



LAFAYETTE

**RETIREE OPEN
ENROLLMENT**

2019

WELCOME

We are pleased to announce the start of the 2019 Open Enrollment period for retiree health care coverage.

FAQ

What You Need to Know during Open Enrollment 2019

Dates for Open Enrollment are November 15–30, 2018

Elections made during Open Enrollment will be effective on January 1, 2019, and will remain in effect through December 31, 2019.

Open Enrollment allows you to make changes to your medical or dental coverage without having to show a life status changes.

If you do not wish to make any changes to your medical or dental coverage, you do not need to take any action! Your current coverage will carry into 2019 if you do not make any changes.

If there are no changes to your coverage for 2019, you will NOT receive a new insurance card in the mail.



The 2018 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 engages in a competitive bid process regarding 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.

WHAT'S NOT CHANGING FOR 2019?

Highmark Blue Shield will continue as the insurance carrier for our Pre-65 medical coverage for the 2019 plan year.

The College will continue to offer the two health plan choices that were offered to Pre-65 retirees in 2018. 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. Highmark Blue Shield utilizes the Highmark PPO network within Pennsylvania. In addition, if you wish to obtain medical services from providers outside of the local area, you may use the Blue Cross Blue Shield Global Core PPO network whose directory can be accessed from the Highmark website: highmarkblueshield.com

We are pleased to announce that there will be **no plan design changes** in either of the two plans for 2019: Low Deductible PPO Plan or Standard PPO Plan. By maintaining both of these plans, our Pre-65 retirees will continue to be able to select the health plan that best suits their health care needs and the needs of their families.

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. The Highmark Blue Shield prescription drug mail order service provider is Express Scripts.

For more information about Highmark Blue Shield call 1-800-345-3806.

WHAT'S CHANGING FOR 2019?

There will be an overall premium rate increase of 4% while maintaining the same plan designs (coverage levels) as we have this year.

As a result of the overall increase in medical insurance premiums, Pre-65 retirees will experience 4% rate increases in the Standard PPO Plan as well as the Low Deductible PPO plan.

SUMMARY OF PRE-65 HIGHMARK BLUE SHIELD PLAN OPTIONS FOR 2019

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 the Standard PPO Plan. (The College's premium allowance for this plan, therefore, determines the premium allowance for the Low Deductible Plan.)

Low Deductible PPO Plan: This is a PPO plan that offers greater 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.

If you are not making any changes to your medical or dental coverage, you do NOT need to complete a form. If you do not make any changes to your coverage for 2019, you will NOT receive a new insurance card in the mail. 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 Friday, Nov. 30, 2018.

STANDARD PPO

LOW DEDUCTIBLE PPO

SUMMARY OF COST-SHARING

AMOUNTS MEMBERS ARE RESPONSIBLE FOR

Participating Providers

Non-Participating Providers

AMOUNTS MEMBERS ARE RESPONSIBLE FOR

Participating Providers

Non-Participating Providers

Deductible (per benefit period)	\$800 per member \$2,400 per family	\$2,000 per member \$6,000 per family	\$300 per member \$900 per family	\$1,200 per member \$3,600 per family
Office Visits (performed by a Family Practitioner, General Practitioner, Internist, Pediatrician, Preventive Medicine specialist, or participating Retail Clinic)	\$15 copayment per visit	Coinsurance applies	\$10 copayment per visit	Coinsurance applies
Specialist Office Visit	\$25 copayment per visit	Coinsurance applies	\$20 copayment per visit	Coinsurance applies
Emergency Room	\$100 copayment per visit, waived if admitted	\$100 copayment per visit, waived if admitted	\$100 copayment per visit, waived if admitted	\$100 copayment per visit, waived if admitted
Urgent Care	\$50 copayment per visit	\$50 copayment per visit	\$50 copayment per visit	\$50 copayment per visit
Inpatient (Per Admission)	15% coinsurance after deductible	45% coinsurance after deductible	10% coinsurance after deductible	25% coinsurance after deductible
Outpatient Surgery Copayment (facility)	15% coinsurance after deductible	45% coinsurance after deductible	10% coinsurance after deductible	25% coinsurance after deductible
Coinsurance	15% coinsurance	45% coinsurance	10% coinsurance	25% coinsurance
True Out-of-Pocket Maximum (includes deductible, copays, and coinsurance)	\$1350 per member \$4,050 per family	\$4,000 per member \$12,000 per family	\$1,200 per member \$3,600 per family	\$2250 per member \$6750 per family
Coverage Lifetime Maximum	None		None	
Prescription Drugs (Express Scripts)	Deductible \$250/750 Retail \$10/35/50 Mail Order \$20/70/100	N/A	Deductible \$150/450 Retail \$10/30/45 Mail Order \$20/60/90	N/A

For more information about **Highmark BlueShield** call 1-800-345-3806, or visit their web site: highmarkblueshield.com

Post-65 Retirees

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. There are no changes to the plan design for 2019. For 2019, the College will continue to pay 90% for individual retirees, as it does for individual employees. The monthly contribution for individual retirees will be \$27.90. For post-65 spouses/partners/surviving spouses, the College will pay 70% of the premium in 2019, 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 \$83.70. If you are not making any changes to your coverage, you do not need to complete any forms.

