

LAFAYETTE

RETIREE OPEN ENROLLMENT

2022

WELCOME

We are pleased to announce the start of the 2022 Open Enrollment period for retiree health care coverage.

What You Need to Know during Open Enrollment 2022

Dates for Open Enrollment are November 15–30, 2021

Elections made during Open Enrollment will be effective on January 1, 2022, and will remain in effect through December 31, 2022.

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

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 2022 if you do not make any changes.

Pre-65 Retiree ID Cards: You will receive a new medical insurance card in the mail from Capital BlueCross if you are a participant in the Pre-65 medical plan for 2022. If you participate in the dental plan, but not the medical plan for 2022, you will not receive a new dental insurance card in the mail from Capital BlueCross unless you made a change to the dental plan.

Post-65 Retiree ID Cards: You will not receive a new medical card from Highmark Freedom Blue unless you are newly enrolling for 2022. You will not receive a new dental insurance card in the mail from Capital BlueCross unless you made a change to the dental plan.



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. The College will continue to pay 90% for individual retirees, as it does for individual employees. The monthly contribution for individual retirees will be \$24.50. For post-65 spouses/surviving spouses, the College will continue to pay 70% of the premium in 2022, comparable to the support provided to the employee/spouse (partner) tier for active employees. The monthly contribution for post-65 spouses/surviving spouses (partner) will be \$73.50. 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 2022.

As the Freedom Blue PPO Plan is governed by Medicare, there are a few minor changes to the prescription coverage:

1. The Out-of-Pocket Cost threshold to reach Catastrophic Coverage will increase from \$6,550 to \$7,050.
2. Prescription Drug Plan coverage limits: If you were to reach the Medicare catastrophic limit for prescription expenses, there would be cost increase of \$.25 or \$.65 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 reimburse up to \$220.50 per month for the retiree only; up to \$171.50 per month for a spouse (partner); and up to \$171.50 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. Premium reimbursements are paid on a quarterly basis (please see the enclosed insert for details).

Pre-65 Retirees

IMPORTANT INFORMATION ABOUT YOUR MEDICAL COVERAGE FOR 2022

As you know, each year the College goes out to bid to identify the best healthcare coverage and networks at the lowest possible cost. Capital BlueCross has been a good partner and we are pleased to share that we were able to negotiate a zero % increase for the upcoming plan year while maintaining the same plan designs (copays, deductibles, and coinsurance) as we have this year. We are fortunate, in a world of rising healthcare costs, to be able to say that this is the second year in a row with no plan design changes in all three of the medical plans and premiums are lower than where they were in 2020.

Under the health insurance plan with Capital BlueCross commencing on January 1, 2022, 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.

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. As a Capital BlueCross member,

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
Deductible (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
Office Visits (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
Specialist Office Visit	\$35 copayment per visit	40% coinsurance applies	\$25 copayment per visit	35% coinsurance applies
Emergency Room	\$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
Urgent Care	\$50 copayment per visit	40% after deductible	\$50 copayment per visit	35% coinsurance per visit
Inpatient (Per Admission)	20% coinsurance after deductible	40% coinsurance after deductible	15% coinsurance after deductible	35% coinsurance after deductible
Outpatient Surgery	20% coinsurance after deductible	40% coinsurance after deductible	15% coinsurance after deductible	35% coinsurance after deductible
Coinsurance (facility)	20% coinsurance	40% coinsurance	15% coinsurance	35% coinsurance
True Out-of-Pocket Maximum (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
Coverage Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Prescription Drugs (Prime Therapeutics)	Deductible \$300/900 Retail \$10/40/60/75 Mail Order \$20/80/120	N/A	Deductible \$200/600 Retail \$10/35/55/70 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

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, Express Scripts Pharmacy is the new provider for the home delivery program and you will refill your prescriptions with them. You can set up your account through express-scripts.com/rx or by calling 833-715-0946. Please refer to page 11 for more details.

The only change with the overall medical plan for 2022, is a plan enhancement. We have replaced the Colonial Life program with the Voya program. As you may know, this is a supplemental benefit to the medical plan, and is intended to provide coverage in the event of a significant medical event. The College will continue to provide this, at no additional cost to you, if you are enrolled in either pre-65 medical plan. This benefit provides cash back in the event of a Hospital Admission, Emergency Room visit, and also provides an annual Wellness reimbursement. The new Voya program, as compared to the previous one, offers a higher reimbursement

for the hospital confinement benefit and a greater list of Wellness Services, which make it easier for you to access the wellness funds. Please visit Voya for more information at <https://presents.voya.com/EBRC/About/lafayettecollege>.

MEDICAL PLAN CHOICES FOR 2022

The College will continue to offer a range of two medical plan options for 2022, consisting of a “Standard PPO” plan, and a “Low Deductible PPO” plan. There have been NO changes made to the plan designs for 2022. 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 2022, 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 copays are \$20 for a primary care visit, \$35 for a

BENEFITS	FREEDOM BLUE PPO	
	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		
Initial Coverage	Preferred Pharmacy (MPVN) \$10 Generic; \$25 Pref. Brand; \$55 Non-Pref; \$60 Specialty	Standard Pharmacy \$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. • Either —Greater of 5% of the cost of the drug; Or —\$3.95 copayment for a generic drug. Greater of 5% of the cost of the drug; Or a \$9.85 copayment for all other drugs. Our plan pays the rest of the cost.	

