WELCOME

The following pages of this booklet summarize the benefit options for your consideration during the 2017 Plan Year. This information is to be used as a general guide and does not reflect a complete summary of the plans. Detailed plan summaries can be found in the Office of Human Resources and on the Human Resources web page, hr.lafayette.edu.
Lafayette College Benefits Program

This enrollment brochure provides you with detailed information about the health, welfare, and retirement benefit programs for which you make elections during the enrollment process. This brochure is intended to assist you in making decisions concerning your benefits by providing a concise summary of the various categories of coverage available to you at Lafayette College. If after reviewing this brochure you have any questions regarding the enrollment process, please contact the Office of Human Resources.

Your choices are in effect for the full plan year for each category. Open Enrollment has a Jan. 1 effective date.

It is important to note that the annual Open Enrollment period is the only time you can make changes to your plans or add dependents to your coverage without having to demonstrate a “Change in Status Event.” There is no restriction on making changes during Open Enrollment.

The Internal Revenue Service defines Change in Status Events as events that permit “an election to change coverage” due to any of the following reasons:

• Marriage or divorce
• Birth or adoption of a child
• Death of a dependent
• Change in employment status of you or your spouse
• Change in full-time student status of your unmarried dependent child
• Judgment, decree, or order
• Medicare eligibility
• Change in benefits eligibility under a spouse’s benefit plan

(Any benefit change must be consistent with a life-event change.)

You must notify Human Resources within 31 days of the life-event change. After this grace period, you will not be able to make any changes in your coverage until the next Open Enrollment period, effective the following Jan. 1.

To enroll as a new employee, make changes during Open Enrollment or in the event of a life-change event, you must utilize the electronic benefits enrollment system. Log in to the Employee Benefits Enrollment Platform using the same user name and password used for your email and Banner self-service at https://hr.lafayette.edu/.

LOSS OF DEPENDENT STATUS

When a dependent loses dependent status, it is the employee’s responsibility to contact Human Resources to establish continuation of coverage for the affected dependent under COBRA provisions. (Discovery Benefits is the administrator for all coverage continuation under COBRA.) Under Health Care Reform provisions, dependent children are permitted to be covered until the age of 26 under the medical plans. Dependent children are only covered to age 19 under the dental plan unless they are full-time students, in which case coverage may extend to age 23.

ELIGIBILITY

All regular full-time (0.75-1.00 FTE) staff and non-visiting faculty are eligible for coverage under the College’s medical, dental, life insurance, disability, and flexible spending programs beginning on the first day of the month following, or concurrent with, the first day of employment. Visiting faculty, interns, and temporary appointments are not eligible for life and disability coverage.

ABOUT THIS BROCHURE

This brochure presents a brief summary of the various employee benefit programs offered to eligible employees of Lafayette College and is not meant to be a governing plan document, summary plan description, or a contract of employment between you and the College. In the event of a conflict between this brochure and the legal plan documents or summary plan descriptions, contracts, and insurance policies, the legal plan documents, contracts, and insurance policies always will govern.

While Lafayette College intends to continue these programs, the College reserves the right to terminate, suspend, withdraw, amend, or modify any benefit plan at any time.
Tuition Remission, Tuition Exchange, and Tuition Grants

TUITION REMISSION
Immediate tuition remission is available for faculty and administrators, allowing them to take up to two courses per semester at Lafayette College. Spouses of faculty and administrators also are immediately eligible for tuition remission, allowing them to take an unlimited number of courses at Lafayette. Support staff have a three-month waiting period before being eligible for tuition remission benefits. Spouses of support staff have a three-year waiting period before tuition remission eligibility.

Qualified dependent children of faculty and staff members are eligible for tuition remission benefits after the faculty/staff member has completed five years of uninterrupted full-time service. Tuition remission is limited to a maximum of eight normal semesters of undergraduate study, plus three additional courses to be taken at Lafayette.

Visiting faculty, interns, and their children are not eligible for tuition remission benefits.

TUITION EXCHANGE
Qualified dependent children of Faculty and Staff members are eligible for tuition exchange benefits after the Faculty/Staff member has completed five years of uninterrupted full-time service. This reciprocal scholarship program allows dependent children to attend school at over 500 participating higher education institutions managed by the national Tuition Exchange Headquarters in Washington, D.C.

Eligibility for tuition exchange does not guarantee acceptance into the program.

Visiting faculty, interns, and their children are not eligible for tuition exchange benefits.