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. There are no changes to the Freedom Blue ppo plan design for 2019.

Since the underlying plan is governed by Medicare, there are a few minor changes (mostly enhancements) to the coverage that have been made and required by the Government.

The changes are as follows:

- Enhanced coverage option to allow for hearing aids to be purchased for a co-pay from TruHearing

- Reduction in the cost you would be responsible for when purchasing Durable Medical Equipment & oxygen/oxygen supplies that are outside of the network
- Prescription Drug Plan coverage limits: If you were to reach the Medicare catastrophic limit for prescription expenses, there would be cost increase of \$.05 or \$.15 per script

HEALTH INSURANCE PREMIUM REIMBURSEMENT OPTION

Post-65 retirees newly 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 \$251.10 per month for the retiree only; up to \$195.30 per month for a spouse

Please review the benefits summary carefully before making a decision.

FREEDOM BLUE PPO		
BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Deductible		\$800
Coinsurance	15%	30%
In Network Out-of-Pocket Max	\$1,600	—
Catastrophic Out-of-Pocket Max		\$3,400
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	\$75 cost sharing	\$75 cost sharing
Inpatient Hospital Stay	15% per stay	30% coinsurance
Skilled Nursing Facility (days 1-100 per benefit period)	15% per day	30% coinsurance
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.	\$100 benefit maximum for specialty frames or specialty contact lenses.
Hearing Aids	Option to purchase from TruHearing in-network providers [\$499 copayment for TruHearing Advanced & \$799 copayment for TruHearing Premium; up to two aids per year]. \$500 allowance every 3 years if purchased through any other provider.	
Medicare Part D Drugs (Up to 34 Day Supply) \$250 deductible		
Initial Coverage (Up to \$2850 in total drug costs)	\$15 Generic; \$30 Pref. Brand; \$60 Non-Pref. Brand; \$60 Specialty	* See right
Coverage Gap	\$15 Generic; \$30 Pref. Brand; \$60 Non-Pref. Brand; \$60 Specialty	
Catastrophic Coverage	During this stage, the plan will pay most of the cost for your drugs. <ul style="list-style-type: none"> • Either—coinsurance of 5% of the cost of the drug; Or—\$3.40 copayment for a generic drug or a drug that is treated like a generic. Or a \$8.50 copayment for all other drugs. • Our plan pays the rest of the cost. 	

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.

(partner); and up to \$195.30 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 2019 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 dental premiums will decrease by 3.5% from the 2018 rates.

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/. When using this search feature, please remember to select either the BlueCross Dental PPO Network or the BlueCross Dental PPO Preferred Network when requesting the provider list.

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 (contact Human Resources to obtain an enrollment form).

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

For more information about BlueCross Dental Plus call 1-800-962-2242 or visit their web site: www.capbluecross.com

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			
PRE-65 RETIREES	TOTAL PREMIUM	COLLEGE CONTRIBUTION	RETIREE CONTRIBUTION
Highmark Blue Shield Standard PPO			
Retiree	\$594.47	\$535.02	\$59.45
Sp/Surv Sp/Partner	\$594.47	\$416.14	\$178.33
Retiree+Sp/Partner	\$1,632.45	\$1,093.96	\$538.49
Retiree/Child	\$1,389.06	\$1,091.81	\$297.25
Retiree/Children	\$1,460.29	\$1,143.40	\$316.89
Family	\$1,703.67	\$1,144.42	\$559.25
Low Deductible			
Retiree	\$697.16	\$535.02	\$162.14
Sp/Surv Sp/Partner	\$697.16	\$416.14	\$281.02
Retiree+Sp/Partner	\$1,917.21	\$1,093.96	\$823.25
Retiree/Child	\$1,631.38	\$1,091.81	\$539.57
Retiree/Children	\$1,715.01	\$1,143.40	\$571.61
Family	\$2,000.87	\$1,144.42	\$856.45
POST-65 RETIREES	TOTAL PREMIUM	COLLEGE CONTRIBUTION	RETIREE CONTRIBUTION
Highmark Freedomblue PPO			
Retiree	\$279.00	\$251.10	\$27.90
Sp/Surv Sp/Partner	\$279.00	\$195.30	\$83.70
Capital BlueCross Dental PPO Preferred			
Single Coverage	\$38.57		\$38.57
Two-Party	\$77.14		\$77.14
Three or More	\$99.76		\$99.76

Your completed forms must be returned to the Office of Human Resources by Friday, Nov. 30, 2018.

Only those newly 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.

If you have questions on the retiree health care coverage, please contact the Office of Human Resources at 610-330-5060.

Enrollment form must be received in the Office of Human Resources by November 30, 2018.

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 the Capital BlueCross and Highmark Blue Shield plans, 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 Capital BlueCross or Highmark Blue Shield coverage will be affected. For those individuals who elect Part D coverage, coverage under the Lafayette College plan will 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 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 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).

