

LAFAYETTE



OPEN ENROLLMENT
2023

WELCOME

to the 2023 Benefits Open Enrollment at Lafayette College.

Dates for Open Enrollment are
November 3–18, 2022

- The College's Health Insurance Plan for Calendar Year 2023 will continue to offer the same three medical plans, with no plan design changes, and Capital Blue Cross will continue to be our health insurance carrier.
- 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 health and voluntary life coverages without having to show a life status change.
- Completion of the Open Enrollment process for 2023 will be required for those who need to continue or enroll in a Health or Dependent Care Flexible Spending Account (FSA), contribute to a Health Savings Account (HSA), or make a change to your health and/or voluntary life coverages for you and/or your dependents. Otherwise, you do not need to take any action.
- Log in to the Employee Benefits Enrollment Platform using your network credentials (the same username and password used for your email and Banner self-service).
- ID Cards: You will not receive a new medical or dental insurance card in the mail from Capital Blue Cross if you are currently a participant in the plan/s and are not making any changes.

**Open enrollment begins Thursday,
November 3, 2022.** For assistance with the open enrollment process, please email the Office of Human Resources at hroffice@lafayette.edu or call at 610-330-5060 to schedule an appointment.

The Benefit Resource Center (BRC) is also available to assist you with benefit plan and policy questions. BRC is a service provided by the College's benefits consultant, USI. BRC can be reached toll free at 855-874-6699 Monday through Friday 8 a.m.–5 p.m. Eastern and Central Standard Time.

The member number for Capital Blue Cross is 1-800-962-2242.



WHAT'S NOT CHANGING WITH YOUR MEDICAL COVERAGE FOR 2023

We are pleased to announce that we are able to offer the same three medical plans for 2023: Standard PPO, Low Deductible PPO, and Qualified High Deductible Plan. **There will be no plan design changes to any of these plans and Capital Blue Cross will continue as the health insurance carrier for our medical and dental coverage.** By maintaining this range of medical plans, 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.

With respect to prescription drug coverage, there will be no plan design changes (copays and deductibles). Your Capital Blue Cross member ID card will continue to serve 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 pharmacies and covered drugs can be accessed at www.capbluecross.com. As a Capital Blue Cross member, you will 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, or by calling 833-715-0946. Please refer to page 11 for more details.

If you select the Qualified High Deductible Plan (QHDHP) with the Health Savings Account (HSA), we are pleased to let you know that the College will continue to contribute to the HSA for 2023 the same amount contributed in 2022. The College's contribution in 2023 to the Qualified High Deductible Plan premium will include the College's annual contribution of \$1,500 to the HSA for "employee-only" coverage, and \$3,000 to the HSA for two or more covered individuals.

The College will also continue to provide a supplemental benefit to the medical plan, at no additional cost to you, through the Voya program. If you are enrolled in any of the three medical plans, this benefit is provided to you, and is intended to provide coverage in the event of a significant medical event. This benefit provides cash back in the event of a hospital admission and also provides an annual wellness reimbursement. Please see page 8 for more details.

WHAT'S CHANGING WITH YOUR MEDICAL COVERAGE FOR 2023?

As you know, each year the College goes out to bid to identify the best healthcare coverage and networks at the lowest possible cost. In a world of rising healthcare costs, for 3 years in a row we have had no plan design changes.

While Capital Blue Cross has increased the premiums for the Standard PPO Plan by 5%, the employees' 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 employees' contribution and the 5% increase to the Standard PPO Plan.) The premium rates can be found on page 15.

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 an employee is the same dollar amount whether the employee chooses the Low Deductible, Standard, or Qualified High Deductible PPO plan. The employee pays the difference between the College contribution and the total premium established for the insurance plan elected by the employee. The College will continue to maintain the same premium contribution percentage to the Standard PPO Plan that it currently provides: 90% of the total PPO premium for an individual employee; 79% for an employee with child; 78% for an employee with children; 67% for an employee with spouse; and 67% for family.

For more information on changes to the maximum contribution limits for the Health Savings Account and the Health and Dependent Care Flexible Spending Accounts, as well as the carryover rules for 2023, please refer to pages 4 and 14 of this brochure.

MEDICAL PLAN CHOICES FOR 2023

The College will continue to offer a range of three medical plan options for 2023, consisting of a "Standard PPO" plan, a "Low Deductible PPO" plan, and a "Qualified High Deductible Plan + HSA." All three 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, as well as a side-by-side comparison of all three medical plans. Please note, there have been NO changes made to the plan designs described on the following pages.

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. This means that all medical and prescription expenses incurred by the employee 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 an employee who prefers to pay more in premiums (offered on a pre-tax basis) in order to reduce/limit the employee'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 are \$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 combined out-of-pocket (OOP) max. This means that all medical and prescription expenses incurred by the employee 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.

