) as a Summary of Material Modification/Summary of Material Reduction in Health Benefits (SMM) for the Rensselaer Polytechnic Institute Employee Benefit Plan. The effective date of these changes is January 1, 2026. The SMM supplements the Summary Plan Description (SPD) for the Plan. You should read this SMM very carefully and retain the document with your copy of the SPD for future reference. Should there be a discrepancy between this guide and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. RPI reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification. Benefits are not a guarantee of employment.



To Faculty and Staff:

RPI cares about your health and well-being, and we are dedicated to providing a comprehensive and competitive benefits package for you and your family. Our employee benefits are a vital part of your total reward package and reflect RPI's ongoing commitment and investment in our people.

As an employee, you are eligible for a variety of valuable benefits such as medical, vision, and dental insurance, life and disability coverage, retirement programs, tuition reimbursement, flexible savings accounts, as well as additional services such as adoption assistance, Pinch Hitter Back Up Dependent Care Services, a variety of on-campus wellness initiatives, and much more!

RPI will continue to strive to provide a comprehensive and affordable benefits package for you and your family. When we compare the RPI Health Plans to other employers' plans, our outcomes show the success of our ongoing efforts to provide you and your family with comprehensive and integrated medical, prescription, and wellness programs that are of high quality at a reasonable cost.

RPI is very proud to present this 2026 Benefits Guide to you, and we're confident that you will find it useful and insightful. This guide provides you with information that details the generous benefit package RPI offers to both faculty and staff.

Please take time to review this 2026 Benefits Guide carefully. If you should have any questions regarding any of the information presented, or require additional information about RPI's benefits and retirement programs, please visit our website at hr.rpi.edu or contact RPI's Division of Human Resources at hrmail@rpi.edu.

Sincerely,
The Division of Human Resources

PSA Benefits Hotline

1-877-716-6618 - RPI@psafinancial.com

The Benefits Hotline at PSA features a team of Client Advocates who can help you and your eligible family members with your benefit needs such as the below:

- Questions regarding eligibility and benefits
- Claims questions and issue resolution
- Enrollment support during Open Enrollment and for new hires
- Qualified change-in-status events

The PSA Benefits Hotline is available Monday–Friday, 8:30 a.m. to 5 p.m. ET.

Please provide your Member ID (this can be found on your CDPHP ID card) and date of birth when submitting an email and/or have that information handy when calling the Benefits Hotline. You may be required to complete a HIPAA Authorization Form.

Resource Directory

Coverage / Carrier	Phone Number	Website or Email
PSA Benefits Hotline	1 (877) 716-6618	benefitshotline@psafinancial.com
Medical and Prescription Capital District Physicians Health Network	1 (877) 724-2579	www.cdphp.com
Doctor on Demand	1 (800) 997-6196	www.doctorondemand.com
Prescription Drugs—Mail Order Wegmans and Costco	1 (800) 966-5772	www.cdphp.com
Dental MetLife	1 (800) 942-0854	www.metlife.com
Vision The Standard/EyeMed	1 (866) 289-0614	www.eyemedvisioncare.com
Basic Life and AD&D Voluntary Life Insurance Guardian	1 (888) 482-7342	www.guardiananytime.com
Voluntary AD&D Insurance Zurich Insurance Company	—	www.zurich.com
Short-Term Disability/NYS Paid Family Leave Long-Term Disability Guardian	1 (888) 482-7342	www.guardiananytime.com
Retirement Plans Fidelity Investments TIAA	1 (800) 343-0860 1 (800) 842-2776	www.netbenefits.com/rpi www.tiaa.org/rpi
Employee Assistance Program (EAP) BHS	1 (800) 327-2251	portal.bhsonline.com Username: RPI
Flexible Spending Accounts (FSA) Optum Financial	1 (877) 292-4040	www.optumfinancial.com
Pinch Hitter Nanny Service	(518) 453-1000 1 (877) 453-1000	www.anewenglandnanny.com
Travel Insurance International SOS	1 (800) 523-6586	www.internationalsos.com
Pet Insurance Pets Best	1 (888) 984-8700	www.petsbest.com/rpipet
Online Enrollment Benelogic	1 (866) 415-4391	Email: info@rpi.benelogic.com Enrollment page: rpi.benelogic.com

Online Enrollment Instructions

- Go to rpi.benelogic.com.
- Enter your User ID = RCS Sign on.
- Enter your RCS password.
- Follow the instructions and enroll in your 2026 benefits.
- Click the Finish Button to save your elections and Print your confirmation statement.
- For assistance, you may call a Benelogic Customer Service Representative at 1 (866) 415-4391.

Ready to enroll?

Scan the QR code with
your smartphone or tablet.



Eligibility

Employees

Full time employees who work 30 hours per week for 52 weeks OR 40 hours per week for six months are eligible for benefits. Eligibility is determined based on your date of hire according to the chart below.

Eligibility	Benefits
Date of Hire (DOH)	Back-up Child and Elder Care Services, Pre-tax parking, Travel Insurance
1st of month following DOH	Medical, Dental, Vision, Basic Life/AD&D, Voluntary & Dependent Life/AD&D*, FSAs, Long Term Disability
1st of 2nd month following DOH	Retirement Programs
1st of month following 90 days	Adoption Benefit
1st day of the first semester after DOH	Employee/Spouse Tuition
1st day of the first semester after 3 years of full time continuous service	Children Tuition

* You may be required to complete a Statement of Health form. New Hires are not required to complete the Statement of Health form.



For all benefits, except Retirement Plan Contributions, **you must sign up within 30 days from your date of hire by going to rpi.benelogic.com.**



Dependents

In addition to enrolling yourself, you may also enroll any eligible dependents in the medical, dental, vision, and supplemental life insurance. Eligible dependents are defined below:

- **Spouse (including same sex spouse):** a person to whom you are legally married. Such a person remains a spouse until a decree of divorce is issued. The Spouse Coverage Certification section must be completed in Benelogic if you are enrolling your spouse/domestic partner in RPI's medical plan.
- **Domestic Partner:**
By enrolling a Domestic Partner, you attest that:
 - You are each eighteen years of age or older and are not related by blood in a manner that would bar marriage.
 - You have a close and committed personal relationship and are each other's sole domestic partner not married to or partnered with any other spouse, spouse equivalent or domestic partner.
 - For at least six months, you have shared the same permanent residence and intend to do so indefinitely.
 - You are financially interdependent.

If residing in a locality that provides for Domestic Partnership registration, register with locality and upload proof of registration into your Benelogic account. If the locality does not provide Domestic Partnership registration, you must upload documentation confirming:

 - Shared permanent residence: driver's license or common residence mortgage, deed or lease agreement and
 - Financial interdependence: Common residence mortgage, deed or lease agreement; common ownership of a motor vehicle; joint bank or credit account; designation as life insurance or retirement plan beneficiary for each other;
- **beneficiary in each other's will; assignment of durable power of attorney for each other; or authority for each other's health care directive or living will.**
- **Child:**
 - A child who is yours or your spouse's by birth or legal adoption
 - A dependent child of your qualified Domestic Partner
 - One whose medical care is the legal obligation of you or your spouse as per a court order or court approved requirement
 - The subject of a child support order that recognizes the right of that person to receive benefits under your medical coverage, issued by a court or administrative agency of any US State or US Territory
 - Your grandchild in the court-ordered custody of you or your spouse
 - A child who is your dependent and who is in the guardianship of you or your spouse
 - A legal dependent child under the age of 26. Coverage will cease at the end of the month in which the dependent reaches age 26
- **Disabled Dependent:**
 - A child who is dependent on you or your spouse as a result of mental or physical incapacity
 - A child who is disabled prior to reaching the maximum age allowed under the plan

Change-in-Status Events

As you make your benefit elections, please keep in mind that these elections and the related payroll deductions generally cannot be canceled or changed until your next Open Enrollment period. However, you may request to make a change in your coverage if (1) you, your spouse, or your dependent experience a qualified change-in-status event, and (2) the change-in-status event affects your, your spouse's, or your dependent's eligibility for coverage under this plan or another employer's plan.

Allowable events are changes in:

- Legal marital status, including marriage, divorce, annulment, or death of spouse
- Number of dependents due to birth, adoption, placement for adoption, or death
- Employment for you, your spouse, or your dependent, including commencement or termination
- Hours of employment, including a switch between full-time and part-time status, or the commencement or return from a leave of absence
- Eligibility status of your dependent due to attainment of age, change in student status, or any similar circumstance
- Residence or worksite

Other situations that allow you to make a change in your benefit elections are listed below:

- Entitlement to a special enrollment right
- Taking a leave under the Family Medical Leave Act
- Complying with a judgment, decree, or order that requires you, a former spouse, or another living individual to obtain health or accident coverage for a child who is your dependent
- Entitlement to coverage or loss of eligibility for coverage under Medicare or Medicaid for you, your spouse, or your dependent
- An election or change under your spouse or dependent's employer's plan during an Open Enrollment period that does not correspond with this plan's Open Enrollment period
- Change of dependent care provider or imposition of a cost change for the dependent care provider

A request for a benefit election change cannot be processed unless all of the items listed below are true:

- The Division of Human Resources is notified within 30 days of the qualified change-in-status event
- Documentation is provided to support the change requested
- The change is permitted under the terms of the plan document or insurance contract

Coverage will begin on the first of the month following the qualified change-in-status event, unless the change is due to the birth, adoption, or placement for adoption of a child, in which case coverage is effective on the date of birth, adoption, or placement for adoption.



The benefits plan year runs January 1 through December 31. The elections you make will remain in effect through December 31, 2026, unless you, your spouse, or your dependent child(ren) experience a qualified change-in-status event.

Not sure what constitutes a qualified change-in-status event? Scan the QR code with your smartphone or tablet, or visit www.brainshark.com/hilbgroup/ChangeInStatusEvents.



Benefits At-A-Glance

RPI is recognized locally and nationally for the depth and breadth of its compensation and benefits programs. Our goal is to continue to provide you and your eligible family members with an affordable and comprehensive benefits package while managing the escalating health care costs.

Below is a summary of the benefits available to eligible employees.

