We are pleased to announce the start of the 2017 Open Enrollment period for retiree health care coverage. This year the Open Enrollment period begins on Monday, November 14, 2016, and continues through Wednesday, November 30, 2016. Elections made during the Open Enrollment period will be effective on January 1, 2017.

During Open Enrollment, retirees have the ability to make changes to their medical or dental coverage without having to show a life status change. Changes made during Open Enrollment will remain in effect through December 31, 2017.
The 2016 Notice of Creditable Coverage which officially notifies you of your prescription drug coverage through the College is included at the end of this brochure. If you have any questions about Medicare Part D or your current coverage through the College, please contact the Office of Human Resources at (610) 330-5060.

Pre-65 Retirees

Each year, as part of the process of renewing our health insurance coverage for the following calendar year, the Office of Human Resources receives competitive bids on our health care plans. Our goal is to identify the best possible coverage at the most reasonable cost. As you know, we continue to be faced with a challenging health care environment, and want to take this opportunity to thank the Faculty Subcommittee on Healthcare for its valuable contributions during the renewal process.

The College will be continuing to offer the two health plan choices that were offered to Pre-65 retirees in 2016: Low Deductible PPO Plan and Standard PPO Plan. We are pleased to announce that there will be no plan design changes in either of the plans for 2017. Because Capital BlueCross’ premium quote for 2017 was the most competitive, the College will be moving our Pre-65/Active medical coverage back to Capital BlueCross effective January 1, 2017.

The Low Deductible PPO Plan and Standard PPO Plan designs are based on a PPO model. In a PPO, the member does not need to select a primary care physician. In addition, the member does not need a referral to see a specialist. Capital BlueCross utilizes the Capital PPO network within Pennsylvania and the BlueCard Worldwide network outside of Pennsylvania.

The plan designs for the two plans will remain the same. By maintaining both plans, our retirees will continue to be able to select the health plan that best suits their health care needs and the needs of their families.

The College was successful in negotiating the renewal of the Standard PPO Plan with an increase to premiums of 3.75%. The College will be increasing its contributions to the Standard and Low Deductible Plans by 3.75% at each tier, and the retirees’ contributions will also increase by 3.75% for both plans at all tiers (see rate sheet on page 7). The College will continue to contribute to the Low Deductible Plan the same dollar amount it contributes, at each tier, toward the Standard Plan.

### SUMMARY OF PRE-65 CAPITAL BLUECROSS PLAN OPTIONS FOR 2017

**Standard PPO Plan:** If you select the Standard PPO plan for next year, the College will maintain its current contribution levels at all tiers towards the PPO premium; 90% of the medical premium for an individual retiree; 78% for a retiree with child/children; and 67% of the combined premium for retirees and their spouses/partners for the Standard Plan option only. The applicable deductibles, coinsurance, and copays are reflected on page 4.

The College’s premium contributions for all medical plans will be based upon this plan. (The College’s premium allowance for this plan, therefore, determines the premium allowance for the Low Deductible Plan.)

**Low Deductible PPO Plan:** A PPO plan which offers richer benefits (lower out-of-pocket expenses), in exchange for increased monthly premiums. If you elect to enroll in the Low Deductible PPO Plan (lower copays, deductibles, and coinsurance), the College will contribute to that plan the same amount it contributes to the Standard PPO plan, with the retiree paying the difference between that amount and the premium for the Low Deductible Plan coverage.

This plan could be attractive to a retiree willing to pay more in premiums, but who wants to reduce/limit their out-of-pocket costs. The applicable deductibles, coinsurance and copay are reflected on page 4.

For Pre-65 retirees, we have included a summary of benefits for both the Standard and Low Deductible plans below. Please review the benefits summaries carefully before making a decision.

If you are not making any changes to your medical or dental coverage, **you do NOT need to complete a form.** Retirees dropping or changing their coverage, or adding/deleting covered dependents, **MUST complete a new enrollment form (contact Human Resources at (610) 330-5060 to obtain an enrollment form).** Your completed forms must be returned to the Office of Human Resources by Wednesday, Nov. 30, 2016.