Qualified High Deductible Plan with HSA (QHDP):

A qualified high deductible plan (PPO based) is designed to have lower monthly premiums, but higher member out-of-pocket medical and drug singular costs. This type of plan also includes a Health Savings Account (HSA) partially funded by the College. For 2023, the College will continue to fund for both the individual (\$1,500) and family coverage (\$3,000).

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

Note: IRS guidelines prohibit an employee and spouse, if applicable, from participating in a medical FSA account if they are enrolling in the QHDP/HSA option.

Maximum HSA contribution limits (employer plus employee) for 2023 will be \$3,850 for individual and \$7,750 for family. Employees age 55 and older may contribute up to an additional \$1,000 for 2023.

BenefitWallet will remain the HSA plan administrator for 2023. All existing HSA accounts will remain with BenefitWallet, so employees will be able to continue to use their current HSA cards.

Plan Design (in-network benefits): The medical deductible is \$3,500 for an individual, and \$7,000 for a family. The coinsurance remains at 20%. The maximum out-of-pocket (OOP) limit is \$5,000 for an individual, and \$10,000 for a family. There is a combined OOP maximum limit for the High Deductible Plan.

Prescription Drug: The generic copay is \$20 after deductible. The preferred brand copay is \$45 after deductible, and the non-preferred brand copay is \$60 after deductible.

The supplemental medical benefit program with Voya provides a lump-sum reimbursement benefit (\$1500 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 \$450 a day for a 31-day maximum period.

IMPORTANT REMINDER REGARDING DEPENDENT CHILDREN ELIGIBILITY FOR 2023

Under the Health Care Reform legislation (Patient Protection and Affordable Care Act), all children (natural, adopted, or step children) under age 26 are considered “dependent” regardless of their student status, marital status, and tax filing status. This legislation allows employees to cover children up to the age of 26, under the College’s medical and dental plans. However, HSA funds can only be used for dependent children claimed on your tax return.

Dental Plan

The Blue Cross Dental plan focuses on the importance of regular and preventive dental care. For calendar year 2023, the College is remaining with Blue Cross Dental (administered by Capital Blue Cross) as its dental insurance carrier and there are NO changes to dental premiums. There will be no plan design changes, and dependent children will continue to 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.

Employees currently enrolled in dental coverage will not receive new ID cards from Capital Blue Cross unless there has been a change in coverage for 2023. If both the medical and dental coverage are selected, the medical card also serves as the dental card.

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 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. 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.

Flexible Spending Accounts (FSAs)

The College will continue to use the same flexible spending administrator for 2023 with WEX Health. A debit card will be issued to all new members enrolling in the medical flexible spending account for 2023. Participants already enrolled in 2022 and re-enrolling in 2023 will keep their current debit card. All employees enrolling for the 2023 calendar year need to enroll via the Employee Benefits Platform, even if you are currently enrolled in the program for 2022.

This program allows employees to save money on a pre-tax basis to pay for unreimbursed qualified health/medical care expenses and certain dependent care expenses. Reimbursements are, in essence, the employee’s own money paid back tax-free. The plan year is from January 1 through December 31.

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

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 Blue Card participating providers. A listing of local and 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 Blue Cross Blue Shield Global Core at bcbsglobalcore.com.

QHDHP + HSA ADVANTAGES

- Tax savings on contributions made to the HSA for eligible expenses
- Contributions made by employees may be excluded from gross income
- Funds belong to the employee even after employment terminates
- Funds can be used to cover a wide range of qualified medical expenses—including those incurred by spouse/dependents (as long as they can be claimed on the individual's federal tax return)
- Unused funds in health savings accounts can rollover from year to year for future medical needs
- Acts as a savings vehicle for members nearing retirement age
- Offers lower premiums for employees
- May use HSA funds for premiums after retirement

