



# LAFAYETTE

## RETIREE OPEN ENROLLMENT

2023



# WELCOME

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

## What You Need to Know during Open Enrollment 2023

### Dates for Open Enrollment are November 14–29, 2022

Elections made during Open Enrollment will be effective on January 1, 2023, and will remain in effect through December 31, 2023.

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 2023 if you do not make any changes.**

**Pre-65 Retiree ID Cards:** You will not receive a new medical/dental card from Capital Blue Cross unless you are newly enrolling or making changes to your medical or 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 2023. You will not receive a new dental insurance card in the mail from Capital Blue Cross unless you are newly enrolling or making a change to your 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 \$25.90. For post-65 spouses/surviving spouses, the College will continue to pay 70% of the premium in 2023, 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 \$77.70. 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 on page 5. There are no changes to the Freedom Blue PPO plan design for 2023.

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 \$7,050 to \$7,400.
2. Prescription Drug Plan coverage limits: If you were to reach the Medicare catastrophic limit for prescription expenses, there would be a cost increase of \$.20 or \$.50 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 \$233.10 per month for the retiree only; up to \$181.30 per month for a spouse (partner); and up to \$181.30 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. Premium reimbursements are paid on a quarterly basis (please see page 11 for more information).

## Pre-65 Retirees

We are pleased to announce that we are able to offer the same medical plans for 2023, the Standard PPO and Low Deductible PPO. There will be no plan design changes to either of these plans and Capital Blue Cross will continue as the health insurance carrier for our medical and dental plans.

While Capital Blue Cross has increased the premiums for the Standard PPO Plan by 5%, the retirees’ increase to the Standard Plan will be capped at 4%. (The College will increase its contribution to the Standard PPO premium by 5% and will pay the 1% difference between the retirees’ contribution and the 5% increase to the Standard PPO Plan.) As in previous years, the College’s premium contribution for all medical plans is based on the amounts it contributes to the Standard PPO plan. The College contribution to the monthly premium for a retiree is the same dollar amount whether the retiree chooses the Low Deductible or the Standard PPO plan. 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 on the active plan.

With respect to prescription drug coverage, your Capital Blue Cross member ID card serves as your prescription plan coverage through Capital Blue Cross. The prescription drug plans through Capital Blue Cross are managed by Prime Therapeutics and information on in-network retail

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 \$10/40/60/75 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](http://www.capbluecross.com)

pharmacies and covered drugs can be accessed at [www.capbluecross.com](http://www.capbluecross.com). As a Capital Blue Cross 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, Express Scripts Pharmacy is the 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](http://express-scripts.com/rx) or by calling 833-715-0946.

The College will continue to offer Voya which is a supplemental benefit to the medical plan. It is intended to provide coverage in the event of a significant medical event. The College provides this benefit 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 an annual Wellness Benefit. Please visit Voya for more information at <https://presents.voya.com/EBRC/About/lafayettecollege>.

### MEDICAL PLAN CHOICES FOR 2023

The College will continue to offer a range of two medical plan options for 2023, consisting of a “Standard PPO” plan, and a “Low Deductible PPO” plan. There have been NO changes made to the plan designs for 2023. 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 2023 and a side-by-side comparison of both medical plans can be found above.

#### 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 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

## 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. • <b>Either</b> —Greater of 5% of the cost of the drug; <b>Or</b> —\$4.15 copayment for a generic drug. Greater of 5% of the cost of the drug; <b>Or</b> a \$10.35 copayment for all other drugs. <b>Our plan pays the rest of the cost.</b>	

### 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 through Express Scripts (up to a 90 day supply) \$25 Generic; \$62.50 Pref. Brand; \$137.50 Non-Pref. Brand**
- **All other Mail Order Pharmacies (up to a 90 day supply) \$37.50 Generic; \$75 Pref. Brand; \$150 Non-Pref. Brand**

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 supplemental medical benefit program with Voya 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 employee/spouse and \$25 per child) to cover various wellness screenings. The Voya program offers an additional hospital confinement benefit which is a reimbursement up to \$300 a day for a 31-day maximum period.

**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 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 employee/spouse and \$25 per child) to cover various wellness screenings. The Voya program offers an additional hospital confinement benefit which is a reimbursement up to \$300 a day for a 31-day maximum period.