TUITION GRANTS
Qualified dependent children of faculty and staff members are eligible for tuition grant benefits after the faculty/staff member has completed 10 years of uninterrupted full-time service. The maximum grant allowed is equal to 50% of Lafayette’s tuition in the year of attendance for eligible charges. Tuition grant is limited to a maximum of eight normal semesters of undergraduate study, plus three additional courses to be taken at Lafayette. Tuition grant benefits are limited to a maximum of three dependent children per family.

Visiting faculty, interns, and their children are not eligible for tuition grant benefits.

LVAIC TUITION REMISSION
Qualified full-time employees and spouses are eligible to enroll in two undergraduate courses each semester at any Lehigh Valley Association of Independent Colleges (LVAIC) institution. Tuition costs are covered in full for these courses. Any special fees charged to the applicant are not covered. Each host institution will determine whether the applicant qualifies under that institution’s admissions standards for such purpose. Admission is granted only if space is available after all regular students and that institution’s employees have registered.

MEDICAL PLAN CHOICES FOR 2017:
The College offers three medical plans consisting of a “Standard” plan, a “Low Deductible” plan, and a “Qualified High Deductible” plan. All three plan designs are based on a PPO model. In a PPO, a member does not need to select a primary care physician and does not need a referral to see a specialist. The following is a brief summary of the plan options for 2017.

• Standard PPO Plan: The College’s premium contributions for all medical plans will be based on this plan. (The College’s premium allowance for this plan, therefore, determines the premium allowance for the other two plans.)

• Low Deductible PPO Plan: A PPO plan that offers richer benefits (lower out-of-pocket expenses), in exchange for increased monthly premiums. This plan could be attractive to an employee willing to pay more in premiums (offered on a pre-tax basis), but who wants to reduce/limit the employee’s own out-of pocket costs.

• Qualified High Deductible Plan w/HSA: A qualified high deductible health plan (PPO based) that requires greater member out-of-pocket expense in exchange for lower monthly premiums. This plan will also feature a Health Savings Account (HSA), which the College will fund at 50% of the associated deductible for both the individual and family coverage tiers.

A Health Savings Account, or HSA, is an interest-bearing savings vehicle partially funded by the College (50% of the applicable annual deductible for 2017) and the employee (if desired), which can be used to pay for qualified health care
expenses not covered in full by the medical plan, on a pre-tax basis. If elected, the employee’s contribution is deposited into this account during the year and used to pay for qualified expenses incurred by the member. The College will make its contribution to this account (50% of the deductible) at the beginning of the year. Money in this account, and any interest, is tax-free if used to pay for qualified medical expenses. It works very much like a flexible spending account (FSA) with some advantages. In addition to higher annual contribution limits, the money in the account is fully owned by the employee, and the balance can be carried forward into future years without fear of forfeiture. Note: IRS guidelines prohibit employees from participating in a medical FSA account if they are enrolling in the QHDHP/HSA option.

Note: Maximum HSA contribution limits (employer plus employee) for 2017 will be $3,400 for individual and $6,750 for family. Employees age 55 and older may contribute up to an additional $1,000 for 2017.

IMPORTANT REMINDER REGARDING DEPENDENT CHILDREN ELIGIBILITY FOR 2017
Under the Health Care Reform legislation (Patient Protection and Affordable Care Act), all children (natural, adopted, or stepchildren) under age 26 are considered “dependent” regardless of their student status, marital status, and tax-filing status. This legislation allows employees to cover children up to the age of 26, under the College’s medical (not dental) plans. However, HSA funds can only be used for dependent children claimed on your tax return.
Capital BlueCross plans are fully insured PPO plans that locally utilize the Capital BlueCross PPO network of hospitals and medical providers. A current listing of local providers can be accessed online at capbluecross.com. In addition, if you wish to obtain medical services from BlueCross participating providers outside the local area, you may use the BlueCard Worldwide PPO network. You can access the BlueCard Worldwide PPO directory from the Capital BlueCross website.

For more information about Capital BlueCross call 1-800-962-2242.
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Different health problems require different levels of care. This guide can help you make the right decisions about where to receive treatment so you can get prompt attention, reduce wait times, and even save money.

