



LAFAYETTE

**RETIREE OPEN ENROLLMENT**

**2021**



# WELCOME

We are pleased to announce the start of the 2021 Open Enrollment period for retiree health care coverage.

## **What You Need to Know during Open Enrollment 2021**

Dates for Open Enrollment are November 16–30, 2020

Elections made during Open Enrollment will be effective on January 1, 2021, and will remain in effect through December 31, 2021.

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 2021 if you do not make any changes.**

You will NOT receive a new medical and/or dental insurance card in the mail unless you made a change to your medical and/or dental coverage for 2021.



## 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, and **the premiums will remain the same for 2021**. The College will continue to pay 90% for individual retirees, as it does for individual employees. The monthly contribution for individual retirees will remain at \$23.50. For post-65 spouses/surviving spouses, the College will continue to pay 70% of the premium in 2021, comparable to the support provided to the employee/spouse tier for active employees. The monthly contribution for post-65 spouses/surviving spouses will remain at \$70.50. 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 2021.

Since the Freedom Blue PPO plan is governed by Medicare, there are a few minor changes to the coverage (copays, deductibles, and coinsurance). Other than the summary of changes described below, there are no other changes to the Freedom Blue PPO plan design or premiums for 2021.

The changes to your post-65 health plan

1. The maximum benefit level for routine vision eyewear increased from \$100 to \$150, which is a favorable change.
2. Prescription Drug Plan coverage limits: If you were to reach the Medicare catastrophic limit for prescription expenses, there would be cost increase of \$.10 or \$.25 per script.

Please review the benefits summary carefully before making a decision.

### 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. The College will continue to reimburse up to \$211.50 per month for the retiree only; up to \$164.50 per month for a spouse (partner); and up to \$164.50 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. New for 2021, all premium reimbursements will be paid on a quarterly basis (please see the enclosed insert for details).

## Pre-65 Retirees

As you know, each year the College goes out to bid to identify the best healthcare coverage and networks at the lowest possible cost. We are pleased to let you know that we have negotiated coverage for the 2021 calendar year with Capital BlueCross for Active and Pre-65 coverage. Post 65 retiree coverage will remain with Highmark Blue Shield.

We are pleased that for 2021, we will continue to be able to offer the two types of medical plans currently in place: the Standard PPO and the Low Deductible PPO Plans, **while maintaining the same plan designs** (copays, deductibles, and coinsurance). By maintaining these options, our members will continue to be able to select the health plan that best suits their own health care needs and the needs of their families.

Under the health insurance plan with Capital BlueCross commencing on January 1, 2021, the College will continue to pay 90% of the premium for the Standard PPO plan for an individual retiree, as it does for an individual employee on the active plan. The College will continue to pay 67% of the premium for the Standard PPO plan for a retiree and spouse on the pre-65 plan, as it does for employee plus spouse coverage on the active plan.

Beginning January 1, 2021, there will be a premium rate **decrease of 1%** to the Standard PPO plan and a **decrease of 1%** to the Low Deductible PPO plan.



SUMMARY OF COST-SHARING	STANDARD PPO		LOW DEDUCTIBLE PPO	
	AMOUNTS MEMBERS ARE RESPONSIBLE FOR		AMOUNTS MEMBERS ARE RESPONSIBLE FOR	
	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers
<b>Deductible</b> (per benefit period)	\$1,100 per member \$3,300 per family	\$2,200 per member \$6,600 per family	\$500 per member \$1,500 per family	\$1,000 per member \$3,000 per family
<b>Office Visits</b> (performed by a Family Practitioner, General Practitioner, Internist, Pediatrician, Preventive Medicine specialist, or participating Retail Clinic)	\$20 copayment per visit	40% coinsurance applies	\$15 copayment per visit	35% coinsurance applies
<b>Specialist Office Visit</b>	\$35 copayment per visit	40% coinsurance applies	\$25 copayment per visit	35% coinsurance applies
<b>Emergency Room</b>	\$200 copayment per visit, waived if admitted	\$200 copayment per visit, waived if admitted	\$200 copayment per visit, waived if admitted	\$200 copayment per visit, waived if admitted
<b>Urgent Care</b>	\$50 copayment per visit	40% after deductible	\$50 copayment per visit	35% coinsurance per visit
<b>Inpatient</b> (Per Admission)	20% coinsurance after deductible	40% coinsurance after deductible	15% coinsurance after deductible	35% coinsurance after deductible
<b>Outpatient Surgery</b>	20% coinsurance after deductible	40% coinsurance after deductible	15% coinsurance after deductible	35% coinsurance after deductible
<b>Coinsurance</b>	20% coinsurance	40% coinsurance	15% coinsurance	35% coinsurance
<b>True Out-of-Pocket Maximum</b> (includes deductible, copays, and coinsurance)	\$4,000 per member \$8,000 per family	\$8,000 per member \$16,000 per family	\$4,000 per member \$8,000 per family	\$8,000 per member \$16,000 per family
<b>Coverage Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited
<b>Prescription Drugs</b> (Prime Therapeutics)	Deductible \$300/900 Retail \$10/40/60 Mail Order \$20/80/120	N/A	Deductible \$200/600 Retail \$10/35/55 Mail Order \$20/70/110	N/A