Due to the change in Lafayette’s health care provider, all enrolled Pre-65 retirees will receive new ID cards from Capital BlueCross.
The College is pleased to continue to offer the Highmark Freedom Blue PPO Plan for post-65 retirees, as well as the Premium Reimbursement Option. The changes to the plan design for 2017 are described below. For 2017, the College will continue to pay 90% for individual retirees, as it does for individual employees. The monthly contribution for individual retirees will be $26.50. For post-65 spouses/partners/surviving spouses, the College will pay 70% of the premium in 2017, comparable to the support provided to the employee/spouse/partner tier for active employees. The monthly contribution for post-65 spouses/partners/surviving spouses will be $79.50.

**Post-65 Medical Plan Options**

1. Highmark Blue Shield Freedom Blue PPO (Medicare Advantage Plan)

2. Health Insurance Premium Reimbursement Option

**Highmark Blue Shield Freedom Blue PPO**

The Freedom Blue PPO plan is a Medicare Advantage plan for retirees who are 65 and older, or who are otherwise Medicare eligible. Because it is a PPO, you are not required to select a primary care physician. It allows for direct access to PPO network physicians without a referral. You may also choose to obtain services with medical providers “out-of-network.” Higher deductibles and coinsurance apply to out-of-network care.

For Post-65 retirees, we have included a summary of benefits for the Highmark Freedom Blue PPO plan below. Please review the benefits summary carefully before making a decision.

**Freedom Blue PPO Plan Changes for 2017:**

There are only three plan design changes for 2017 to the Freedom Blue PPO:
• Emergency Room copayment increased from $50 to $75.
• Coinsurance has increased from 10% to 15% for in network services and from 20% to 30% for out of network services.
• Out of Pocket Maximum for in network has increased from $1,350 to $1,600.

There is no change to the drug coverage provided under the Freedom Blue Plan.

**HEALTH INSURANCE PREMIUM REIMBURSEMENT OPTION**

Post-65 retirees electing to participate in the Premium Reimbursement option will need to notify the Office of Human Resources in order to cancel your current Lafayette insurance coverage and to receive a supply of reimbursement forms. The College will reimburse up to $238.50 per month for the retiree only; up to $185.50 per month for a spouse.

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**FREEDOM BLUE PPO**

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$800</td>
<td>$1,600</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>15%</td>
<td>30%</td>
</tr>
<tr>
<td>In Network Out-of-Pocket Max</td>
<td>$1,600</td>
<td>$3,400</td>
</tr>
<tr>
<td>Catastrophic Out-of-Pocket Max</td>
<td></td>
<td>$8,000</td>
</tr>
</tbody>
</table>

### Outpatient Services

- **Doctor Office Visit**
  - $15 PCP, $25 specialist cost sharing
  - 30% coinsurance

- **Preventive Testing/Screenings**
  - Covered in Full
  - Covered in Full (of allowance)

- **Diagnostic Testing including Lab, X-Rays and Advanced Imaging**
  - 15% cost sharing
  - 30% coinsurance

- **Outpatient Surgery**
  - 15% cost sharing
  - 30% coinsurance

### Emergent and Urgent Services

- **Ambulance**
  - 15% cost sharing
  - 30% coinsurance

- **Emergency Room**
  - $15 cost sharing
  - $75 cost sharing

- **Inpatient Hospital Stay**
  - $75 cost sharing
  - $30 cost sharing

- **Skilled Nursing Facility**
  - (days 1-100 per benefit period)
  - $75 cost sharing
  - $30 cost sharing

### Supplies and Additional Services

- **Durable Medical Equipment**
  - 15% coinsurance
  - 50% coinsurance

- **Routine Vision** (covered every two calendar years)
  - Standard eyeglass lenses and frames or contact lenses are covered in full. A $100 benefit maximum applies to non-standard frames and a $100 benefit maximum for specialty contact lenses.