Date:	10/5/2018
Name of Entity/Sender:	Lafayette College/Cristie Lazart
Contact--Position/Office:	Office of Human Resources
Address:	730 High Street, 12 Markle Hall, Easton, PA 18042
Phone Number:	(610)330-5060



healthways SilverSneakers® Fitness Program gives you options.

Vork out when, where and how you want – at **no extra cost**. Check out all the ways to use this innovative program offered as one of your benefits from Highmark Health Services.

Work out indoors

- more than 11,000 fitness locations
- all basic amenities and SilverSneakers group exercise classes
- easy enrollment with your SilverSneakers ID card

Go outside with FLEX

- tai chi, yoga, walking groups and more
- at local parks, recreation centers and churches (in select states)
- class locator and enrollment at my.silversneakers.com

Step it up wherever you are

- SilverSneakers® Steps for at home or on the go
- designed for your lifestyle and fitness level
- choice of general fitness, strength, walking or yoga kit

Get online support with PACT

- online activity reporting
- personal support network for motivation
- no cost to sign up at my.silversneakers.com

To find fitness locations, request your SilverSneakers ID card, order a Steps kit or get additional details, visit silversneakers.com or call SilverSneakers Customer Service at **1-888-423-4632** (TTY: 711), Monday through Friday, 9 a.m. to 8 p.m. EST.



STAY YOUNGSM



Get fit your way!

Indoors



Outside



Home or On the Go



Online



Sign up for SilverSneakers today!

EPIC Hearing Service Plan | PERKS

EPIC HSP members save up to 60% off of retail on brand name hearing aids from major manufacturers through the EPIC Hearing Service Plan.

- Phonak
- Resound
- Widex
- Unitron
- Starkey
- Oticon
- Hansaton
- Signia

Technology Levels	Typical MSRP	EPIC HSP Price	Member Savings
Entry	\$1,400	\$495	\$905
Essential	\$1,650	\$999 / \$1,199	\$550
Standard	\$2,250	\$1,299 / \$1,499	\$850
Advanced	\$2,700	\$1,899 / \$2,099	\$700
Premium	\$3,500	\$2,399 / \$2,499	\$1,050



HEARING SERVICE PLAN 

Group: Lafayette College

Please present this membership card to the provider at your appointment. An EPIC counselor will contact you to coordinate your benefit coverage and payment after your appointment.

FOR ASSISTANCE CONTACT EPIC
PHONE: 1.866.956.5400
EMAIL: HEAR@EPICHEARING.COM

EPIC HEARING HEALTHCARE
3191 W. Temple, Suite 200
Pomona, CA 91768

EPICHSP2017



Welcome

The EPIC Hearing Service Plan is the nation's first specialty care plan devoted to the vital sense of hearing. EPIC is dedicated to delivering the highest quality of care at the best value to our members.

WELLNESS REWARDS PROGRAM

ListenHear • LiveWell

Participants who complete the four fun, educational hearing health related activities in the Listen Hear, Live Well hearing wellness program receive Wellness Reward Coupons for additional savings on their hearing purchase!

Go to www.listenhearlivewell.com on your desktop computer or mobile device to participate.

\$200 off Premium Level Devices*

\$100 off Advanced Level Devices*

\$50 off Standard Level Devices*

Wellness Reward Coupons are applied to each device that is purchased!

*Applies to all Standard, Advanced, and Premium level hearing aid makes/models; cannot be combined with any other offers or promotions. Discounts are not insured benefits.



Call EPIC or register online to start the process to better hearing today.

1 866.956.5400

www.epichearing.com/registration

EAR PROFESSIONALS INTERNATIONAL CORPORATION DBA EPIC HEARING HEALTHCARE 2017

Provider Network

The EPIC network is comprised of professional Audiologists and ENT physicians and represents the largest accredited network of its kind in the nation, with provider locations in all 50 states.

Hearing Aids

The EPIC Hearing Service Plan gives you access to all name brand hearing aid technology by the top tier hearing aid manufacturers at reduced prices, 30%-60% below MSRP; maximizing your value and savings. Note: the following top tier manufacturer brands are available through EPIC: Phonak, Unitron, Resound, Starkey, Hansaton, Signia, Oticon, and Widex.

How it Works

Contact an EPIC hearing counselor today. The hearing counselor can answer any questions you may have about the plan and coordinate your referral to a nearby participating provider. If the provider recommends you obtain hearing aids, an EPIC counselor will contact you to coordinate your coverage and payment. You will receive a 45 day trial period with a complimentary extended 3 year product warranty and one year supply of batteries*.

*Excludes Entry Level Products

www.epichearing.com

EPICHSPIDV517

NVA IS NOW OFFERING A HEARING AID DISCOUNT PLAN. IT IS **ABSOLUTELY FREE** TO LAFAYETTE COLLEGE.

Retiree Open Enrollment forms
and related information
can be accessed via the
Human Resources website:
hr.lafayette.edu.

LAFAYETTE

COLLEGE

Office of Human Resources
12 Markle Hall • Easton, PA 18042
(610) 330-5060 • Fax (610) 330-5720
hr.lafayette.edu