For more information about **Capital BlueCross** call 1-800-962-2242, or visit their web site: [www.capbluecross.com](http://www.capbluecross.com)

## IMPORTANT INFORMATION ABOUT YOUR MEDICAL COVERAGE FOR 2021

We are pleased to announce that the College is continuing the medical bridge coverage with Colonial Life to those Pre-65 retirees who select either the Standard Plan or the Low Deductible Plan (see details below).

With respect to prescription drug coverage, your Capital BlueCross member ID card serves as your prescription plan coverage through Capital BlueCross.

The prescription drug plans through Capital BlueCross are managed by Prime Therapeutics and information on in-network retail pharmacies and covered drugs can be accessed at [www.capbluecross.com](http://www.capbluecross.com). As a Capital BlueCross member, you have access to thousands of retail pharmacies across the country, including many well-known chains (such as CVS, Rite Aid, Target, and Wal-Mart), grocery stores, and independent pharmacies. For mail order, you will need to order new and/or refill your prescriptions through

Alliance Rx Walgreens Prime, the provider for the home delivery program. You can set up your account through Alliance Rx Walgreens Prime at [alliancerxwp.com/home-delivery](http://alliancerxwp.com/home-delivery), or by calling 1-855-924-8421

## MEDICAL PLAN CHOICES FOR 2021

The College will continue to offer a range of two medical plan options for 2021, consisting of a "Standard PPO" plan, and a "Low Deductible PPO" plan. There have been **NO changes made to the plan designs for 2021**. Both plan designs are based on a Preferred Provider Organization (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 pages provide a summary of the plan options for 2021, as well as a side-by-side comparison of both medical plans.

### Standard PPO Plan:

Plan Design (in-network benefits): the medical deductible is \$1,100 for an individual and \$3,300 for a family. The medical

## 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% coinsurance	30% coinsurance
Outpatient Surgery	15% coinsurance	30% coinsurance

### Emergent and Urgent Services

Ambulance	15% coinsurance (Emergent)	15% coinsurance (Emergent)
Emergency Room	\$75 copayment	\$75 copayment
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	30% coinsurance
Routine Vision (covered every two calendar years)	Standard eyeglass lenses and frames or contact lenses are covered in full. A \$150 benefit maximum applies to non-standard frames and a \$150 benefit maximum for specialty contact lenses.	\$150 benefit maximum for specialty frames or specialty contact lenses.
Hearing Aids	Option to purchase from TruHearing in-network providers [\$499 copayment for TruHearing Advanced or \$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 31 Day Supply)

\$250 deductible

	Preferred Pharmacy (MPVN)	Standard Pharmacy
Initial Coverage	\$10 Generic; \$25 Pref. Brand; \$55 Non-Pref; \$60 Specialty	\$15 Generic; \$30 Pref. Brand; \$60 Non-Pref; \$60 Specialty
Coverage Gap	\$10 Generic; \$25 Pref. Brand; \$55 Non-Pref. Brand; \$60 Specialty	\$15 Generic; \$30 Pref. Brand; \$60 Non- Pref; \$60 Specialty
Catastrophic Coverage	During this stage, the plan will pay most of the cost for your drugs. <ul style="list-style-type: none"> <li>• <b>Either</b>—Greater of 5% of the cost of the drug; <b>Or</b>—\$3.70 copayment for a generic drug. Greater of 5% of the cost of the drug; <b>Or</b> a \$9.20 copayment for all other drugs. <b>Our plan pays the rest of the cost.</b></li> </ul>	

Questions?