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-

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

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 supplemental medical benefit program with Voya (Replaced Colonial Life Program) provides a lump-sum reimbursement benefit (\$1,000 once a year per covered member) for a covered hospital confinement, and a lump-sum benefit (\$50 once a year per covered member) to cover various wellness screenings. The new Voya program offers an additional hospital confinement benefit which is a reimbursement up to \$300 a day for a 31-day maximum period, which did not exist with the Colonial Life program.

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).

The supplemental medical benefit program with Voya (Replaced Colonial Life Program) provides a lump-sum reimbursement benefit (\$1,000 once a year per covered member) for a covered hospital confinement, and a lump-sum benefit (\$50 once a year per covered member) to cover various wellness screenings. The new Voya program offers an additional hospital confinement benefit which is a reimbursement up to \$300 a day for a 31-day maximum period, which did not exist with the Colonial Life program.

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

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
Capital Blue Cross Standard PPO			
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
Capital Blue Cross Low Deductible			
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
Highmark Freedomblue PPO			
Retiree	\$245.00	\$220.50	\$24.50
Sp/Surv Sp/Partner	\$245.00	\$171.50	\$73.50
Blue Cross Dental Plus			
Single Coverage	\$39.52	-	\$39.52
Two-Party	\$79.06	-	\$79.06
Three or More	\$102.24	-	\$102.24

DENTAL PLAN COVERAGE CHART

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
Bitewings (one set of four every six months)	Simple Extractions	Prosthetics (one per tooth in five years)	(Covers children to age 19)
Full mouth (one every three years)	Anesthesia	Pontics	\$1,000 lifetime maximum per patient
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

out-of-area in-network providers can be accessed online at 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 in over 200 countries by accessing BlueCross BlueShield Global Core at bcbsglobalcore.com.

Dental Plan

The Blue Cross Dental plan focuses on the importance of regular and preventive dental care. For calendar year 2022, the dental premiums will remain the same as the 2021 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 2022. With this rollover feature, employees can rollover up to \$500 of unused dental benefit from 2021 into 2022. 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 2022 or if they are enrolled in a Pre-65 Capital Blue Cross Medical plan.

(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.

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 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.

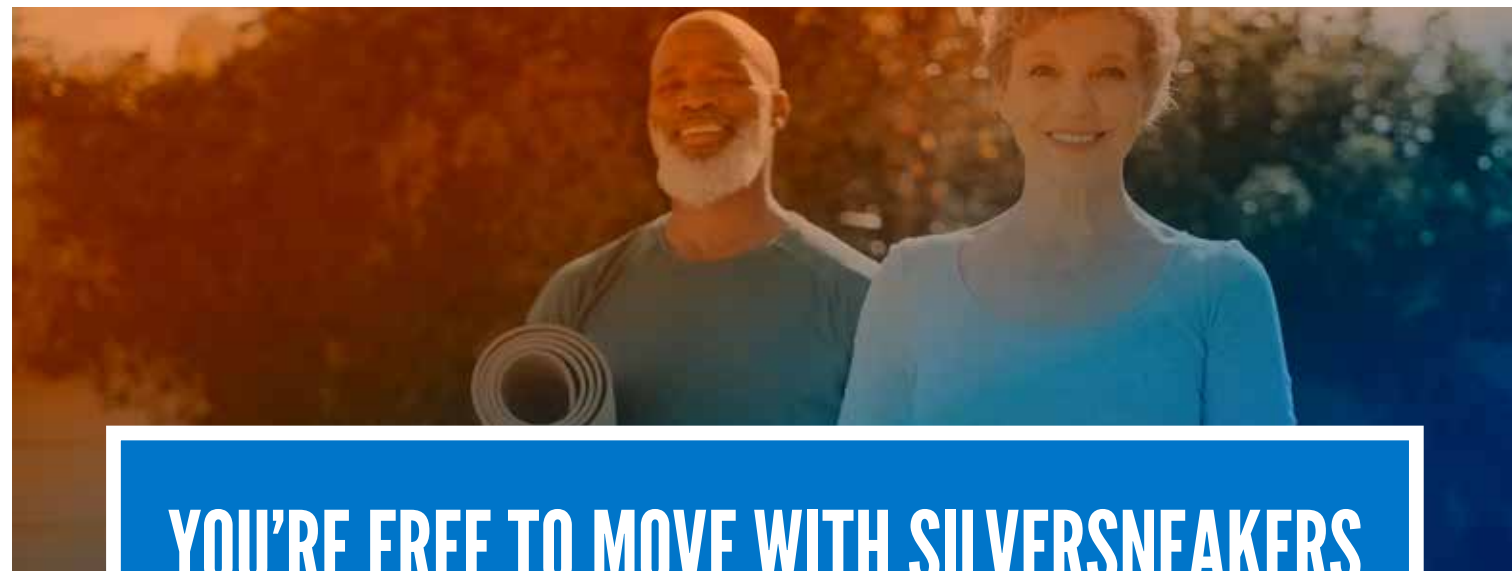
For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- 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: 10/4/2021
Name of Entity/Sender: Lafayette College/Cristie Lazard
Contact--Position/Office: Office of Human Resources
Address: 730 High Street, 12 Markle Hall, Easton, PA 18042
Phone Number: (610) 330-5060



YOU'RE FREE TO MOVE WITH SILVERSNEAKERS

SilverSneakers® is more than a fitness program. It's an opportunity to improve your health, gain confidence and connect with your community. Plus, it's included with select Medicare plans at **no additional cost**.