**Family Doctor**
Call your doctor first when you are sick or injured and it is not an urgent matter. Your doctor:
- Has an existing relationship with you and is familiar with your medical history
- Can quickly diagnose and start treatment
- Can help you decide what steps to take if you need to see a specialist or visit a hospital

**Urgent Care Center**
If you believe you should have same-day care and you can’t see your doctor, an urgent care center may be a good option. No appointments are necessary at an urgent care center, and some have on-site pharmacies. Many urgent care centers can take X-rays, stitch wounds, and care for other minor injuries and ailments, such as:
- Colds and flu
- Earaches
- Minor burns
- Minor skin rashes
- Small cuts
- Sprains and strains

**Telehealth**
Most Capital BlueCross plans include telehealth doctor visits by live video using a smartphone, tablet, or computer. Video appointments are convenient when:
- Your doctor’s office is closed
- You feel too sick to leave the house
- You become sick while traveling
- You need to see a doctor, but can’t find the time

You can see a doctor for these common conditions:
- Bronchitis
- Sinus infection
- Sore throat
- Bladder infection
- Urinary tract infection
- Abdominal pain
- Diarrhea
- Fever
- Pink eye
- Painful urination
- Influenza
- Respiratory infection
- Headache
- Strep throat

Learn how to access this benefit at capbluecross.com/telehealth.

*The telehealth benefit is not available on CareConnectSM plans, Individual HMO plans, and SeniorBlue® HMO plans.*
Emergency Room (ER)
You should only use the ER for serious problems that require immediate attention. The following are examples of problems where the ER usually is the right choice:

- Chest pain
- Breathing trouble
- Severe dizziness or confusion
- Seizures
- Heavy bleeding
- Large open wounds
- Severe vomiting
- Poisoning

If a problem is serious, you should call 911 or go straight to an emergency room.

We Can Help You Decide Where to Get Care
Capital BlueCross Nurse Line 800.452.2583 (TTY: 800.855.2880)
Call 24/7 to speak with a Registered Nurse for advice on symptoms, where to get care, and general health concerns.

Healthwise® Knowledgebase Symptom Checker
Our free library of health topics and interactive tools can help you determine when and where to seek care. Access the tool by registering or logging in at capbluecross.com and choosing the Wellness tab at the top of your secure member page. Type a word or short phrase into the search box to find information about a specific condition or health-related question. To use the Symptom Checker, click on Check Your Symptoms.

Stay connected on the go!
Download the Capital BlueCross mobile app to quickly find doctors and urgent care centers.

The information provided is meant for a general audience. It is not intended to be a substitute for services or advice received from your health care providers who are the only ones that can diagnose and treat your individual medical conditions. Capital BlueCross and its affiliated companies believe this health education resource provides useful information but do not assume any liability associated with its use. If you have any questions about the information, please contact your health care provider. Individual coverage for any services that may be discussed in this resource depends on your benefits plan. To determine coverage for any health care service, please refer to your Certificate of Coverage or Evidence of Coverage or call Customer Service at the toll-free number on your health plan ID card.

On behalf of Capital BlueCross, Healthwise® assists in the promotion of health and wellness by providing educational materials. Healthwise 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.

Capital BlueCross and its family of companies comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

If you, or someone you’re helping, has questions about your health plan, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 717.541.7000 (TTY: 711).

Spanish — Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de su plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 717.541.7000 (TTY: 711).

Chinese — 如果您，或您正在協助的對象，有關於您的健康計劃方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話在此插入數字717541.7000 (TTY: 711)。
**BlueCross Dental Plan Option**

The BlueCross Dental plan focuses on the importance of regular and preventive dental care. The plan is administered by Capital BlueCross.

The plan provides members significant savings by receiving services from participating dental providers, and also allows members to receive services from nonparticipating providers of their choice with insurance reimbursements based on the contracted allowances.

The BlueCross 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 BlueCross network of dental providers. You can locate a participating dentist at the website: capbluecross.com.

When using a participating (in-network) dentist for diagnostic and preventive care, eligible services are covered at 100%.

**Flexible Spending Accounts (FSAs)**

The administrator for the flexible spending account program is Discovery Benefits. A debit card will be issued to all new members enrolling in the medical FSA for 2017. This program allows employees to save money on a pre-tax basis to pay for unreimbursed qualified health/medical care expenses and certain dependent care expenses. Reimbursements are, in essence, the employee’s own money paid back tax-free. The plan year is from Jan. 1 through Dec. 31.

Note: Employees may carry over up to $500 of unused benefit in their 2016 medical flexible spending account into the 2017 plan year. The carry-over amount then may be used during that entire following plan year to pay for or reimburse qualified medical/health care expenses. (The carry-over allowance does not apply to dependent care accounts.)