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

- **Medicare Preferred Value Network (MPVN) includes 25,000 independent and chain pharmacies, as well as Express Scripts (ESI) mail home delivery program. Highmark members will save money on formulary drugs when fulfilling prescriptions at a MPVN pharmacy or through mail order. Does not apply to specialty drugs.**

- **Mail order (up to a 90 day supply) \$25 Generic; \$62.50 Pref. Brand; \$137.50 Non-Pref. Brand**

copays are \$20 for a primary care visit, \$35 for a specialist visit, and \$200 for emergency room services (waived if admitted). The coinsurance for medical services is 20%. There is a combined out-of-pocket (OOP) max. Instead of a separate OOP for medical expenses and a separate OOP for prescription expenses, there is one combined OOP maximum limit. This means that all medical and

prescription expenses incurred by the retiree apply to one calendar year OOP maximum limit.

**Prescription Drug:** The annual individual deductible is \$300 and the combined family deductible is \$900. The generic copay is \$10. The preferred brand copay is \$40. The non-preferred brand copay is \$60. There is a copay of \$75

for specialty drugs (high cost medication therapy generally obtained from the specialty pharmacy and used for complex diseases).

The Colonial Life benefit provides a lump-sum reimbursement benefit (\$1,000 once a year per covered member) for a covered hospital confinement, a lump sum benefit (\$150 once a year per covered member) for a covered accident only emergency room visit, and a lump sum benefit (\$50 once a year per covered member) to cover various health screenings.

### Low Deductible PPO Plan:

A low deductible PPO plan offers richer benefits (lower out-of-pocket expenses) in exchange for increased monthly premiums. This plan could be attractive to a retiree who is willing to pay more in premiums in order to reduce/limit the retiree’s own out-of-pocket costs during the plan year.

Plan Design (in-network benefits): The medical deductible is \$500 for an Individual and \$1,500 for a family. The medical copays is \$15 for a primary care visit, \$25 for a specialist visit, and \$200 for emergency room services (waived if admitted). The coinsurance for medical services is 15%. There is a combined out-of-pocket (OOP) max. Instead of a separate OOP for medical expenses and a separate OOP for prescription expenses, there is one combined OOP maximum limit. This means that all medical and prescription expenses incurred by the retiree apply to one calendar year OOP maximum limit.

Prescription Drug: The annual individual deductible is \$200. The combined family deductible is \$600. The generic copay is \$10. The preferred brand copay is \$35, and the non-preferred brand copay is \$55. There is a copay of \$70 for specialty drugs (high cost medication therapy generally obtained from the specialty pharmacy and used for complex diseases).

For 2021, the Colonial Life benefit provides a lump-sum reimbursement benefit (\$1,000 once a year per covered member) for a covered hospital confinement, a lump sum benefit (\$150 once a year per covered member) for a covered accident only emergency room visit, and a lump sum benefit (\$50 once a year per covered member) to cover various health screenings.

## Capital BlueCross

The health plans are fully insured PPO plans which utilize the local Capital BlueCross network of facilities and professional providers. If you are outside of the Capital BlueCross coverage area, you have access to BlueCard participating providers. A listing of local and out-of-area in-network providers can be accessed online at [www.capbluecross.com](http://www.capbluecross.com). You can search by the ‘PPO’ network option.

In addition, if you are traveling outside of the country, you can locate participating facilities and professional providers

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

For more information about BlueCross Dental Plus call 1-800-962-2242 or visit their web site: [www.capbluecross.com](http://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 decreases for the pre-65 retiree group.

MONTHLY			
PRE-65 RETIREES	TOTAL PREMIUM	COLLEGE CONTRIBUTION	RETIREE CONTRIBUTION
<b>Capital Blue Cross Standard PPO</b>			
Retiree	\$611.44	\$550.30	\$61.14
Sp/Surv Sp/Partner	611.44	428.01	183.43
Retiree+Sp/Partner	1,679.06	1,125.20	553.86
Retiree/Child	1,428.73	1,122.99	305.74
Retiree/Children	1,502.00	1,176.06	325.94
Family	1,752.32	1,177.10	575.22
<b>Capital Blue Cross Low Deductible</b>			
Retiree	\$750.74	\$550.30	\$200.44
Sp/Surv Sp/Partner	750.74	428.01	322.73
Retiree+Sp/Partner	2,134.68	1,125.20	1,009.48
Retiree/Child	1,816.43	1,122.99	693.44
Retiree/Children	1,909.56	1,176.06	733.50
Family	2,227.84	1,177.10	1,050.74
POST-65 RETIREES	TOTAL PREMIUM	COLLEGE CONTRIBUTION	RETIREE CONTRIBUTION
<b>Highmark Freedomblue PPO</b>			
Retiree	\$235.00	\$211.50	\$23.50
Sp/Surv Sp/Partner	\$235.00	\$164.50	\$70.50
<b>Blue Cross Dental Plus</b>			
Single Coverage	\$39.52	-	\$39.52
Two-Party	\$79.06	-	\$79.06
Three or More	\$102.24	-	\$102.24