Benefits	Programs
Medical Capital District Physicians Health Network (CDPHN)	- The Rensselaer Health Plan: Point of Service (POS) plan now includes coinsurance provisions for some in-network services. - Rensselaer HMO Plan: Health Maintenance Organization (HMO) plan now includes in-network coinsurance provisions for some services.
Prescription Drugs Capital Rx Specialty Pharmacy: CVS	- Automatically included with medical plan 34-day supply of drugs available at retail locations 90-day supply of drugs available at participating retail stores and via mail order
Dental MetLife	- Preventive Services covered at 100%, are not subject to the deductible, and do not accumulate toward the annual benefit maximum - Most other services covered at a percentage after the annual deductible has been met - Orthodontia coverage for adults and dependent children
Vision The Standard/EyeMed	- May use in and out-of-network providers - Exam and lenses allowance every 12 months - Frame allowance every 24 months
Flexible Spending Accounts (FSA) Optum Financial	- Health Care FSA: put aside up to \$3,400 per year on a pre-tax basis for eligible health expenses (up to \$680 may roll over at the end of the year) - Dependent Care FSA: put aside up to \$7,500 per year on a pre-tax basis for eligible dependent care expenses (\$3,750 if married filing separately)
Basic Life and AD&D Insurance Guardian	- RPI pays 100% of cost - Coverage equal to 2 times your base annual earnings (maximum benefit \$300,000) - Benefit reduction begins at age 65
Voluntary Life Insurance Guardian	- Employee-paid coverage; option to purchase additional life insurance coverage for yourself, your spouse, and dependent children - Employee: elect coverage in fixed increments up to a maximum benefit of \$600,000 - Spouse: elect up to \$250,000 benefit for your spouse - Children: elect \$10,000 for each child
Voluntary AD&D Insurance Zurich	- Employee-paid coverage; option to purchase additional Accidental Death & Dismemberment (AD&D) coverage in increments of \$10,000, up to a maximum benefit of \$350,000 - Coverage also available for spouse and children
Travel Insurance	- RPI pays 100% of cost \$150,000 benefit if you die while traveling on RPI business

Benefits	Programs
Defined Contribution Retirement Plan	• Minimum 1% of your applicable pay deducted from your paycheck on a pre-tax basis; RPI contributes 8% of applicable pay (subject to vesting rules) • Auto-escalation feature each fiscal year • Option to contribute on an after-tax basis (Roth)
Supplemental Retirement Program	• Option to put aside additional money for retirement on a tax-deferred basis
Short-Term Disability/Reserve Time Off	• Income replacement for sickness/disability • Coverage amount varies by employment class
Long Term Disability	• RPI pays 100% of the cost of the base plan • Base plan replaces 60% of your monthly income, up to maximum benefit of \$5,000 per month; benefits continue as long as you meet the definition of disability until age 65 • Option to purchase additional coverage
Pet Insurance	• Option to purchase coverage that pays on your actual veterinary bill and covers injuries, illnesses, emergencies, genetic conditions, and much more.
Tuition Benefits	• Tuition reimbursement available for employees, spouses, and dependent children
Adoption Assistance	• Up to \$1,500 for qualified expenses
Pre-Tax Parking	• Parking fees deducted on a pre-tax basis
Employee Assistance Program	• Professional and confidential assistance to help with personal and professional problems
Paid Time Off (PTO)	• Earn PTO each pay period; number of hours vary by position and length of service
Pinch Hitter Nanny Service A New England Nanny	• Child and elder care services - \$5/hour copay • Housekeepers, senior care providers, mother's helpers, and personal assistants, at 50% off on your membership fee
International SOS Travel Insurance	• Insurance card provided for both business and personal travel

Parker School Scholarship

The Robert C. Parker School offers a \$3,000 scholarship to dependent children of faculty and staff who are entering kindergarten through 8th grade. The Parker School offers a progressive approach to education, recognizing that the joy of personal accomplishment is more motivating than a test score. The curriculum is designed around thematic project-based learning, blending basic skills with high motivation. It allows a student's natural curiosity and problem-solving abilities to emerge. Visit www.parkerschool.org for more information or to schedule a visit.

Summary of Benefits and Coverage

Choosing a health coverage option is an important decision. To help you make an informed choice, a Summary of Benefits and Coverage (SBC), which summarizes important benefit information in a standard format, is available for each medical plan option. The SBCs are available on the web at rpi.benelogic.com. A paper copy is also available, free of charge by calling toll-free at 1 (877) 724-2579.

Your CDPHP Account

By setting up an account on www.cdphp.com, you can easily manage your health care from the comfort of your home computer, laptop, or mobile device.

Visit www.cdphp.com and click on “Members.” Also, be sure to create a login for the secure member site to view benefits, download forms, and designate a PCP. Visit blog.cdphp.com and search “Top 10 Reasons to Login” to learn more.

Download the **CDPHP ConnectRx, On the Go app!** ConnectRx helps you to save money on your prescription drugs. With this app, you can view your medication list and savings opportunities, request a medication or pharmacy switch, get alerts about screenings or appointments you may need, and more! To get started, download CDPHP ConnectRx, On the Go from your app store and have your CDPHP member ID handy.

Need help with the app? Call **1-800-266-6117** or email appsupport@levrx.com.

Establish a relationship with your Primary Care Physician (PCP)

We encourage you to choose a PCP and establish a relationship with him/her for all of your primary care needs. If you have not selected a PCP, or are looking for a new one, please consider choosing a participating member of the Enhanced Primary Care (EPC) program. EPC providers participate in a patient-centered medical home model, which focuses on maximizing quality of care.

You have access to the national network of more than 825,000 providers across the country. Use the convenient Find-a-Doc feature at www.findadoc.cdphp.com to locate a participating provider.

Medical Coverage

Your health benefits represent a significant component of your total rewards package, and they provide important protection to keep you and your family in good health. Eligible employees have the choice between two medical plans: **Rensselaer HMO** and **Rensselaer Health Plan (RHP)**. Both plans include prescription drug coverage; the cost of the prescription drug coverage is included in your medical plan premium. The plans are administered by **Capital District Physicians Health Network (CDPHN)**.

Rensselaer HMO

In the Rensselaer HMO plan, care is paid by the plan along with employee paid copayments. There are no claim forms or deductibles for the HMO plan. If you choose to join the HMO plan, you are encouraged to have all care coordinated by your Primary Care Physician (PCP). If you have not selected a PCP, or are looking for a new one, you may want to consider choosing a participating member of the Enhanced Primary Care (EPC) program. EPC providers participate in a patient-centered medical home model, which focuses on maximizing quality of care. Also, under the HMO plan, referrals are never required to see a specialist.

Rensselaer Health Plan (RHP)

The Rensselaer Health Plan (RHP) is a Point of Service (POS) plan. It is designed to balance lower costs when staying in-network, with the flexibility to go out-of-network, if desired. In the RHP, while it is recommended, you are not required to select a Primary Care Physician (PCP); however, to maximize quality of care, you are encouraged to consider choosing a participating member of the Enhanced Primary Care (EPC) program. In addition, under the RHP, referrals are never required to see a specialist. If you decide to use a doctor or facility outside the network, you will still receive benefits from the plan; however, you will pay a larger share of the costs, and you may have to file a claim form.

All plan reimbursements are at reasonable and customary (R&C) rates. The plans will not reimburse above the reasonable and customary rates.

Preventive care is important. Don't delay these six things:



Navigating your Prescription Drug Benefits

90-Day Prescription Drug Coverage: The medical plan's prescription coverage enables you to take advantage of potential savings on medications taken regularly. Ordering these medications in 90-day supplies generally costs less than refilling three 30-day prescriptions, depending on the medication and the medical plan you elect. There are two ways to save with 90-day supplies: through a participating retail pharmacy or via mail order. The same quality service is provided whether you choose delivery or retail pick-up at a retail pharmacy. Plus, you can save money on medications taken regularly.

Below is the list of participating pharmacies that do offer discounts:

- ConnectRx
- Hannaford
- Market 32/Price Chopper
- ShopRite
- Food Lion
- Giant Foods
- Kinney Drugs
- Stop & Shop
- Walgreens
- Multiple independent pharmacies

Rx for Less: The same pharmacies listed above also participate in the Rx For Less program. This program is for all CDPHN participants, offering deep discounts on a specific list of drugs. Many generic prescription drugs are available for as little as \$1, beating the price of many other drug club programs by 90%. There's no sign-up process or registration fee. Simply present your CDPHN ID card when purchasing your prescription. For a complete list of drugs covered under this benefit, please visit <https://www.cdphp.com/members/rx-corner/drug-coverage/rx-for-less>.

Take the call—it might be from CDPHN!

If you receive a call from CDPHN, it is likely coming from the medical management department. The medical management department consists of a team of nurses and social workers, and it's their job to help you and your family be as healthy as you can be. If you have a serious or chronic illness or injury, a nurse case manager from CDPHP may call and offer to help you navigate through the health care system and provide support along the way. A nurse case/disease manager is a licensed nurse who will coordinate your care to ensure you receive optimal treatment. The nurses will:

- Work closely with you and your doctors to help you follow your treatment plan
- Coordinate necessary services
- Contact you regularly to see how you are doing
- Make sure you understand your medications
- Answer your questions

This benefit is free to you, and it's confidential. So, if you receive a call from CDPHN, please take it. And, if you need help now, don't wait for a call. Simply call 1 (888) 942-3747, leave a message, and you will be connected with someone who can assist you.

Medical Plans Meet ACA Requirements

The Affordable Care Act (ACA) establishes minimum value and affordability standards for health coverage provided by employers. The health coverage offered by RPI meets the minimum value standard and is intended to be affordable based on your wages. Therefore, you and your eligible family members will generally not be eligible for premium tax credits available through the Health Insurance Marketplace unless you have special circumstances that impact your household income for the year. If you have questions about your specific circumstances, you should contact your tax advisor or visit www.healthcare.gov for additional information.

CDPHP Mail Order Network - Home Delivery Options

CDPHP wants to ensure you have easy access to your prescriptions and always receive topnotch customer service. CDPHP is proud to introduce Wegmans and Costco Home Delivery as their mail order provider.

To get started with Wegmans, call 1-844-328-2550.

To get started with Costco, call 1-800-607-6861.

Connect with board-certified doctors 24/7 using your phone, tablet, or computer

There are many conditions Doctor On Demand physicians can often treat effectively through a Video Visit—from a sudden rash, a mild muscle sprain, an upset stomach, and many more. For more serious or life threatening conditions, a visit to a doctor or hospital is important and necessary.

Don't forget—access doctors for Behavioral Health issues through Doctor on Demand!

How To Get Started

Visit www.DoctorOnDemand.com or download the app from the App Store on your smartphone. **Be sure to add CDPHP as your insurance provider.**

Need help? Call the Doctor On Demand support team for assistance at 1 (800) 997-6196 or email at support@doctorondemand.com.