- **Hearing Aids** (covered every three calendar years)
  - $500 coverage

- **Medicare Part D Drugs (Up to 34 Day Supply)**
  - $250 deductible

<table>
<thead>
<tr>
<th>Coverage</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Coverage</td>
<td>$15 Generic; $30 Pref. Brand; $60 Non-Pref. Brand; $60 Specialty</td>
<td>$15 Generic; $30 Pref. Brand; $60 Non-Pref. Brand; $60 Specialty</td>
</tr>
<tr>
<td>Coverage Gap</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Catastrophic Coverage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*See right

Questions? Call 1-800-550-8722 (TTY Users, call 711) 7 days a week between 8 a.m.–8 p.m. EST

*Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan’s service area where there is no network pharmacy.
per month for a spouse (partner); and up to $185.50 per month for a surviving spouse (partner), under the premium reimbursement arrangement. If you elect this option, you will need to purchase coverage on your own. Upon submitting evidence of this payment to the Office of Human Resources, you will receive reimbursement as detailed above.

Dental

The College will continue to offer the Blue Cross Dental plan for 2017 administered through Capital BlueCross. The Blue Cross Dental plan focuses on the importance of regular and preventive dental care. **We are pleased to report that there will be a decrease in monthly premiums for this coverage at all tiers.**

The Blue Cross Dental plan provides members significant savings by receiving services from participating Blue Cross Dental providers, and also allows members to receive services from non-participating providers of their choice with insurance reimbursement based on the contracted allowance.

The Blue Cross Dental plan provides coverage for the full range of dental care needs, such as routine preventive and diagnostic, basic and major restorative, and orthodontic services. The plan utilizes the national Blue Cross Dental network of dental providers. You can locate a participating dentist at their website: [www.capbluecross.com/FindADoctor/BlueCrossDental/](http://www.capbluecross.com/FindADoctor/BlueCrossDental/)

When using a participating (in-network) dentist for diagnostic and preventive care, eligible services are covered at 100%. When you receive basic restorative, major restorative, or orthodontic services, you are responsible for the coinsurance amounts of 20%, 50%, and 50% respectively. If you use an out-of-network dentist, the plan pays the same set allowance for the particular dental service as it does for a participating dentist. You are responsible for the coinsurance amount plus the difference between the out-of-network dentist’s actual charges and the Blue Cross established allowance.

There is no deductible applicable under this plan. The maximum benefit amount per person, per plan year, is $1,000. The lifetime maximum benefit amount for a child’s (up to age 19) orthodontic care is $1,000.

Under the Blue Cross Dental Plus plan, services covered under the “preventive and diagnostic” category (100%) are not counted towards the annual $1,000 benefit maximum. Additionally, there is a “rollover” feature, which allows members to rollover up to $500 of unused benefit to the next plan year, thus increasing the subsequent year’s annual coverage to a maximum of $2,000 per person.

If you are not making any changes to your dental coverage, **you do NOT need to complete a form.** Retirees dropping or changing their coverage, or adding/deleting covered dependents, **MUST complete a new enrollment form**