The annual flexible spending account contribution maximum for 2017, is $2,600. However, because of the carry-over rule change, a participant may be able to contribute $2,600 in 2017, plus up to $500 of unused carry-over funds from 2016, for a total available amount of $3,100 for 2017.

In this account, you save a portion of your pay with pre-tax dollars, thereby reducing your federal income tax burden. Specifically, the plan allows you to contribute your own money,
before federal income tax, Social Security tax, and state tax (exceptions apply) to accounts, which will then be used to reimburse you for qualified out-of-pocket medical or dependent care costs. Visit discoverybenefits.com for more information.

Flexible spending accounts operate on a calendar-year basis. If you wish to participate in 2017, you will need to enroll via the electronic benefits enrollment platform.

1. **Dependent care:** You may have money deducted from your pay on a pre-tax basis to cover costs for dependent care. The maximum limit for the calendar year is $5,000. You save money by paying for these expenses with pre-tax dollars.

2. **Medical/Health care:** You may have money deducted from your pay on a pre-tax basis to cover qualified medical expenses that are not covered by your medical, dental, or vision insurance. The maximum contribution limit for the 2017 calendar year is $2,600. You save money by paying for these expenses with pre-tax dollars.

**Reminder:** Because of the health care reform legislation, you may utilize funds in your medical flexible spending account to pay for qualified medical expenses for dependents to age 26.

**IMPORTANT:** Remember that you should fund the flex accounts only for eligible expenses that you expect to incur in 2017.

**Life Insurance**

*(Coverage not provided to visiting faculty, interns, and one-year appointments.)*

The College provides a Basic Group Life insurance policy (Standard Insurance Co.), which covers all full-time regular employees without contribution on the part of the employee. The policy provides eligible employees with group term life insurance, effective on the first day of the month following, or concurrent with, the initial date of hire. The insurance is an amount equal to 1.5 times the base annual salary plus

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In addition to the above insurance, the College also offers voluntary Supplemental Life insurance (Standard Insurance Co.), which provides additional life insurance for employees over and above the non-contributory (basic) coverage. Coverage can be elected, in increments of $10,000, of an amount up to five times your annual salary, to a maximum level of $500,000. Premiums, which are determined by the amount of the insurance taken and the age of the employee based on age-banded rates, are fully paid by the employee.

Upon termination of employment, an employee’s group life insurance coverage is eligible for either portability (provided at existing group rates) or conversion (individually owned whole-life policy), for which the employee pays the full premium.

**Long-Term Disability Insurance**

*(Coverage not provided to visiting faculty, interns, and one-year appointments.)*

The College provides protection for qualified employees in the event of a lengthy disability, under its Long-Term Disability insurance (Standard Insurance Co.). This plan covers all regular full-time employees who become disabled because of their medically approved inability to work. The first six months of a continuous disability may be covered through the College by a combination of paid time off, vacation time, sick time, and/or unpaid time off. Once a disability continues beyond six months (180 days), the long-term disability plan provides income replacement for employees up to 60% of their monthly base salary, to a maximum benefit of $7,000 per month. Income replacement benefits continue until the person reaches full Social Security retirement age (FRA), if disabled prior to age 65.

In addition to employer and mandatory contributions, eligible employees are also able to make voluntary pre-tax contributions (elective deferrals) to investment funds, offered by TIAA-CREF and Fidelity Investments, which are selected by the employee. There are no employer (College) contributions on these amounts.

Qualified employees who work 900 or more hours per year may become eligible to participate in the Lafayette College Retirement Plan and receive an employer contribution of either 9.5% or 8% (Category A / Category B respectively).

Qualified faculty and exempt staff employees receive a 9.5% of base pay employer contribution and must make a “mandatory” (required) employee contribution equal to 5% of annualized base pay in excess of $15,000 (pro-rated each pay). Eligibility for this group of employees occurs on the first day of the first full pay period of the month following the employee’s date of hire.

Qualified non-exempt staff employees receive an 8% of base pay employer contribution, but do not have a “mandatory” (required) contribution requirement. Eligibility for this group of employees occurs on the first day of the first full pay period of the month following the employee’s two-year anniversary.

In addition to employer and mandatory contributions, eligible employees are also able to make voluntary pre-tax contributions to the investment funds offered at the College through TIAA-CREF and Fidelity. Both companies offer a wide variety of investment vehicles that collectively cover all major asset classes.

Employer and employee contributions are fully (100%) and immediately vested. Certain in-service withdrawals and loan allowances are available, but only from employee elective deferral sources (voluntary contribution sources).