Rensselaer HMO

Summary of Benefits

In-Network Cost to You

Network Name	HMO National
Annual Deductible Amount you must pay before the plan begins to pay benefits for certain services	None
Annual Out-of-Pocket Maximum Includes coinsurance and copays for both medical and pharmacy	\$7,150 Individual \$14,300 Family
Physician Services	
Preventive Care Office Visits Well baby and child care, adult physical (one per calendar year), routine gynecologic visits (one per calendar year)	Covered in full
Office Visits	PCP: \$25 copay Specialist: \$40 copay
Doctor on Demand Visits	\$25 copay
Labs and Testing	
Imaging (MRA/MRS, MRI, PET & CAT Scans)	\$50 copay
X-Ray & Labs	PCP: \$25 copay / Specialist: \$40 copay waived if provider is preferred
Urgent Care, Emergency, and Hospitalization	
Urgent Care Facility	\$50 copay
Emergency Room <i>copay waived if admitted</i>	\$200 copay
Inpatient Hospital	\$500 copay
Outpatient Surgery Facility	\$250 copay
Maternity	
Physician services (pre/post natal care)	\$25 copay, initial visit only
Newborn Nursery	Covered in full
Mental Health and Substance Abuse	
Inpatient	\$500 copay
Outpatient	\$25 copay
Other Services	
Occupational and Physical <i>Limit one course of 120 visits or less per calendar year</i>	\$40 copay
Speech Therapy <i>Limit one course of 60 visits or less per calendar year</i>	\$40 copay
Durable Medical Equipment Prior authorization required for items in excess of \$1,000	20% coinsurance
Routine Hearing	PCP: \$35 copay / Specialist: \$40 copay
Eye Exam (one per calendar year)	\$40 copay
Prescription Drugs	
Retail (up to 34-day supply)	
Tier 1—Generic	\$10
Tier 2—Preferred Brand	\$35
Tier 3—Non-Preferred Brand	\$100
90/Mail Order 90-day supply at any participating retail or mail order pharmacy	2 times retail cost

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern. Some services may require prior authorization.



Save money with generic drugs

Ask your doctor if it's appropriate to use a generic drug rather than a brand drug. Generic drugs are less expensive, contain the same active ingredients, and are identical in dose, form, and administrative method as a brand name drug, but cost less.

Rensselaer Health Plan (RHP)

Important: All plan reimbursements are at reasonable and customary (R&C) rates. The plans will not reimburse above the reasonable and customary rates.

Summary of Benefits	In-Network Cost to You	Out-of-Network Cost to You
Network Name	POS National	N/A
Annual Deductible Amount you must pay before the plan begins to pay benefits for certain services	\$500 Individual \$1,000 Family	\$750 Individual \$1,500 Family
Annual Out-of-Pocket Maximum Includes deductible, coinsurance, and copays for both medical and pharmacy	\$5,000 Individual \$10,000 Family	
Physician Services		
Preventive Care Office Visits Well baby and child care, adult physical, routine gynecologic visits, mammogram	Covered in full no deductible	Not covered
Office Visits	Deductible, then \$25 PCP/ \$40 Specialist copay	Deductible, then 30% coinsurance
Doctor on Demand Visits	Deductible, then \$25 copay	N/A
Labs and Testing		
Imaging (MRA/MRS, MRI, PET & CAT Scans)	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance
X-Ray & Labs	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance
Urgent Care, Emergency, and Hospitalization		
Urgent Care Facility	Deductible, then \$50 copay	Deductible, then 30% coinsurance
Emergency Room <i>copay waived if admitted</i>	Deductible, then 10% coinsurance	
Inpatient Hospital	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance
Outpatient Surgery Facility	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance
Outpatient Surgery Office	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance
Maternity		
Physician services (pre/post natal care)	Deductible, then \$25 copay, initial visit only	Deductible, then 30% coinsurance
Newborn Nursery	Covered in full	Deductible, then 30% coinsurance
Mental Health and Substance Abuse		
Inpatient	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance
Outpatient	Deductible, then \$25 copay	Deductible, then 30% coinsurance
Other Services		
Occupational, Physical, and Speech Therapy Limit 100 visits per year combined	Deductible, then 10% coinsurance	Deductible, then 30% coinsurance
Routine Hearing/Eye Exam Limit one per calendar year	PCP: \$20 copay Specialist: \$35 copay	Deductible, then 30% coinsurance
Eye Glasses or Contact Lenses Each calendar year	Covered in full to allowed amount—deductible waived Single Vision Lenses and Frames -\$236; Bifocals Lenses and Frames—\$304	
Hearing Aids (2 every 36 months)	Covered in Full to allowed amount. \$1,400 per unit/36 months	
Prescription Drugs—no deductible		
Retail (up to 34-day supply) Tier 1—Generic Tier 2—Preferred Brand Tier 3—Non-Preferred Brand	\$10 \$35 \$100	Plan pays 30% of charges to OOP maximum
90/Mail Order 90-day supply at any participating retail or mail order pharmacy	2 times retail cost	

Please note: Fertility Treatments are NOT covered under the Rensselaer Health Plan.

Dental

Dental coverage is available through **MetLife**. You have the freedom to select the dentist of your choice; however, when you visit a participating, in-network dentist, you will have lower out-of-pocket costs, no balance billing, and claims will be submitted by your dentist on your behalf.



Prevention first!

Your dental health is an important part of your overall health. Make sure you take advantage of your preventive dental visits. Preventive care services are not subject to the annual deductible, the plan covers 100% of the cost if you visit an in-network provider, and preventive services do not apply toward your annual benefit maximum!

Plan Features	MetLife Dentists	Non-MetLife Dentist
Annual Deductible Amount you must pay before the plan begins to pay benefits (waived for preventive, diagnostic, and orthodontia services)	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Annual Benefit Maximum Maximum amount the plan will pay in a year; does not include preventive & diagnostic or orthodontia services	Plan pays \$1,500 per person each calendar year	
Preventive & Diagnostic Services Oral exams, cleanings, x-rays, periodontal maintenance, sealants	Covered at 100%	Covered at 100%
Basic Services Fillings, root canals, oral surgery, periodontics (gum treatment), denture repair, crowns repairs	Covered at 80% after deductible	Covered at 80% after deductible
Major Services Crowns, inlays, onlays and cast restorations	Covered at 50% after deductible	Covered at 50% after deductible
Temporomandibular Joint (TMJ) Benefits	Covered at 50% after deductible	Covered at 50% after deductible
Orthodontia Adults and Dependent children up to age 26 \$1,500 lifetime maximum per person	Covered at 50%	Covered at 50%

This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern. Limitations or exclusions may apply. Reimbursement is based on MetLife Dental maximum contract allowances and not necessarily each dentist’s submitted fees.

Register for online access

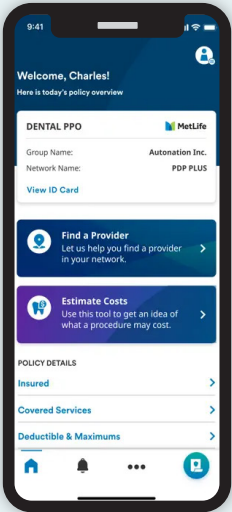
Visit www.metlife.com/mybenefits. From here, you can find coverage details, view claim status, set up paperless delivery for important documents, download an ID card to your digital wallet and much more.

Find a provider

Choosing a provider in the PDP Plus network can help you maximize your benefits and helps ensure you’re getting the most affordable care possible.

Mobile App

Get the information you need on the go by downloading the free MetLife app from the App Store or Google Play.



Vision

Your Vision coverage provides a full range of vision care services provided through the **The Standard/EyeMed Vision Care Network**. You may receive care from any provider you choose, but your benefits are greater when you see a participating, in-network provider. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of service and submit a claim form for reimbursement.

Please be aware, ID Cards are not issued for Vision coverage. You may provide your SSN to any participating provider to verify benefits.



Prevention first!

Did you know your eyes can tell an eye care provider a lot about you?

In addition to detecting eye disease, a routine eye exam can help detect signs of serious health conditions like diabetes and high cholesterol. This is important, since you won't always notice the symptoms yourself and since some of these diseases cause early and irreversible damage.

Plan Features	In-Network Cost to You	Out-of-Network Plan Reimbursement
Vision Exam Once every 12 months*	\$10 copay	Up to \$40
Eyeglass Frames Once every 24 months*	\$130 allowance	Up to \$45
Eyeglass Lenses Once every 12 months* Single vision Bifocal Trifocal Lenticular	\$20 copay \$20 copay \$20 copay 20% discount	Up to \$40 Up to \$60 Up to \$80 Up to \$80
Contact Lenses Once every 12 months* in lieu of eyeglasses Fitting & Follow up Exams Standard Premium (Allowance) Elective Medically Necessary	Up to \$55 10% off retail \$105 allowance Covered in full	Not covered Not covered Up to \$80 Up to \$210
Progressive Lenses Standard Premium	\$65 + lens deductible Lens cost: 20% discount, \$120 allowance, standard progressive cost	Not covered
Lasik or PRK	Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers.	Not covered

*Your eligibility to receive a service is dependent upon your last date of service. For example, if you received a vision exam in July, you will not be covered for another exam until the following July (12 months later).

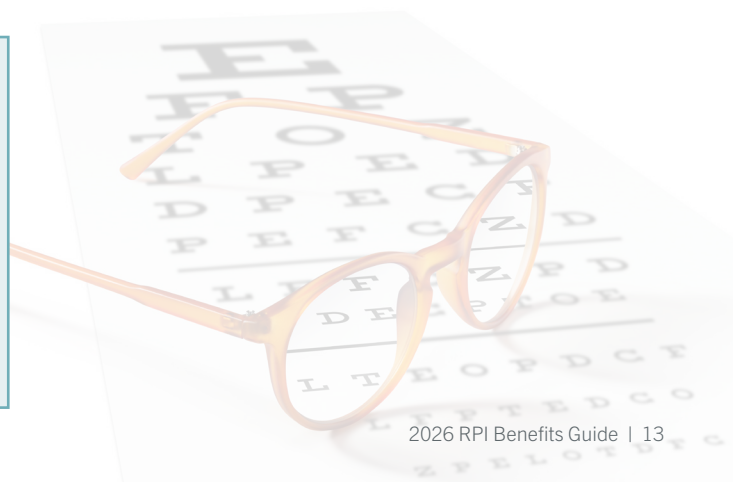
This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern. Limitations or exclusions may apply.

Need to locate a participating provider?



Visit www.eyemedvisioncare.com. Select the **Access Network**.

The EyeMed Vision Care Network includes more than 30,000 independent and retail providers nationwide, including Lens Crafters, Target Optical, and most Sears Optical and Pearle Vision locations.





Spouse/Domestic Partner Coverage Certification for Medical Plan

All faculty and staff who choose to cover their spouse/domestic partner through RPI's medical plan will be required to complete the spouse/domestic partner Coverage Certification in the Benelogic system. The purpose is to certify if your spouse/domestic partner is eligible for coverage through their own employer (other than RPI), which will result in a coverage surcharge of \$25 twice per month (\$600 per year) in addition to the medical premium.

Those employees who choose to cover their spouse/domestic partner in the medical plan and who do not complete the spouse/domestic partner Coverage Certification form in the Benelogic system will, by default, be charged a spousal/domestic partner surcharge of \$25 twice per month (\$600 per year) in addition to the medical premium in 2026.

2026 Payroll Deductions

Medical, Dental, and Vision (24 times per year)

The medical, dental, and vision plan premiums for full time faculty and staff are shown in the following charts, and reflect your actual payroll deductions. Please remember that premiums for medical, dental, and vision plans are deducted from 24 pay periods annually, on a tax-free basis, which means you do not pay federal, state, or Social Security/Medicare taxes on the premiums. The employee rates represent your cost for medical, dental, and vision coverage. RPI pays the remaining cost.