<table>
<thead>
<tr>
<th>DIAGNOSTIC AND PREVENTIVE</th>
<th>BASIC RESTORATIVE</th>
<th>MAJOR RESTORATIVE</th>
<th>ORTHODONTIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered at 100%</td>
<td>Covered at 80%</td>
<td>Covered at 50%</td>
<td>Covered at 50%</td>
</tr>
<tr>
<td>Routine Exams (one every six months)</td>
<td>Basic Restorations</td>
<td>Inlays</td>
<td>Diagnostic</td>
</tr>
<tr>
<td>Cleanings (one every six months)</td>
<td>Endodontics</td>
<td>Onlays</td>
<td>Active Treatment</td>
</tr>
<tr>
<td>X-rays</td>
<td>Denture Repairs</td>
<td>Crowns (one per tooth in five years)</td>
<td>Retention Treatment</td>
</tr>
<tr>
<td>Bitewings (one set of four every six months)</td>
<td>Simple Extractions</td>
<td>Prosthetics (one per tooth in five years) (Covers children to age 19)</td>
<td>(Covers children to age 19)</td>
</tr>
<tr>
<td>Full mouth (one every three years)</td>
<td>Anesthesia</td>
<td>Pontics</td>
<td>$1,000 lifetime maximum per patient</td>
</tr>
<tr>
<td>Fluoride Treatments (one every six months till age 19)</td>
<td>Specialist Consultations</td>
<td>Surgical Periodontics</td>
<td></td>
</tr>
<tr>
<td>Sealants (one tooth every three years; permanent first molars to age 10; permanent second molars to age 15)</td>
<td>Non-Surgical Periodontics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palliative Emergency Treatment</td>
<td>Oral Surgery</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For more information about BlueCross Dental Plus call **1-800-962-2242** or visit their website: [www.capbluecross.com](http://www.capbluecross.com)
Contact Human Resources to obtain an enrollment form. Your completed forms must be returned to the Office of Human Resources by Wednesday, Nov. 30, 2016.

Everyone enrolled/enrolling in dental coverage will be receiving a new dental ID card from Capital BlueCross.

Reminders

Please remember to notify our office of any permanent address changes to ensure proper delivery of future mailings.

Any retiree approaching age 65 should contact Social Security three months prior to turning age 65, in order to establish Medicare coverage. Also, please notify the Office of Human Resources after contacting Social Security.

(Lafayette College Medical/Dental Insurance Premium Rates)

MONTHLY RATES FOR RETIRED EMPLOYEES

We have included the following rate information showing the corresponding premiums for the plans offered to both pre-65 and post-65 retirees. Please note the rate changes for the pre-65 and post-65 retiree groups.

MONTHLY

<table>
<thead>
<tr>
<th>MONTHLY</th>
<th>PRE-65 RETIREES</th>
<th>TOTAL PREMIUM</th>
<th>COLLEGE CONTRIBUTION</th>
<th>RETIREE CONTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital BlueCross Standard PPO</td>
<td>Individual</td>
<td>$601.70</td>
<td>$541.54</td>
<td>$60.16</td>
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<tr>
<td></td>
<td>Empl+Sp/Partner</td>
<td>1,652.29</td>
<td>1,107.25</td>
<td>545.04</td>
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<tr>
<td></td>
<td>Parent/Child</td>
<td>1,405.94</td>
<td>1,105.08</td>
<td>300.86</td>
</tr>
<tr>
<td></td>
<td>Parent/Children</td>
<td>1,478.03</td>
<td>1,157.27</td>
<td>320.76</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>1,724.37</td>
<td>1,158.31</td>
<td>566.06</td>
</tr>
<tr>
<td>Capital Bluecross Low Deductible</td>
<td>Individual</td>
<td>$670.34</td>
<td>$541.54</td>
<td>$128.80</td>
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<td></td>
<td>Empl+Sp/Partner</td>
<td>1,843.47</td>
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<td>Parent/Child</td>
<td>1,568.64</td>
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<tr>
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<td>Parent/Children</td>
<td>1,649.05</td>
<td>1,157.27</td>
<td>491.78</td>
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<tr>
<td></td>
<td>Family</td>
<td>1,923.91</td>
<td>1,158.31</td>
<td>765.60</td>
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</table>

POST-65 RETIREES

<table>
<thead>
<tr>
<th>POST-65 RETIREES</th>
<th>TOTAL PREMIUM</th>
<th>COLLEGE CONTRIBUTION</th>
<th>RETIREE CONTRIBUTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highmark Freedomblue PPO</td>
<td>Individual</td>
<td>$265.00</td>
<td>$238.50</td>
</tr>
<tr>
<td></td>
<td>Sp/Surv</td>
<td>265.00</td>
<td>185.50</td>
</tr>
<tr>
<td>BlueCross Dental Plus</td>
<td>Single Coverage</td>
<td>$39.94</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td>Two-Party</td>
<td>79.90</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td>Three Or More</td>
<td>103.32</td>
<td>—</td>
</tr>
</tbody>
</table>