in over 200 countries by accessing BlueCross BlueShield Global Core at [bcbsglobalcore.com](http://bcbsglobalcore.com).

### Dental Plan

The Blue Cross Dental plan focuses on the importance of regular and preventive dental care. For calendar year 2021, **the dental premiums will remain the same as the 2020 rates**. The College is remaining with Blue Cross Dental (administered by Capital BlueCross) as its dental insurance carrier and there will be no plan design changes., Dependent children may be covered on this plan up to age 26, regardless of student status.

While the annual benefit remains at \$1,000, the “rollover benefit” will continue into 2021. With this rollover feature, employees can rollover up to \$500 of unused dental benefit from 2020 into 2021. The maximum annual benefit as a result of this rollover feature is \$2,000.

Retirees enrolled in dental coverage will not receive new ID cards from Capital BlueCross unless there has been a change in coverage for 2021

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

*(continued on back cover)*

## **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.

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### **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 15<sup>th</sup> to December 7<sup>th</sup>.

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 not be affected. You may remain enrolled in the College medical plan if you elect part D and this plan could coordinate with Part D coverage. If you decide to join a Medicare drug plan and drop your current prescription drug coverage, please be aware that you will also have to drop your medical coverage. In addition, you and your dependents will not be able to get this coverage back until the next open enrollment period or in the case of a special enrollment opportunity.

If you are currently enrolled in the College's retiree medical plan and become entitled to Medicare, your current coverage will end for you and your dependents.



## 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](http://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](http://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:	10/12/2020
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.

Work 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](http://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](http://my.silversneakers.com)

To find fitness locations, request your SilverSneakers ID card, order a Steps kit or get additional details, visit **[silversneakers.com](http://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 YOUNG<sup>SM</sup>



# 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](http://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](http://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](http://www.epichearing.com)

EPICHSPIDV517

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



## Important information for retirees hired after July 1, 1996

Those “qualified retirees” of Lafayette College, who were hired after June 30, 1996, and who have already attained age 65, are eligible to enroll in the retiree medical plan. The plan is the same plan as offered to the other qualified retirees hired prior to July 1, 1996, except that the College does not provide any subsidy (share of the cost) for you. Although this plan is offered under a group arrangement, you will have to pay the full premium for the coverage.

If you are interested in this medical plan option at this time, you must notify the Office of Human Resources of your intent. In addition, you are required to apply for Medicare Parts A and B coverage prior to notifying the College.

The College does not offer medical coverage to Pre-65 retirees hired after July 1, 1996.

Dental coverage is available to both Pre and Post 65 retirees hired after July 1, 1996 as the plan is not subsidized by the College.

## 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 changes must be received in the Office of Human Resources by November 30, 2020.**

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 network of dental providers, as to which some are identified as preferred providers. You can locate a participating dentist at their website: [www.capbluecross.com](http://www.capbluecross.com). When using the search feature, please remember to select either the BlueCross Dental PPO Network or the BlueCross Dental PPO Preferred Network when requesting the provider list. In-network dental providers are included in the BlueCross PPO network as well as the PPO preferred network, however you may find discounted rates with preferred providers.

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 Dental established allowance.

There is no deductible applicable under this plan. Although the annual dental benefit amount per person, per plan year, is \$1,000, the plan allows for a rollover benefit of up to \$500 of unused dental benefit from one year to the next, for a maximum annual benefit of \$2,000 per person. Under the Blue Cross Dental plan, services covered under the “preventive and diagnostic” category (100%) are not counted towards the annual \$1,000 benefit amount. The lifetime maximum benefit amount for a child's (up to age 19) orthodontic care is \$1,000.

Retiree Open Enrollment forms and related information can be accessed via the Human Resources website: [hr.lafayette.edu](http://hr.lafayette.edu).

**LAFAYETTE**  
COLLEGE

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