For Faculty/Staff with Annual Pay \$75,000 and Less

	Individual Coverage	Individual + One Child	Individual + Children	Spouse / Domestic Partner	Family Coverage
Rensselaer HMO	\$94.32	\$126.06	\$168.08	\$196.00	\$256.30
Rensselaer Health Plan	\$126.45	\$168.99	\$234.09	\$263.63	\$366.32

	Individual Coverage	Two Person Coverage	Family Coverage
Dental (MetLife)	\$5.75	\$11.52	\$19.47
Vision (The Standard)	\$2.30	\$4.42	\$6.38

For Faculty/Staff with Annual Pay Above \$75,000 up to \$160,0000

	Individual Coverage	Individual + One Child	Individual + Children	Spouse / Domestic Partner	Family Coverage
Rensselaer HMO	\$117.90	\$157.58	\$210.10	\$244.99	\$320.38
Rensselaer Health Plan	\$158.06	\$211.24	\$292.61	\$329.53	\$457.90

	Individual Coverage	Two Person Coverage	Family Coverage
Dental (MetLife)	\$5.75	\$11.52	\$19.47
Vision (The Standard)	\$2.30	\$4.42	\$6.38

For Faculty/Staff with Annual Pay Above \$160,000

	Individual Coverage	Individual + One Child	Individual + Children	Spouse / Domestic Partner	Family Coverage
Rensselaer HMO	\$141.48	\$189.09	\$252.12	\$293.99	\$384.45
Rensselaer Health Plan	\$189.67	\$253.49	\$351.13	\$395.44	\$549.48

	Individual Coverage	Two Person Coverage	Family Coverage
Dental (MetLife)	\$5.75	\$11.52	\$19.47
Vision (The Standard)	\$2.30	\$4.42	\$6.38

Domestic Partner and/or Child of Domestic Partner Coverage Certification Requirement

Faculty and staff who wish to cover their Domestic Partner and/or child(ren) of their Domestic Partner through RPI's healthcare plan will be required to complete the Domestic Partner Coverage Attestation within the Benelogic system at time of their enrollment.

Flexible Spending Accounts

Flexible Spending Accounts (FSA) allow you to reduce your taxable income by setting aside pre-tax dollars from each paycheck to pay for eligible out-of-pocket health care and dependent care expenses for you and your family. There are two types of FSAs: Health Care FSA and Dependent Care FSA. You can elect to participate in one or both of these accounts. The FSAs are administered by **Optum Financial**.

In order to participate in the FSA, **you must enroll each year**. Your annual contribution stays in effect during the entire year (January 1 through December 31). The only time you can change your election is during Open Enrollment or if you experience a qualified change-in-status event.

Health Care FSA

Health Care FSAs help you stretch your budget for health care expenses for you and your dependents by allowing you to pay for these expenses using tax-free dollars. You may set aside up to **\$3,400** annually, which is deducted out of your pay throughout the year on a pre-tax basis. Funds can be used to pay for qualified health expenses such as deductibles, medical and prescription copays, dental expenses, and vision expenses. You can use the FSA for expenses for yourself, your spouse, and your dependent children—even if they are not covered under your medical or dental plan!

When you submit a claim, you can be reimbursed up to your full annual election (less any previous reimbursement). Please note that health insurance premiums paid for by your employer's plan or by other health insurance coverage are not eligible for reimbursement.

Using your FSA

Optum Financial makes it quick and easy for you to use your FSA.

- **Use your Payment Card:** This is the simplest way to access your Health Care FSA funds! Provide your card to a qualified merchant or provider, and they will swipe your card like any other credit or debit card for the eligible expense or item.
- **Pay with Personal Funds and Request Reimbursement:** Pay using your own personal credit card, cash, or check and keep your itemized receipt as documentation. Then, log on to your online account to file for reimbursement and upload documentation.
- **Online and Mobile App:** You can quickly and easily submit payment requests, check your account balance, and view payment status online or on your mobile device.



Health Care FSA Rollover up to \$680

When you choose how much to contribute to an FSA, be sure to estimate your expenses carefully. The Health Care FSA has a \$680 roll over feature, which allows any amount of \$680 or less remaining in your account at the end of the plan year to roll over into the next plan year.

Use it or Lose It

Any remaining funds over \$680 in a Health Care FSA and any remaining funds in a Dependent Care FSA at the end of the plan year will be forfeited. In addition, if you have less than \$50 to rollover from 2026 to 2027 and choose not to contribute to the HCFSAs in 2027, you will forfeit this balance.

You will have 90 days after the end of the plan year to submit claims incurred during that plan year.



Over-the-Counter (OTC) Medications

You may use your Health Care FSA to pay for over-the-counter (OTC) medications at a pharmacy, supermarket, or other retail store without a prescription. Insulin, prescription medicines, and some OTC supplies—such as bandages, crutches, blood sugar test kits, contact lens solution, and menstrual care products—are also eligible for reimbursement. To purchase FSA eligible items online and for a list of all eligible expenses, visit www.optumfinancial.com.



A Dependent Care FSA is a great way to pay dependent care expenses and lower your taxable income.

Important notes:

- If you participate in a Dependent Care FSA, you cannot apply the same expenses for a dependent care tax credit when you file your income taxes. Consult your tax advisor for more details on current tax law.
- If the situation is educational in nature (e.g. kindergarten), whether full day or half day, public or private, state mandated, or voluntary, the expense cannot be reimbursed under the Dependent Care FSA.

Dependent Care FSA

The Dependent Care FSA allows you to pay for eligible dependent care expenses with tax-free dollars. You may set aside up to **\$7,500** annually in pre-tax dollars, or \$3,750 if you are married and file taxes separately from your spouse.

Contributing to a Dependent Care FSA allows you to pay dependent care expenses so that you and your spouse can work, look for work, or attend school full-time. It includes daycare (center or individual daycare), before/after school care, summer day camp, and elder care.

Eligible expenses include those listed below:

- Care for your dependent child who is under the age of 13 that you can claim as a dependent for tax purposes
- Care for your dependent child who resides with you and who is physically or mentally incapable of caring for him/herself
- Care for your spouse or parent who is physically or mentally incapable of caring for him/herself

When submitting a claim, you can only be reimbursed up to the amount you have contributed to date, less any previous reimbursements. You may only receive reimbursements for services already incurred. An expense is incurred when a service is received, not when a bill is paid. Even though your service provider may require payment at the beginning of the service period, you cannot request reimbursement until after the service is provided. Your dependent care provider must be an individual who you do not claim as a dependent on your tax return.

Savings Example

Shown below is an example of a Dependent Care FSA participant with \$7,500 of out-of-pocket expenses.

	Without FSA	With FSA
Gross Pay	\$50,000	\$50,000
FSA Contribution	\$0	\$7,500
Taxable Income	\$50,000	\$42,500
Taxes*	\$12,500	\$10,625
Take Home Pay after Taxes	\$37,500	\$31,875
Healthcare Expenses	\$7,500	\$7,500
Available Income	\$30,000	\$24,375
Tax-Free Reimbursement from FSA	\$0	\$7,500
Net Income	\$30,000	\$31,875

That's a savings of \$1,875 for the year!

*Taxes are based on the participant having a combined federal, state and social security tax rate of 25 percent. Example is for illustrative purposes only, actual dollar amounts and tax savings will vary.

Life Insurance

Life insurance helps protect your family from financial risk and sudden loss of income in the event of your death. Accidental Death & Dismemberment (AD&D) insurance provides an additional benefit if you lose your life, sight, hearing, speech, or limbs in an accident. The life insurance coverage available to you through RPI is term life insurance; a type of life insurance that provides coverage for a specific period of time, called the “term”. If you pass away during the term, the insurance company pays a death benefit (a lump sum) to your beneficiaries. If you outlive the policy’s term, there’s no payout, and the coverage ends.

Basic Term Life and AD&D Insurance

RPI provides you with Basic Term Life insurance in the amount of 2 times your July 1 rate of pay or your prior calendar year RPI earnings, whichever is greater, up to a maximum basic life benefit of \$300,000—at **no cost to you** through **Guardian**. If you die as a result of an accident, your beneficiary will receive an additional benefit. For other covered losses, the amount of the benefit is a percentage of the AD&D insurance coverage amount. Evidence of good health is not required.

Benefits begin to reduce at age 65. All employees (equally) receive the following age reductions for Basic Life insurance only:

- To 75% (of original) at age 65
- To 50% (of original) at age 70
- To 25% (of original) at age 75
- To 5% (of original) at age 80

The above age reductions apply for your age as of January 1 each year, and all percentages above are shown as a percent of your benefit level upon reaching age 65. The value of Basic Life insurance coverage in excess of \$50,000 is considered imputable taxable income that is reported on your W-2 form at the end of the year. You have the option to limit your life insurance to \$50,000 to avoid the imputable taxable income. The Basic Term Life insurance will continue until you are no longer an eligible Full-Time employee with RPI.

Monthly Voluntary Term Life Rates

Age	Employee Rates per \$1,000	Spousal Rates per \$1,000
0-24	\$0.049	\$0.039
25-29	\$0.051	\$0.045
30-34	\$0.069	\$0.057
35-39	\$0.088	\$0.071
40-44	\$0.100	\$0.092
45-49	\$0.150	\$0.125
50-54	\$0.230	\$0.218
55-59	\$0.430	\$0.345
60-64	\$0.649	\$0.592
65-69	\$1.227	\$1.033
70-74	\$1.988	\$1.684
75-79	\$2.060	\$1.684
80+	\$2.060	\$1.684
Children	\$3.26 (\$10,000 benefit)	

Voluntary Term Life Insurance

In addition to the Basic Term Life insurance provided to you by RPI, you may purchase voluntary Term Life insurance for yourself, your spouse, or your children through **Guardian**. Participation is voluntary, and **you pay 100% of the premiums**. Please note, in order to elect voluntary life insurance coverage for your spouse or your children, you must first elect voluntary life insurance coverage for yourself. The premium rates for Voluntary Term Life insurance will change as you get older. The Voluntary Term Life Insurance will end at the earliest of: (1) you are no longer eligible for this coverage, (2) you stop paying premiums or elect to end coverage, (3) your employment with RPI ends. At the end of your coverage period, you may have the right to convert this coverage into an individual policy.

Employee

- Elect coverage in fixed increments up to a maximum benefit of \$600,000.
- Newly hired faculty and staff electing coverage during their initial eligibility period may elect up to this amount without evidence of insurability. Faculty and staff who wish to enroll in coverage after their initial eligibility period will be subject to completion of an evidence of insurability form for review and approval by Guardian.

Spouse (including same sex spouses)

- In order to elect coverage for your spouse, you must also elect at least \$10,000 of supplemental life insurance for yourself.
- Elect coverage in fixed increments up to a maximum benefit of \$250,000, not to exceed your elected amount.
- Newly hired faculty and staff who elect coverage for their spouse during their initial eligibility period may elect up to \$30,000 without evidence of insurability. Faculty and staff who enroll in coverage after their initial eligibility period will be subject to completion of an evidence of insurability form for review and approval by Guardian.
- Evidence of insurability is required if you elect a benefit greater than \$30,000.