Meetings

POST-65 MEETING
Thursday, November 17, 2016, 1–2 p.m., Oechsle 211

ACTIVE/PRE-65 MEETINGS
Tuesday, November 15, 2016 12-1 p.m., Limburg Theater
Monday, November 21, 2016 12-1 p.m., Hugel 103 Auditorium

Enrollment form must be received in the Office of Human Resources by November 30, 2016.
Important Notice from Lafayette College About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Lafayette College and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Lafayette College has determined that the prescription drug coverage offered by Lafayette College to Active employees and Retirees is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Lafayette College coverage will be affected. If you decide to enroll in a separate Medicare Part D drug plan, your coverage under the Lafayette College plan may end for the individual and all covered dependents.

If you do decide to join a Medicare drug plan and drop your current Lafayette College coverage, be aware that you and your dependents will be able to get this coverage back.
When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Lafayette College and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information.

NOTE: You’ll get this notice each year. You will also get it before the next period when you can join a Medicare drug plan, and if this coverage through Lafayette College changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:
- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).
TURN ANY PLACE INTO A DOCTOR’S OFFICE

If you have a smartphone, tablet, or computer, you can see a doctor anytime, anywhere!

During video appointments, doctors can diagnose common illnesses and write prescriptions that go straight to your pharmacy. Video doctor visits — telehealth services — are a covered benefit on most Capital BlueCross health plans.¹

Why use telehealth services?

✓ Convenient and easy
✓ Less costly than a trip to an urgent care center or emergency room
✓ Helpful when:
  • You need to see a doctor, but can’t fit it into your schedule
  • Your doctor’s office is closed
  • You feel too sick to leave the house
  • You become sick while traveling

¹The telehealth benefit is not available on CareConnect® plans and Individual HMO plans. Refer to your Certificate of Coverage for benefit details. Copays may apply.
## Convenience Wherever You Are

<table>
<thead>
<tr>
<th>Network</th>
<th>Doctors</th>
<th>Covered Telehealth Benefit</th>
<th>Access</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>American Well (Amwell)</strong></td>
<td>Licensed doctors across the United States</td>
<td>Visits for bronchitis, sinus infection, sore throat, bladder infection, urinary tract infection, abdominal pain, diarrhea, fever, pink eye, painful urination, influenza, respiratory infection, headache, and strep throat</td>
<td>Available 24/7/365 through mobile app or website; no appointment necessary</td>
</tr>
<tr>
<td><strong>Capital BlueCross</strong></td>
<td>Licensed and approved doctors within Capital BlueCross’ 21-county service area</td>
<td>Visits for above conditions plus these specialist services: behavioral health, dermatology, and genetic counseling</td>
<td>Contact doctor’s office for scheduling instructions</td>
</tr>
</tbody>
</table>

To offer you more care choices, Capital BlueCross is building a network of local telehealth doctors. For the latest information about this developing network, visit capbluecross.com/telehealth.

## Learn More and Get Started
- Download the free Amwell app or visit amwell.com to register for services (use service key CAPITALBLUE for correct pricing)
- Go to capbluecross.com/telehealth to learn more about video visits and the local network

## We’re Happy to Help
For information about your Capital BlueCross benefits, cost sharing, and local doctors who perform telehealth services, call the number on your member ID card.

If you have questions about using the American Well mobile app or website, call American Well at 855.818.DOCS.

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2Doctors will be added to the network as they are approved by Capital BlueCross to deliver telehealth services.

On behalf of Capital BlueCross, American Well Corp. provides this online health care tool. American Well is an independent company.

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company, Capital Advantage Assurance Company, and Keystone Health Plan Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.
Retiree Open Enrollment forms and related information can be accessed via the Human Resources website: hr.lafayette.edu.