	Standard PPO	
BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Deductible		
Individual	\$1,100	\$2,200
Family	\$3,300 (applies to all services unless a copayment is applied or otherwise noted)	\$6,600 (applies to all services unless a copayment is applied or otherwise noted)
Health Savings Account Employer Contribution		
Individual		
Family		
Coinsurance (Eligible Charges)		
Member Pays	20%	40%
Plan Pays	80%	60%
True Out-of-Pocket Maximum (includes deductible, coinsurance, and copays for Medical and Rx)		
Individual	\$4,000 per member	\$8,000 per member
Family	\$8,000 per family	\$16,000 per family
Lifetime Maximum	Unlimited	Unlimited
Physician Office Visits		
Primary Care	\$20 copay	40% coinsurance after deductible
Specialists	\$35 copay	
Virtual Visits	\$10 copay	N/A
Preventive (Pediatric/Adult Exams)	\$0 copay; deductible waived	40% coinsurance after deductible
Annual Preventive Mammogram (age 40 and over)	\$0 copay; deductible waived	40% coinsurance; after deductible
Preventive Gynecological Exam	\$0 copay; deductible waived	40% coinsurance; deductible waived
Maternity/Newborn Baby Care	20% coinsurance after deductible	40% coinsurance after deductible
Inpatient Hospital Services (professional fees and facilities)	20% coinsurance after deductible	40% coinsurance after deductible
Surgery & Anesthesia	20% coinsurance after deductible	40% coinsurance after deductible
Outpatient Hospital Services (professional fees, facilities, lab, x-ray, radiation therapy, chemotherapy, anesthesia and surgery)	20% coinsurance after deductible	40% coinsurance after deductible
Radiology Testing/Imaging (x-rays, MRI, CT, PET)	20% coinsurance after deductible	40% coinsurance after deductible
Emergency Room Services	Covered in full/\$200 ER copay (waived if admitted); deductible waived	Covered in full/\$200 ER copay (waived if admitted); deductible waived
Urgent Care:	\$50 Copay	40% coinsurance after deductible
Hospice Care	20% coinsurance after deductible	40% coinsurance after deductible
Prescription Drugs (Prime Therapeutics)		N/A
Deductible		
Individual	\$300	
Family	\$900	
Retail—up to 31-day supply		
Generic	\$10 copay	
Brand Preferred	\$40 copay	
Brand Non-Preferred	\$60 copay	
Specialty	\$75 copay	
Mail Order—up to 90-day supply		
Generic	\$20 copay	
Brand Preferred	\$80 copay	
Brand Non-Preferred	\$120 copay	
Mental Health Inpatient Care	20% coinsurance after deductible	40% coinsurance after deductible
Mental Health Outpatient Services	\$35 copay	40% coinsurance after deductible
Substance Abuse Care: Inpatient	20% coinsurance after deductible	40% coinsurance after deductible
Substance Abuse Care: Outpatient	\$35 copay	40% coinsurance after deductible

High Deductible+HSA

Low Deductible PPO

IN-NETWORK

OUT-OF-NETWORK

IN-NETWORK

OUT-OF-NETWORK

\$3,500 - Individual Tier Only \$7,000 - All Other Tiers (applies to all services unless otherwise noted)	\$7,000 - Individual Tier Only \$14,000 - All Other Tiers (applies to all services unless otherwise noted)	\$500 \$1500 (applies to all services unless a copayment is applied or otherwise noted)	\$1,000 \$3,000 (applies to all services unless a copayment is applied or otherwise noted)
\$1,500 \$3,000			
20% coinsurance after deductible 80% coinsurance after deductible	40% coinsurance after deductible 60% coinsurance after deductible	15% 85%	35% 65%
Each person covered under Family category will have an individual TMOOP of \$5,000 per year \$5,000 \$10,000	\$10,000 \$20,000	\$4,000 per member \$8,000 per family	\$8,000 per member \$16,000 per family
Unlimited	Unlimited	Unlimited	Unlimited
20% coinsurance after deductible	40% coinsurance after deductible	\$15 copay \$25 copay	35% coinsurance after deductible
20% coinsurance after deductible	N/A	\$5 copay	N/A
Covered in full; deductible waived	40% coinsurance after deductible	\$0 copay; deductible waived	35% coinsurance after deductible
Covered in full; deductible waived	40% coinsurance; after deductible	\$0 copay; deductible waived	35% coinsurance; after deductible
Covered in full; deductible waived	40% coinsurance; deductible waived	\$0 copay; deductible waived	35% coinsurance; deductible waived
20% coinsurance after deductible	40% coinsurance after deductible	15% coinsurance after deductible	35% coinsurance after deductible
20% coinsurance after deductible	40% coinsurance after deductible	15% coinsurance after deductible	35% coinsurance after deductible
20% coinsurance after deductible	40% coinsurance after deductible	15% coinsurance after deductible	35% coinsurance after deductible
20% coinsurance after deductible	40% coinsurance after deductible	15% coinsurance after deductible	35% coinsurance after deductible
20% coinsurance after deductible	40% coinsurance after deductible	15% coinsurance after deductible	35% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	Covered in full/\$200 ER copay (waived if admitted); deductible waived	Covered in full/\$200 ER copay (waived if admitted); deductible waived
20% Coinsurance after deductible	40% coinsurance after deductible	\$50 Copay	35% coinsurance after deductible
20% coinsurance after deductible	40% coinsurance after deductible	15% coinsurance after deductible	35% coinsurance after deductible
Rx Deductibles are Integrated with Medical Deductibles	N/A	\$200 \$600	N/A
\$20 copay after deductible \$45 copay after deductible \$60 copay after deductible \$60 copay after deductible		\$10 copay \$35 copay \$55 copay \$70 copay	
\$40 copay after deductible \$90 copay after deductible \$120 copay after deductible		\$20 copay \$70 copay \$110 copay	
20% coinsurance after deductible	40% coinsurance after deductible	15% coinsurance after deductible	35% coinsurance after deductible
20% coinsurance after deductible	40% coinsurance after deductible	\$25 copay	35% coinsurance after deductible
20% coinsurance after deductible	40% coinsurance after deductible	15% coinsurance after deductible	35% coinsurance after deductible
20% coinsurance after deductible	40% coinsurance after deductible	\$25 copay	35% coinsurance after deductible