Child(ren)

- In order to elect supplemental life insurance coverage for your child, you must also elect at least \$10,000 of voluntary life insurance for yourself.
- Elect a \$10,000 benefit.
- Evidence of insurability is not required.

Voluntary AD&D Insurance

Voluntary Accidental Death and Dismemberment (AD&D) insurance is designed to protect you and your family against an unexpected death or injury that is associated with, or is the result of an accident. A serious injury or death can be financially and emotionally devastating, even for a two-income family. Without protection, you can run the risk of depleting hard-earned savings.

You may purchase this insurance for yourself or for you and your family members in multiples of \$10,000, up to a maximum of \$350,000 or 10 times your base salary, whichever is less. You may also elect coverage for your spouse for either 100% or 50% of your benefit. You may elect a 10% benefit up to \$25,000 for your dependent children under age 19 (or 25 if a full-time student). Spouse and dependent voluntary AD&D insurance are separate elections under this plan.

If you are age 70 or older at the time you sustain injuries in a covered accident, your benefit reduces to 65% of the selected plan benefit amount; at age 75, to 45%; at age 80, to 30%; at age 85, to 15%. Coverage for your spouse ceases at his or her attainment of age 70.

As an enhancement, 24-hour year-round emergency assistance is available for you and your covered dependents when traveling 100 or more miles from home. Just one call puts you in contact with an international network of professionals providing medical, informational, legal, and personal assistance.

Benefit Selection and Monthly Cost Table

Employee Only	Employee Only	Plus Spouse at 100%	Plus Spouse at 100%	Plus Spouse at 50%	Plus Spouse at 50%	Plus All Children at 10%	Plus All Children at 10%
Benefit Amount	Cost	Benefit Amount	Cost	Benefit Amount	Cost	Benefit Amount	Cost
\$10,000	\$0.20	\$10,000	\$0.20	\$5,000	\$0.10	\$1,000	\$0.03
\$20,000	\$0.40	\$20,000	\$0.40	\$10,000	\$0.20	\$2,000	\$0.06
\$40,000	\$0.80	\$40,000	\$0.80	\$20,000	\$0.40	\$4,000	\$0.12
\$60,000	\$1.20	\$60,000	\$1.20	\$30,000	\$0.60	\$6,000	\$0.18
\$80,000	\$1.60	\$80,000	\$1.60	\$40,000	\$0.80	\$8,000	\$0.24
\$100,000	\$2.00	\$100,000	\$2.00	\$50,000	\$1.00	\$10,000	\$0.30
\$120,000	\$2.40	\$120,000	\$2.40	\$60,000	\$1.20	\$12,000	\$0.36
\$140,000	\$2.80	\$140,000	\$2.80	\$70,000	\$1.40	\$14,000	\$0.42
\$150,000	\$3.00	\$150,000	\$3.00	\$75,000	\$1.50	\$15,000	\$0.45
\$200,000	\$4.00	\$200,000	\$4.00	\$100,000	\$2.00	\$20,000	\$0.60
\$250,000	\$5.00	\$250,000	\$5.00	\$125,000	\$2.50	\$25,000	\$0.75
\$350,000	\$7.00	\$350,000	\$7.00	\$175,000	\$3.50	N/A	N/A

Long-Term Disability Insurance

Long-Term Disability (LTD) coverage provides financial protection in the event you are unable to work due to a disability.

LTD benefits are payable once you are disabled and under a physician's care for 90 days, and your claim has been reviewed and approved by the LTD carrier. Benefits may be payable up to age 65, or in some cases longer, provided that you remain disabled and under a physician's care.

If you are receiving income benefits from other sources while on LTD (Workers' Compensation, Social Security, or other government disability benefits), they will reduce your LTD benefit.

Base LTD Plan

RPI pays 100% of the cost of the base plan. This core benefit will reimburse 60% of your base salary, up to \$5,000 per month.

Buy-Up LTD Plan

At the time of eligibility or during an Open Enrollment period, current participants or new participants may buy additional coverage to increase the benefit to 66 2/3% up to \$7,500 a month.

Monthly Cost (after-tax basis):	\$0.23 per \$100 of pay
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Retirement Plans

Defined Contribution Retirement Plan

Eligible employees will automatically be enrolled in the Rensselaer Defined Contribution Retirement Plan effective the first day of the second month following date of hire, unless you make an affirmative salary deferral election or elect not to participate. Upon enrollment, the employee will contribute at least the minimum 1% of earnings to the Employee Plan and will receive a RPI contribution equal to 8% of earnings in the RPI Plan. Contributions will automatically be invested in an age-appropriate Target Date Fund with TIAA.

Employee contributions above the minimum 1% of earnings may be designated as after-tax Roth. Employee after-tax Roth contributions accumulate tax deferred and may be taken tax free in a qualified distribution. An auto escalation feature will increase employee contributions an additional 1% of their earnings each July 1 until it reaches 8%.

After three years of vesting service, you will own (commonly referred to as vesting) the RPI contributions made on your behalf. Vesting service is counted from your date of employment (not your date of program participation). If you leave RPI prior to completing three years of vesting service, e.g. 720 hours in each of three plan years, RPI contributions made on your behalf will be forfeited. Employee contributions into the plan are immediately vested.

If you would prefer to actively enroll in the Rensselaer Defined Contribution Retirement Plan, you may elect either TIAA or Fidelity Investments as your Fund Sponsor. You may only elect to have your contributions invested with one Fund Sponsor per year. The plan year runs July 1 through June 30. You will be given the opportunity to change Fund Sponsors each July 1. You may select from among the many investment options for your contributions; please contact the Fund Sponsor directly to change your fund allocations during the plan year.

Supplemental Retirement Program

Eligible RPI employees are those whose annual contribution limit to the tax sheltered retirement program is at least \$200. This maximum includes your percentage of contributions to the Defined Contribution Plan (above), PLUS your contributions to the Supplemental Retirement Program. In 2026, the limit is \$24,500. If you will attain age 50 before December 31, 2026, the limit is \$32,500. If you have been employed with RPI for 15 years or longer, please contact the Division of Human Resources to see if you are eligible for a higher limit.

You may choose from a wide variety of investment options offered by two investment service organizations—**Fidelity Investments** and **TIAA**. These options include stock funds, bond funds, stable funds, and combinations thereof.



Financial Counseling

Financial counselors from TIAA and Fidelity Investments meet on campus for one-on-one consultations on a broad range of retirement topics. To schedule your individual retirement counseling, please call either TIAA at 1 (800) 732-8353, or Fidelity Investments at 1 (800) 642-7131.



Information about your investment options, including a prospectus, may be obtained directly from TIAA or Fidelity, or from the RPI Division of Human Resources. You may order prospectuses directly from TIAA (1 (800) 842-2776) and Fidelity (1 (800) 343-0860). You may also download or view prospectuses by visiting their web sites at www.tiaa.org/rpi and www.netbenefits.com/rpi. You should review all information carefully before you make your investment selections.

The Rensselaer Polytechnic Institute Defined Contribution Retirement Program

Automatic Enrollment and Default Investment Notice

This notice gives you important information about the automatic enrollment and default investment features of the two plans that form the Rensselaer Polytechnic Institute Defined Contribution Program. These features were implemented as of July 1, 2012. Please disregard this notice if you have already made an affirmative salary deferral election and an affirmative investment election with respect to these plans.

The Defined Contribution Program consists of (i) The Rensselaer Polytechnic Institute Defined Contribution Retirement Plan for Employee Contributions (“Employee Plan”), and (ii) The Rensselaer Polytechnic Institute Defined Contribution Retirement Plan for Rensselaer Contributions (“Rensselaer Plan”). Eligible employees who are enrolled in and contribute a minimum of 1% of their earnings to the Employee Plan are enrolled in and receive a Rensselaer contribution equal to 8% of their earnings in the Rensselaer Plan.

RPI is making saving for retirement under the Defined Contribution Program even easier. Beginning July 1, 2012, an employee who is otherwise eligible to participate will be enrolled in the Employee Plan and in the Rensselaer Plan automatically, unless and until the employee affirmatively elects (or previously elected) not to participate. Upon an eligible employee’s automatic enrollment, the employee will contribute 1% of earnings to the Employee Plan and will receive a Rensselaer contribution equal to a designated percentage of earnings in the Rensselaer Plan.

If you have not previously completed and submitted a salary reduction agreement (or affirmatively elected not to participate), you will be automatically enrolled in the Employee Plan starting with: (1) for current eligible employees, the payroll period that includes July 1, 2012, and (2) for employees who are hired or become eligible after June 30, 2012, the payroll period that includes the first day of the month that is two months after the date the eligibility requirements are satisfied (collectively, these two enrollment dates will be referred to as the “Entry Date”). This means that, if you are subject to automatic enrollment and have not previously made an affirmative election not to participate, amounts will be taken from your earnings and contributed to the Employee Plan. These automatic contributions, which will equal 1% of your earnings each pay period, will continue until you elect to stop your participation.

In the Questions and Answers that follow, this notice gives you important information about the Defined Contribution Program’s rules, including the Employee Plan’s automatic enrollment feature and Rensselaer contributions to the Rensselaer Plan. The notice covers the following:

- Whether the Employee Plan’s automatic enrollment feature applies to you;
- What amounts will be automatically taken from your earnings and contributed to the Employee Plan;
- What amounts Rensselaer will contribute to your Rensselaer Plan account;
- How your contributions will be invested, and how you can change investments;
- When your account will be vested (that is, not forfeited if you leave your job), and when you can withdraw your account; and
- Whether you can change your salary reduction agreement.

You can find out more about the Rensselaer Defined Contribution Program in the Summary Plan Description for the program, which is available from the RPI Division of Human Resources at the address shown at the end of this notice.

1. Does the Employee Plan's automatic enrollment feature apply to me?

The Employee Plan's automatic enrollment feature does not apply to you if you already elected (completed and submitted a salary reduction agreement to the RPI Division of Human Resources) to make contributions to the Employee Plan or to not contribute.

If you are eligible and you have not made a contribution election, you will be enrolled in the Employee Plan starting with the applicable Entry Date. This means money will be automatically taken from your earnings and contributed to your account in the Employee Plan. If you do not want to be enrolled, you need to submit a written election indicating your decision not to participate in the manner prescribed by the RPI Division of Human Resources.

2. If I do nothing, how much will continue to be taken from my earnings and contributed to the Employee Plan?

If you are subject to automatic enrollment and you do not turn in a completed salary reduction agreement (or affirmatively elect not to participate) by the applicable Entry Date, then 1% of your earnings for each pay period will be taken from your earnings and contributed to the Employee Plan. This will start with your first paycheck following your Entry Date and continue through the plan year ending June 30. After the plan year ending June 30, your contribution level will increase by 1% each year (unless you choose a different level), until it reaches 8% of your earnings. If you want to contribute more to your account than would be provided automatically, there are limits on the maximum amount. To learn more about the Employee Plan's definition of earnings and limits on the maximum amount, you can review the Defined Contribution Program's Summary Plan Description (available in the Division of Human Resources).