**Capital Blue Cross**

The health plans are fully insured PPO plans which utilize the local Capital Blue Cross network of facilities and professional providers. If you are outside of the Capital Blue Cross 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.

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 (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](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	\$641.65	\$578.06	\$63.59
Sp/Surv Sp/Partner	641.65	449.16	192.49
Retiree+Sp/Partner	1,762.01	1,186.00	576.01
Retiree/Child	1,499.30	1,181.33	317.97
Retiree/Children	1,576.20	1,237.22	338.98
Family	1,838.90	1,240.67	598.23
<b>Capital Blue Cross Low Deductible</b>			
Retiree	\$787.83	\$578.06	\$209.77
Sp/Surv Sp/Partner	787.83	449.16	338.67
Retiree+Sp/Partner	2,240.14	1,186.00	1,054.14
Retiree/Child	1,906.18	1,181.33	724.85
Retiree/Children	2,003.89	1,237.22	766.67
Family	2,337.91	1,240.67	1,097.24
POST-65 RETIREES	TOTAL PREMIUM	COLLEGE CONTRIBUTION	RETIREE CONTRIBUTION
<b>Highmark Freedomblue PPO</b>			
Retiree	\$259.00	\$233.10	\$25.90
Sp/Surv Sp/Partner	259.00	181.30	77.70
<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 addition, if you are traveling outside of the country, you can locate participating facilities and professional providers in over 200 countries by accessing Blue Cross Blue Shield Global 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 2023, the dental premiums will remain the same as the 2022 rates. The College is remaining with Blue Cross Dental (administered by Capital Blue Cross) 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 2023. With this rollover feature, employees can rollover up to \$500 of unused dental benefit from 2022 into 2023. 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 Blue Cross unless there has been a change in coverage for 2023.

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: 10/6/2022  
Name of Entity/Sender: Lafayette College/Cristie Lazart  
Contact 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 locations<sup>1</sup> with various amenities
- Ability to enroll at multiple locations at any time
- SilverSneakers classes<sup>2</sup> designed for all levels

## In your community

- Group activities and classes<sup>2</sup> 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.<sup>3</sup>



**SilverSneakers**

## **Retiree Medical Quarterly Premium Reimbursement Process**

### **Reimbursement Request Forms**

Reimbursement request forms can be obtained online at <https://hr.lafayette.edu/forms/#retirees> or from Human Resources.

This form is required for your payment to be processed and must include:

- The months for which payment is requested
- Itemization of all reimbursement amounts requested, including:
  - Type of coverage (medical, prescription/Part D, etc.)
    - Note: Some types of coverage (e.g. – Medicare Part B, Dental, Vision, etc.) are not eligible for reimbursement
  - Covered person(s) for each payment amount
  - Proof of payment for each coverage above
  - Signature\* and printed name of retiree, eligible spouse or designated party

### **Deadlines for Submission and Payment Processing**

<b>Requests Received on or before: **</b>	<b>Will be processed for payment on or before:</b>
January 15	January 31
April 15	April 30
July 15	July 30
October 15	October 31
<i>**requests received after the quarterly submission deadline will be held and processed with the next quarter's payments</i>	

### **Submission Options**

You may request reimbursement for any premiums paid during the past 12 months. Forms may be submitted to Human Resources, along with supporting payment documentation, in any of the following ways:

- Recommended - via email, as a pdf or photo attachment, to [hroffice@lafayette.edu](mailto:hroffice@lafayette.edu)
- via fax to 610-330-5720
- via USPS to Human Resources, 12 Markle Hall, Easton, PA 18042

*\*Signing the reimbursement request is an attestation to the validity of the information submitted. This program, and requests submitted, are subject to audits during the year.*

## 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 610-330-5901.

**Enrollment changes must be received in the Office of Human Resources by November 29, 2022.**

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 Blue Cross Dental PPO Network or the Blue Cross Dental PPO Preferred Network when requesting the provider list.

In-network dental providers are included in the Blue Cross 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 information can be accessed via the Human Resources website: [hr.lafayette.edu/retirees](http://hr.lafayette.edu/retirees).

**LAFAYETTE**  
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