With SilverSneakers, you're free to move in the ways that work for you.

At home or on the go

- SilverSneakers On-Demand™ fitness classes available 24/7
- SilverSneakers LIVE virtual classes and workshops throughout the week
- SilverSneakers GO™ mobile app with adjustable workout plans and more

In participating fitness locations

- Thousands of participating locations¹ with various amenities
- Ability to enroll at multiple locations at any time
- SilverSneakers classes² designed for all levels

In your community

- Group activities and classes² offered outside the gym
- Events including shared meals, holiday celebrations and class socials

You may already have SilverSneakers. If your health plan offers it, you just need your member ID to get started. Visit the website below to find out.

Find out if you have SilverSneakers and get started today.

[SilverSneakers.com/StartHere](https://www.silversneakers.com/StartHere)

Questions? Call us.

1-888-423-4632 (TTY: 711) Monday – Friday 8 a.m. – 8 p.m. ET

Did you know?

86%

of participants say SilverSneakers has improved their quality of life.³



Prescription Drug Coverage for Pre-65 Retirees on the Standard or Low Deductible PPO Plan

To find out which drugs are covered by your plan, access the formulary on your secure account at [CapitalBlueCross.com](https://www.CapitalBlueCross.com).

RETAIL PHARMACIES (LOCAL NEIGHBORHOOD OR CHAIN STORE PHARMACY)

Show your Capital BlueCross member ID card at any in-network pharmacy when you have a prescription to fill. You can find in-network pharmacies by logging in to your secure account at [CapitalBlueCross.com](https://www.CapitalBlueCross.com). Your plan's benefits determine if or how much you are charged when you pick up your medication. Note that 75 percent of your previous supply must be used before you can get a refill.*

- In-network pharmacists will automatically submit a claim for you. You will be responsible for paying your cost share, according to your plan.
- If you go to an out-of-network pharmacy and need to submit a claim, you can download a form from [CapitalBlueCross.com](https://www.CapitalBlueCross.com). After completing it, please send the form and your receipt to: Pharmacy Services, P.O. Box 25136, Lehigh Valley, PA 18002-5136.

HOME DELIVERY—NEW VENDOR EFFECTIVE 1/1/2022

Enjoy the convenience of having prescriptions delivered straight to your home. Express Scripts Pharmacy is your plan's home delivery pharmacy and makes it easy to get the drugs you need to be your healthiest.¹

- Setup an account (including payment information) with Express Scripts Pharmacy at 833-715-0946 or visit [express-scripts.com/rx](https://www.express-scripts.com/rx). You can also log in to your secure account at [CapitalBlueCross.com](https://www.CapitalBlueCross.com) and choose Start or Manage Home Delivery.
- Ask your doctor to send your prescription to Express Scripts Home Delivery (fax: 800-837-0959)
- Continue managing your home delivery service (auto-refills, change in contact information, updated payment information, etc.) through your online account.

SPECIALTY DRUGS (SELF-ADMINISTERED)—NEW VENDOR EFFECTIVE 1/1/2022

Accredo serves as your plan's specialty drug pharmacy.² If you need a specialty drug to manage your unique health condition, a patient care coordinator from Accredo will work with a team of pharmacists, nurses, your doctor, and Capital BlueCross to give you personalized care that helps best manage your needs.

For more information about specialty drugs, call Accredo at 833-721-1626.³

****Note:** Members impacted by the Home Delivery & Specialty Vendor changes for 1/1/2022 will receive communication from Capital Blue Cross in November 2021 with detailed instructions on what needs to be done. Please note that current refillable prescriptions will transfer to the new vendor(s).

¹ Home delivery through Express Scripts Pharmacy will be available starting January 1, 2022. Until then, continue using your current pharmacy for home delivery needs.

² Not available for all specialty medicines.

³ Accredo, a specialty pharmacy will be available starting January 1, 2021. Until then, continue using your current pharmacy for your specialty medicine needs.

Express Scripts® Pharmacy and Accredo are contracted through Prime Therapeutics LLC to provide mail pharmacy and specialty pharmacy services to members of Capital Blue Cross. On behalf of Capital Blue Cross, Prime Therapeutics LLC assists in the administration of our prescription drug program. Prime Therapeutics LLC is an independent pharmacy benefit manager. Express Scripts Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

Capital Blue Cross is an Independent Licensee of the Blue Cross Blue Shield Association.

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.

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. 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.

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, 2021.

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

LAFAYETTE
COLLEGE

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