Unless you designate Roth after-tax contributions, your contributions to the Employee Plan will be taken out of your earnings on a pre-tax basis, meaning that the contribution amounts will not be subject to federal or state income tax at that time. Instead, they will be contributed to your account and can grow over time with investment gains. Your account will be subject to income tax only when withdrawn. This helpful tax rule is a reason to save for retirement through Employee Plan contributions.

If you do not complete and submit a salary reduction agreement in time to stop the automatic contributions, you can receive a refund of the accumulations (plus or minus investment gains or losses) for a short time, despite the general limits on Employee Plan withdrawals. During the 90 days after automatic contributions are first taken from your earnings, you can withdraw the automatic enrollment accumulations by contacting the Division of Human Resources at the address listed at the end of this notice. The amount you withdraw will be adjusted for any gain or loss. If you request a refund of your automatic enrollment accumulations in the Employee Plan within 90 days, you will forfeit the related RPI accumulations in the Rensselaer Plan. Also, your withdrawal from the Employee Plan will be subject to income tax in the year of the distribution (but not the additional 10% penalty that normally applies to distributions taken before the age of 59½).

3. In addition to the contributions taken out of my earnings, what amount is RPI contributing to my account?

Besides contributing the amounts taken from your earnings to the Employee Plan, RPI will make contributions equal to 8% of your earnings to the Rensselaer Plan on your behalf. However, these contributions are subject to vesting rules, so they will become entirely yours 3 (will be vested) only after you have been employed for three years during which you have worked a minimum of 720 hours.

For example: If you have \$2,000 in earnings during a pay period and you contribute 1% of your pay, RPI will deduct \$20 from your earnings for the pay period (that is, 1% x \$2,000). The \$20 will be put in your Employee Plan account. RPI will also make a contribution to your Rensselaer Plan account of \$160 for the pay period (that is, 8% x \$2,000).

4. How will my contributions be invested?

RPI has selected TIAA and Fidelity as the investment providers for contributions. You may direct the investment of all contributions in a number of different investment choices. If you affirmatively choose Fidelity as your investment provider and do not affirmatively elect an investment option, your contributions will be directed to an age-appropriate target date fund with Fidelity. If you affirmatively choose TIAA as your investment provider and do not affirmatively elect an investment option, your contributions will be directed to an age-appropriate target date fund with TIAA. If you not choose either investment provider, and do not opt out, then your contributions will be invested in the "default" investment option, which is the age-based Vanguard Target Retirement Fund that corresponds to your estimated date of retirement. The Vanguard Target Retirement Funds provide a ready-made diversified portfolio using Vanguard mutual funds as underlying investments that include both equity and fixed income instruments. The allocation strategy for the underlying equity, fixed-income, and short-term mutual funds is based on the number of years expected to reach the target retirement dates. These funds seek to provide high total returns until the target retirement date. Each fund's goal is to seek high current income and as a secondary objective, capital

appreciation. Each fund's target asset allocation percentages automatically change over time to become more conservative by gradually reducing the allocation to equity funds and increasing the allocation to fixed-income and short-term funds. If the default investment fund changes at any time in the future, you will be notified.

The fact sheets for the Vanguard Target Retirement Funds provide additional information, including the investment objectives, risk and return characteristics, and fees and expenses of the funds. You can obtain updated information on fee expenses and a more detailed explanation of the Vanguard Target Retirement Funds at tiaa.org/public/tcm/rpi/view-all-investments or by contacting TIAA at 800 842-2776.

You have the right to change the allocation of your investments at any time. If you elect to change the allocation of your account from one of the Vanguard Target Retirement Funds, there are no fees or expenses imposed in connection with that transfer. However, certain restrictions may apply if multiple transfers are made from any one account during any 60-day period. See the fund prospectus at advisors.vanguard.com/pub/Pdf/p308.pdf for more details on restrictions on frequent transfers.

The Defined Contribution Program allows you to choose from a diverse set of investment options. A list of the available funds and a copy of the prospectus or information statement for each fund offered by TIAA may be obtained from TIAA at 800 842-2776 or at tiaa.org/public/tcm/rpi/view-all-investments. A list of the available funds and a copy of the prospectus or information statement for each fund offered by Fidelity may be obtained from Fidelity at nb.fidelity.com/public/nb/rpi/planoptions or at 800 343-0860. You can change how the contributions are invested among the offered investment funds, by contacting TIAA or Fidelity.

To learn more about the Defined Contribution Program's investment choices and procedures for changing how the contributions are invested, you can review the Summary Plan Description for the Defined Contribution Program. Also, you can contact the RPI Division of Human Resources using the contact information at the end of this notice.

5. When will my account be vested and available to me?

You will always be fully vested in your contributions to the Employee Plan. You will also be fully vested in the RPI contributions to the Rensselaer Plan after you complete three years of service during which you have worked a minimum of 720 hours. To be fully vested in program contributions means that the contributions (together with any investment gain or loss) will always belong to you, and you will not lose them when you leave your job. For more information about years of service, you can review the Summary Plan Description for the Defined Contribution Program, which can be obtained from the Division of Human Resources at the address listed at the end of this notice.

Even if you are vested in your account, there are limits on when you may withdraw your funds. These limits may be important to you in deciding whether to contribute to the Employee Plan. In general, you may only withdraw vested money after you leave your job or become disabled. Also, there is a 10% federal tax penalty on distributions before age 59½. Your beneficiary can get any vested amount remaining in your account when you die.

6. Can I change the amount of my contributions?

You can always change the amount you contribute to the Employee Plan. If you do not want to contribute to the Employee Plan (and you haven't already elected not to contribute), you need to submit a written election to the Division of Human Resources, indicating your decision not to participate, by the Entry Date.

If you discontinue automatic contributions, RPI will treat you as having chosen to make no further contributions. However, if you continue to be eligible, you can always choose to continue or restart your contributions by completing and submitting a new salary reduction agreement to the Division of Human Resources.

If you have any questions about how the Defined Contribution Program works or your rights and obligations under the program, or if you would like a copy the Summary Plan Description for the Defined Contribution Program or other documents, please contact the RPI Division of Human Resources at:

Philip Glackin
Rensselaer Polytechnic Institute
Division of Human Resources
Chasan Building
405 Broadway
Troy, NY 12180

Holidays

RPI provides employees with ten paid holidays per fiscal year (July 1–June 30). In general, RPI observes the holidays listed below:

- New Year’s Day
- Martin Luther King, Jr.’s Birthday
- President’s Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving Day
- Christmas Day

Employees are eligible for designated holiday pay beginning on the date of employment. To be eligible for holiday pay, an employee must work on the last regularly scheduled workday preceding the holiday and the first regularly scheduled workday following the holiday, or on the holiday itself. When an employee is absent from the last scheduled shift before or after the holiday, or is scheduled to work on the holiday and does not do so, payment for the holiday will be made if the reason for the absence is personal illness, surgery (medical certification of the illness may be required), the employee is on vacation and the holiday falls during the vacation, the employee is on military reserve duty (not to exceed eight weeks), the employee is on jury duty, or if a member of the employee’s immediate family has died.

Winter Break: days between the Christmas and New Year’s Holidays are Staff Appreciation Days to be fully paid by the Institute. Since the Institute will be closed during that week, Faculty and Staff normally scheduled to work must code time out as OTH for the regular work days when the Institute is closed. Note, you are only able to code time as OTH for those days you would have been scheduled to work.

RPI reserves the right to designate alternate holidays in any given year. The holiday schedule will be announced at the beginning of the fiscal year.

When a paid holiday falls on a Sunday, it will be observed on the following Monday. When a paid holiday falls on a Saturday, it will be observed on the preceding Friday. When a paid holiday falls on during an employee’s scheduled vacation, the employee will receive pay for a holiday, and not vacation pay.

Paid Time Off (PTO)

Eligible staff earn PTO time each pay period starting with your first day at work, as shown below for employees working 40 hours per week. PTO accrual is prorated for eligible employees working less than 40 hours per week.

Staff—Years of Service	PTO Annual Accrual Rates	Per Pay Accrual Non-Exempt 26 pay per year	Per Pay Accrual Exempt 24 pay per year
1st year	144 hours/18 days	N/A	N/A
2nd through 3rd year	168 hours/21 days	6.46	7.0
4th through 6th year	200 hours/25 days	7.69	8.33
7th through 10th year	232 hours/29 days	8.92	9.67
Over 10 years	248 hours/31 days	9.54	10.33

- All new hires will have their first 11 months of PTO accrual deposited into their PTO bank. Accruals will then calculate automatically per years of service as mentioned above.
- If you are classified as an executive officer or administrative officer you earn 9.67 hours PTO time per pay period up to a maximum of 232 hours (29 days) a year.
- Unused PTO above 200 hours will be transferred into a Reserve Time Off (RTO) bank at the end of each fiscal year. There will be no maximum on the size of the RTO bank.
- Available RTO can be used to supplement Short-Term Disability beginning on the 6th consecutive business day of absence due to certified illness or injury. RPI will supplement 4 hours per day with Short-Term Disability. If you need to be out due to illness (for more than five days), the need to care for a eligible family member, covered active duty, military caregiver leave or to assist when an eligible family member is deployed abroad on active military service, please inform your supervisor and contact the Division of Human Resources for information about leave benefit eligibility, required documentation, policies and procedures.
- RTO is never paid out upon separation or retirement.
- PTO will be paid out upon separation from service based on years of service, as long as no PTO is used in the last two weeks (non-exempt), three weeks (exempt) or four weeks (director and above) of employment.

Years of Full-Time Service	Maximum Amount of PTO Payout
Less than 3 years	No payout
3–5 years	Up to 40 hours
6–10 years	Up to 80 hours
More than 10 years	Up to 120 hours

- All scheduled PTO must be pre-approved in writing by your supervisor. If there are any extenuating circumstances that require you to be out of work, please communicate with your supervisor and the Division of Human Resources in a timely manner to determine eligibility of leave programs.
- Eligible employees will be allowed a maximum of five days with pay for bereavement leave when a loss of immediate family occurs.
- Please note the RPI PTO policy meets all NYS and NYC sick and safe leave requirements.

Employee Assistance Program

Provided by **BHS**, your Employee Assistance Program (EAP) provides you and your household members with **free, confidential, in-the-moment support 24/7** to help with personal or professional problems that may interfere with work or family responsibilities.

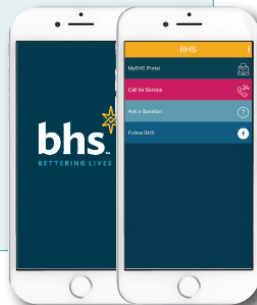
The EAP is intended to be a short-term resource for you and your dependents to receive in-the-moment support. While RPI makes this program available to employees and their families, RPI plays no part in the service and does not have access to BHS' records.

The EAP provides you with 24/7 telephonic access to a BHS Care Coordinator, who is a Master's-level clinician, for in-the-moment support and guidance. The BHS Care Coordinator will assist you with issues such as those listed below:

- Relationships (boss/co-worker, customers, friends, family)
- Transitions (birth, death, illness, marriage, divorce, promotion, retirement)
- Risks (burnout, anger, depression, anxiety, substance abuse)
- Challenges (daily responsibilities, financial/legal, parenting, stress/conflict)
- Personal and professional skills training

How to Access the EAP Services

1. **Call 1-800-327-2251.** A BHS Care Coordinator will confidentially answer your call, understand your need, assist with any emergencies and connect you to the appropriate resources. They will then follow up with you to ensure your satisfaction and progress.
2. **Text 1-800-327-2251.** Text BHS to ask a question about the program, get in-the-moment support (routine needs only) or initiate services. All texts will be answered within one business day.*
To start a conversation, simply send a text reading:
 - #BEBETTER to connect with a master's level Care Coordinator
 - #WORKLIFE to connect with a Work-Life Resource Specialist
3. **Visit portal.BHSONline.com (Username: RPI).** The MyBHS Portal provides access to services, contains information about your program, and offers unlimited access to more than 500,000 tools, resources, and trainings on a variety of well-being and skill-building topics. The Live Chat feature connects you with an available BHS Care Coordinator for assistance; or, you may fill out the Service Request Form and a BHS Care Coordinator will respond within one business day.
4. **Download the BHS App.** Call our toll-free number 24/7 with one-touch dialing to speak with a BHS Care Coordinator for urgent needs. If you submit a question or request services, a BHS Care Coordinator will respond within one business day. Access the MyBHS Portal for access to resources from within the app.



*Text users must be 18 or older. Not available for California residents. Text services are not intended for emergencies or urgent issues. Please call 911 or 800-327-2251 for immediate help.



What happens when you call the EAP?

1. You will **be immediately connected** with a care coordinator, who is a Master's Level Clinician.
2. The Care Coordinator will **assess your needs**, screen for emergencies, and provide in-the-moment support.
3. Following the needs assessment, the Care Coordinator will work with you to **create a plan** for support and resolution.
4. The Care Coordinator may:
 - Resolve your need within the initial call.
 - Assess your need as a short-term issue, which can be resolved by an EAP counselor within the available sessions.
 - Assess your need as requiring long-term care and assist with connecting you to a community resource or treatment provider available through your health insurance plan.*
 - Determine an additional assessment is required with an EAP counselor.
 - Or, connect you to available work-life services.
5. Regardless of your need, your Care Coordinator will **follow-up with you** for the life of your case.

* If you require a referral for long-term treatment, costs may be incurred. These are often covered by your health insurance plan.

Developing Your Career at RPI

Below are career development and advancement opportunities for staff positions. For more information visit: hr.rpi.edu.
If you are a faculty member seeking academic appointment development information, please contact the **Office of the Provost**.

Exploring Internal Opportunities

Approximately 25% of all posted staff vacancies at RPI are filled by internal applicants, illustrating that there are many opportunities for career advancement. Current staff members may apply for vacant posted positions once they have been in their present position for at least six (6) months and satisfy several other requirements. To view current vacancies visit: careers.rpi.edu. For additional information, review Section 200.3 “Postings for Staff Positions” in the Human Resources Policy Guidelines.

Individual Development Plans

An Individual Development Plan (IDP) is a proactive tool which is cooperatively developed between a supervisor and an employee to forecast and schedule the employee’s development needs and desires, and thereby enhance the employee’s competencies. IDPs are a useful tool for employee development because they provide a logical and structured framework for assessing the needs of both the individual and the organization.

RPI at Work

RPI at Work offers a variety of on-line Graduate courses, Certificates and Degrees to assist professionals in their current role and the next steps in their career. Students complete projects that address real-world challenges and benefit from Faculty practitioners that are experts in their field and mentor participating professionals. RPI employees and spouses benefit from the ability to apply for the Institute’s Tuition Remission benefits. To learn more visit: <https://ewp.rpi.edu/>.

Learning Opportunities

Lifelong learning is a fundamental component of the Human Resources’ mission at RPI, and new technologies and business practices require skill development and innovation. For individuals who wish to take an active role in their career development, RPI offers a wide range of career development options and opportunities, including both blended learning and self-directed programs for both new employees and seasoned professionals alike.

Live Seminars and Workshops: RPI offers a wide variety of live and in-person seminars and workshops throughout the year. These sessions offer the opportunity for employees to benefit from learning from each other and practice new skills. For a full list of live classroom seminars, and details on how to sign up to attend, visit our website and watch for announcements in Morning Mail.

Percipio on-line learning platform: The Percipio online learning platform helps the RPI community identify and measure skill proficiencies and on-line learning opportunities. The platform makes skilling personalized and accessible, offering a blend of self-paced online courses, hands-on practice, virtual live online classes, and AI coaching to close skill gaps. And it is available anytime, anywhere, on any device.

For more information visit: <https://rpi.percipio.com/>.

Professional Development and You!

Benchmark your skills and test your proficiency

You now have the ability to gauge your own proficiency in a variety of technical and professional skill areas within your *Percipio* account, and have the digital platform curate learning assets specifically for you! By answering a set of questions in a Skill Benchmark, you receive a proficiency score for a particular skill. The results of your benchmark show how strong you are in that skill and where you can improve. To help you improve, *Percipio* shows you specific content recommendations targeted to those questions you answered incorrectly. Now you can keep your focus on those things that need improvement and not those you already know. Challenge yourself to gain 100% proficiency!

To access the Skill Benchmark catalog:

1. Go to the “library” drop down menu at the top of your *Percipio* screen.
2. Select “Skill Benchmarks” from the “Showcase” section to the far right hand side.
3. Search or scroll down the menu to find the Skill Benchmark(s) of most interest to you.
4. That’s it! Once you complete the benchmark, *Percipio* will provide you with an assessment score and recommended learning content. You can re-take the assessment every 30 days to track your progress.

To learn more, please contact Will Fahey, Director of Organizational Development and Effectiveness, by email at faheyw@rpi.edu or by telephone at 518-276-2318.

Tuition Benefits

Employees will need to submit Tuition Remission Request forms and supporting documents via Online Shopping Cart at Rensselaer (OSCAR) for review and approval. Contact your department Business Manager for access. Requests for those attending RPI will need to be submitted each semester. If attending another college or university, submit a request after each semester completion.

For Employees and Their Spouses

If you are a regular or fixed-term employee scheduled to work 30 or more hours per week, you and your spouse are eligible to participate. **You and/or your spouse must apply and be admitted via RPI's Admissions office.** RPI will pay 90% of the tuition cost for you and your spouse to take one class each per semester at RPI to a maximum of three classes each per fiscal year (July 1–June 30). There is a four credit limit per class. Reimbursement is contingent upon obtaining a minimum grade of C or Pass (in a Pass-Fail grading system). **Please note: if you fail a class, you will be required to repay the benefit.**

For regular full-time employees, RPI **will reimburse** 75% of the cost of tuition for up to two job-related classes per semester taken at RPI-approved accredited colleges or universities. Usage of this external benefit counts toward the three classes per fiscal year limit. Spouses are not eligible for this benefit. This benefit is paid after the semester has concluded and a grades transcript and tuition statement have been attached to the OSCAR form.



The value of graduate level courses in excess of \$5,250, taken by an employee and the total value of graduate level courses taken by their spouse is reported as taxable income to the employee. It is the sole responsibility of the employee to adjust their tax withholdings.

For Dependents of Employees

In order to be eligible for this benefit, you must have at least three years of continuous regular full-time service. Your dependent child (children) must apply and be admitted to the college.

Scholarships issued under this policy are for the benefit of the child. If both parents are employed at RPI and are within the scope of this policy, no more than one scholarship per semester will be granted on behalf of the child.

RPI will pay 90% of the tuition costs of up to eight undergraduate semesters for eligible dependent children under the age of 26 when they attend RPI.

If your child attends another college that is recognized by RPI, RPI will pay tuition costs for up to eight undergraduate semesters as outlined below:

- RPI will pay an amount not exceeding the lesser of \$2,000 per semester or the total tuition for the semester at the other college.

A copy of each dependent's detailed tuition bill is to be submitted with the Tuition Remission Form in OSCAR **each** semester for review and approval. If your child is a New York State resident and the school to be attended is located in New York State, a Tuition Assistance Program (TAP) award notice or verification of ineligibility to receive a TAP award is also required.



Tuition forms should be submitted to the Division of Human Resources by:

- April 1st for the Summer Semester
- August 1st for the Fall Semester
- December 1st for the Spring Semester

Get fit, get reimbursed

Get reimbursed for up to \$400 for going to the gym or taking virtual fitness classes, and your spouse can earn up to \$200 for a total of \$600 per family! Get started:

1. Join a Gym

You may join any qualified gym or exercise center that is open to the general public. Fees paid for attending aerobic/fitness classes at a qualified health club that do not require an annual membership and virtual fitness classes are also eligible for reimbursement. A qualified gym or exercise center houses exercise equipment for the purpose of physical exercise.

2. Visit the Gym

Go to the gym (or take an online fitness class) 50 times within six months—about two times per week. Use the Gym Participation Log to record your visits. Be sure to have it signed by the instructor/facility each time you go. Alternately, you may provide a printed record of your visits from the gym or receipts that indicate each time you have visited.

3. Complete the Gym Reimbursement Form and Submit All Documentation

Log into your CDPHP account to access the reimbursement form and information about eligible fitness expenses for yourself, your spouse, and children.

Healthy Campus Initiatives

Keeping employees, faculty, and staff in good health

Get started on your path to better health by visiting the CDPHP® Health Hub, powered by **Personify Health**. Visit <https://www.cdphp.com/members/wellness/fitness-discount-programs/cdphp-health-hub> to begin your journey.

We'll help you make small, everyday changes focused on the areas you want to improve the most. With daily engagement, you'll build healthy habits and experience the lifelong rewards of better health.

The CDPHP Health Hub can be accessed from your smartphone or computer, giving you 24/7 access to powerful wellness resources right at your fingertips.

The CDPHP Health Hub can help you:

- Learn how to eat for energy, move more, sleep better, manage stress, and more
- Motivate others and be motivated to build new healthy habits
- Reach your health goals

HR Connect

The Division of Human Resources will partner with several benefit carriers to provide monthly workshops highlighting our benefits program and wellness initiatives. Look out for daily updates via email in RPI's **Morning Mail**.

Walking/Running Program

Join last year's 300 participants in the walking program and earn up to a \$15 gift certificate to be used at the Rensselaer Collegiate Store. Keep an eye on announcements for updates regarding the 2026 event!



CDPHP Weight Management Reimbursement Program

Visit the following link for information about CDPHP's weight management reimbursement program: <https://www.cdphp.com/members/wellness/fitness-discount-programs/weight-management-reimbursement>

Tobacco Free Campus

Free smoking cessation programs are held throughout the year and are available to faculty, staff, and students through CDPHP. Contact 518-276-3047 or visit <https://www.cdphp.com/members/wellness/common-health-topics/quit-smoking-resources> for more information.



Mueller Center

Access to the Mueller center is free of charge, so please take advantage of this great benefit.



Workforce Team Challenge

The largest running event in the Capital District of New York, is organized by, and serves as the major fundraiser for, the Hudson-Mohawk Road Runners Club (HMRRC). Visit cdphpwtc.com for more information and to sign up. Keep an eye on announcements for updates regarding the 2026 event!

Additional Benefits

Back-up Child and Elder Care Services

Child and elder care services provided by A New England Nanny, a GTM Work-Life Company, provides high-quality, in-home, back-up dependent care on days when regular care is not available. Please call (518) 453-1000 to pre-register as required. RPI pays most of the cost of this service, with employees paying a \$5/hour copay. There is an annual limit of 96 hours.

A New England Nanny offers RPI faculty and staff 50% off your membership fee, which includes temporary and full-time quality child care, nannies and babysitters, housekeepers, senior care providers, mother's helpers, and personal assistants.

Adoption Benefit

RPI will reimburse up to \$1,500 for the adoption of a child, including travel to pick up the child and costs incurred to the natural mother.

International SOS Travel Insurance

International SOS provides access to global medical and security assistance. Travelers will receive important pre-trip country specific advisories. Using either the mobile application or the dedicated RPI portal, travelers can conveniently connect to the International SOS network of medical and professional service teams that operate 24 hours a day, 365 days a year, all over the world. The mobile Travel Tracker application will also facilitate communication and a check-in feature with the Institute. This is particularly helpful in case of an emergency. All international travelers will be expected to download the app on their smartphones. Once downloaded, you will need to enter RPI's **member ID: 11BSGC000023**. The member login for the desktop application can be found at www.internationalsos.com.

International SOS will give expert advice to take care of any medical or security need while you are abroad. Please contact the Division of Human Resources to get an International SOS packet with travel card.

Travel Accident Insurance

Travel Accident insurance is designed to protect employees traveling on RPI business. Travel Accident Insurance is provided to you **at no cost**. Your beneficiary would receive up to \$150,000 of insurance if you die by accidental means or suffer the loss of limb, sight, speech, or hearing while traveling on official RPI Business, except when the travel takes place in a private aircraft. Your beneficiary is the same beneficiary you designated for your RPI-sponsored Basic Life insurance. Travel Accident Insurance may not be available if an injury was sustained at a work site and the claim is covered by Workers' Compensation.

Pre-Tax Parking

All employees are eligible to park on campus by paying parking deductions on a pre-tax basis. This will enable you to save federal and FICA taxes. These deductions will occur just like your health or dental deductions. If you elect to pay parking fees directly (no payroll deduction) there will be no deductions withheld from your paycheck, and therefore no tax savings.

For additional ways to save on travel, theme parks, dining, things to do, technology and a variety of goods and services please visit the <https://hr.rpi.edu/benefits/discounts> section of the Human Resources website.





New York Paid Family Leave (PFL)—payroll deductions for 2026

PFL provides eligible employees job-protected, paid leave to: bond with a newly born, adopted or fostered child; care for a close relative with a serious health condition; or assist loved ones when a family member is deployed abroad on active military service. PFL paid leave benefit in 2026 is 67% of your average weekly wage, capped at \$1,228.53 per week for up to twelve weeks.

2026, the state-mandated deduction for PFL is 0.432% of pay with a maximum annual payroll deduction of \$411.91.

New York State Paid Prenatal Leave

Effective January 1, 2026, employees will be able to receive an additional 20 hours of paid sick leave per year for prenatal healthcare service appointments during their pregnancy or related to their pregnancy. This is in addition to other paid sick leave to which the employee is entitled. Paid Prenatal Leave may only be used by the employee directly receiving prenatal health care services. Paid Prenatal Leave may not be used for post-natal or postpartum appointments.



Scan the QR code or click **HERE** for more information.

Mandated Benefits

Social Security/Medicare

Social Security is a benefit sponsored by the U.S. federal government. It provides retirement, disability, survivor, or medical benefits depending on your earnings over the years while you are covered under the Social Security system. Medicare is health care coverage provided by the U.S. federal government. It consists of hospital coverage (Part A), and doctor and laboratory cost coverage (Part B), and prescription drug coverage (Part D).

When you retire, Social Security will pay you a monthly retirement income for life based upon the contributions you have made to the system. Full Social Security benefits are payable between ages 65 and 67 depending on the year you were born. Reduced benefits are payable as early as age 62. You may also qualify for added Social Security retirement benefits for your spouse and/or dependent children. You may qualify for Social Security benefits if you are disabled and the disability is expected to last more than one year or expected to result in your death. Benefits are payable after five months of disability, and in most cases, equal the amount that would have been paid if you were then eligible for full Social Security retirement benefits. Qualified family members are also eligible for monthly Social Security benefits during your disability.

In the event of your death, monthly Social Security benefits up to one and one-half times your full retirement benefit amount may be payable to your husband or wife age 60 or older, a spouse under age 60 who is caring for an eligible dependent child, your unmarried children under age 18 (under age 19 if in high school), and your dependent parents.

2026 Social Security Rates

	Wage Base	Tax Rate
Social Security	\$184,500	6.20%
Medicare	Up to \$200,000	1.45%
Medicare	Over \$200,000	2.35%

New York State Unemployment Insurance

This state-sponsored program provides weekly payments to you (up to a maximum benefit determined by New York State) if you are no longer employed through no fault of your own.

Workers' Compensation

Workers' Compensation provides benefits to you if you are disabled as a result of an on-the-job injury or work-related illness. This program provides payments for total disability equal to two-thirds of your weekly earnings, up to the maximum benefit determined by New York State. Payments for permanent partial disability equal to 50 percent of your weekly earnings, up to the maximum benefit determined by New York State. This coverage also provides benefits for your medical treatment, for your loss of sight, hearing, or limbs, and survivor income.

State-Mandated Paid Family and Medical Leave

RPI will comply with any state-mandated paid family and medical leave requirements that apply if you are working outside of New York. This includes, but is not limited to, employees working in Connecticut and Massachusetts.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility

FLORIDA – Medicaid
Website: www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html
Phone: 1-877-357-3268

INDIANA – Medicaid
Health Insurance Premium Payment Program All other Medicaid Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>
Family and Social Services Administration
Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584

IOWA — Medicaid and CHIP (Hawki)
Medicaid Website: www.iowamedicaid.com | **Health & Human Services**
Medicaid Phone: 1-800-338-8366
Hawki Website: **Hawki - Healthy and Well Kids in Iowa** | **Health & Human Services**
Hawki Phone: 1-800-257-8563 HIPP Website: **Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov)**
HIPP Phone: 1-888-346-9562

MAINE – Medicaid
Enrollment Website: www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: www.mass.gov/masshealth/pa
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid
Website: <https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672

NEBRASKA – Medicaid
Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEW HAMPSHIRE – Medicaid
Website: <https://www.dhhs.nh.gov/programsservices/medicaid/health-insurance-premium-program>
Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP
Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid
Website: www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

PENNSYLVANIA – Medicaid and CHIP
Website: <https://www.pa.gov/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp>
Phone: 1-800-692-7462
CHIP Website: **Children's Health Insurance Program (CHIP) (pa.gov)**
CHIP Phone: 1-800-986-KIDS (5437)

TEXAS – Medicaid
Website: **Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services**
Phone: 1-800-440-0493

VERMONT – Medicaid
Website: **Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access**
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>
Medicaid/CHIP Phone: 1-800-432-5924

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

General Notice of COBRA Continuation Coverage Rights **Continuation Coverage Rights Under COBRA**

Introduction

You're receiving this notice because you are covered under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to receive it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits; or
- You become divorced from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;

- The parent-employee becomes entitled to Medicare benefits;
- The parents become divorced; or
- The child stops being eligible for coverage under the Plan as a “dependent child.”

When is COBRA Continuation Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee’s becoming entitled to Medicare benefits, the employer must notify the Plan Administrator of the qualifying event.

For all other qualifying events (divorce of the employee and spouse or a dependent child’s losing eligibility for coverage as a dependent child), you must notify the Plan Administrator in writing within 60 days after the qualifying event occurs. The written notice should include the name and mailing address of the individual who is losing eligibility for coverage.

How is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. To apply for the extension of your COBRA coverage due to disability determination, you must contact the COBRA Administrator for the Plan (this is the organization to whom you would be making your monthly COBRA premium payments). The COBRA Administrator will ask you to provide a copy of the determination letter from the Social Security Administration. The disability determination letter must include the date it was sent to you and the date of the disability. To be considered for the disability extension, you must send this information to the COBRA Administrator within 60 days of your receipt of the letter from Social Security and before the expiration of your 18-month COBRA coverage period. The COBRA Administrator will evaluate your request for the disability extension and provide a written response.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the COBRA Administrator for the Plan (this is the organization to whom you would be making your monthly COBRA premium payments). This extension may be available to the spouse and any dependent children receiving COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits; gets divorced; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. To apply for the extension of your COBRA coverage due to a second qualifying event, you must contact the COBRA Administrator for the Plan. The COBRA Administrator may ask you to provide documentation of the second qualifying event, including the date of the second event. You must notify the COBRA Administrator within 60 days after the second qualifying event occurs if you want to extend your continuation coverage.

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.HealthCare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare special enrollment period¹, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information visit <https://www.medicare.gov/medicare-and-you>.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, HIPAA, the ACA and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

If you would like additional information about the Group Health Plan or your COBRA rights under this plan, please contact **Mary Ellen Smith** by phone at (518) 276-3936 or in writing at:

**Division of Human Resources
Chasan Building
110 8th Street
Troy, NY 12180**

¹<https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

Required Notices

Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). WHCRA requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Breast reconstruction benefits are subject to deductibles and coinsurance limitations that are consistent with those established for medical and surgical benefits under the plan.

Health Insurance Portability and Accountability Act (HIPAA)

This group health plan complies with the privacy requirement for Protected Health Information (PHI) under HIPAA. You may obtain a copy of the Notice of Privacy Practices for medical, dental, vision, and the Health Care Flexible Spending Account by contacting the Division of Human Resources.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Special Enrollment Rights

If you are declining enrollment for yourself, or your dependents (including your spouse) because of other health insurance or other group health plan coverage, you may be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' coverage). However, you must request enrollment within 30 days after your previous coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents in this plan, provided that you request enrollment within 30 days of the marriage, birth, adoption, or placement for adoption.

If you or your dependent lose eligibility for coverage under Medicaid or a State child health plan or if you or your dependent become eligible for State-sponsored premium assistance for the medical plan, you may be able to enroll yourself and/or your dependents in this plan if you request enrollment within 60 days of the date of termination of Medicaid or State child health plan coverage or your eligibility for premium assistance.



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