Your benefits go beyond the basics

The following is a summary of some of the benefits provided by Hospital Indemnity Insurance. Your employer provides Hospital Indemnity Insurance at no cost to you if you are enrolled in any of the three medical plans. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Explore now...

Coverage

Hospital Indemnity Insurance



Get a fixed daily benefit if you have a covered stay in a hospital¹ or intensive care unit², and use it for any expense you'd like. Childcare, groceries, help around the house—it's up to you. The admission and daily confinement benefit amounts depend on the type of facility, the number of days of confinement and the medical insurance³ you are enrolled in. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.

Hospital Indemnity Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Admission Benefits

Benefit amounts vary based on the selected medical insurance either PPO or HDHP. This benefit is payable once per confinement, up to a maximum of 1 admission per calendar year:

Type of Admission	Benefit Amount PPO & All Other	Benefit Amount HDHP
Hospital Admission	\$1,000	\$1,500
Intensive Care Unit Admission	\$1,000	\$1,500

Confinement Benefits

Any combination of confinement and admission benefits payable will not exceed a total of 31 days during a period of confinement. A confinement benefit will not be payable for any day that an admission benefit is payable.

Type of Facility	Daily Benefit PPO & All Other	Daily Benefit HDHP
Hospital (31 day maximum per confinement, starting day 2)	\$100	\$150
Intensive Care Unit (31 day maximum per confinement, starting day 2)	\$200	\$300

¹ The definition of "hospital" does not include an institution or any part of an institution used as: a hospice unit, including any bed designated as a hospice or swing bed; a convalescent home; a rest or nursing facility; a free-standing surgical center; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care for the aged; or care for persons suffering from mental disorders or alcohol addiction. "Critical care unit" is also defined in the certificate.

²An Intensive Care Unit may be referred to as a "Critical Care Unit" in your certificate of coverage. Refer to your policy documentation for complete definitions and descriptions of each facility type.

³These are not coordinated benefits.

Non-Confinement Daily Benefits

Benefit amounts are the same regardless of the selected medical insurance.

Non-confinement daily benefits	Daily Benefit PPO & All Other	Daily Benefit HDHP
Emergency Room (1 day maximum per calendar year)	\$150	\$150

What's included? More than you might expect:



Wellness Benefit

Get an annual benefit payment, after completing a covered health screening. Employees' and covered spouses receive a \$50 benefit. Covered children receive \$25 up to a maximum of \$100 for all children.



Simple, Streamlined Claims

Visit voya.com/claims and follow these steps:

1. Answer a few questions
2. Submit the required forms
3. Check the status of your claim



Flexibility

Your benefit payments go directly to you, and can be used however you'd like. Spend them on medical or non-medical out of pocket expenses.

For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance and any riders.



Ready for the next step? Find your specific coverage details through this link:

<https://presents.voya.com/EBRC/lafayettecollege>

**Don't miss this opportunity to enroll in these options for the coming year.
More information about how to enroll will be provided by your employer.**

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Hospital Indemnity Insurance is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy form RL-HI2-POL-18; Certificate form RL-HI2-CERT-20; Spouse Hospital Confinement Indemnity Rider form RL-HI2-SPR-18; Children's Hospital Confinement Indemnity Rider form RL-HI2-CHR-18; Continuation of Insurance Rider form RL-HI2-CNT-18; Diagnostic Test Benefit Rider form RL-HI2-DGR-18; Wellness Benefit Rider form RL-HI2-WELL-18; Accident Benefit Rider form RL-HI2-ACD-18; Critical Illness Rider form RL-HI2-CIR-18; and Waiver of Premium Rider form RL-HI2-WOP-18. Form numbers, provisions and availability may vary by state and your employer's plan.

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Date Prepared: 11/01/2021

For use by Lafayette College, GBP# 72497-1.

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Need lab work? Save money!

You have a choice when it comes to where your lab work is collected and tested. To save money, pick an independent laboratory instead of a hospital lab. Here's how:

Step 1

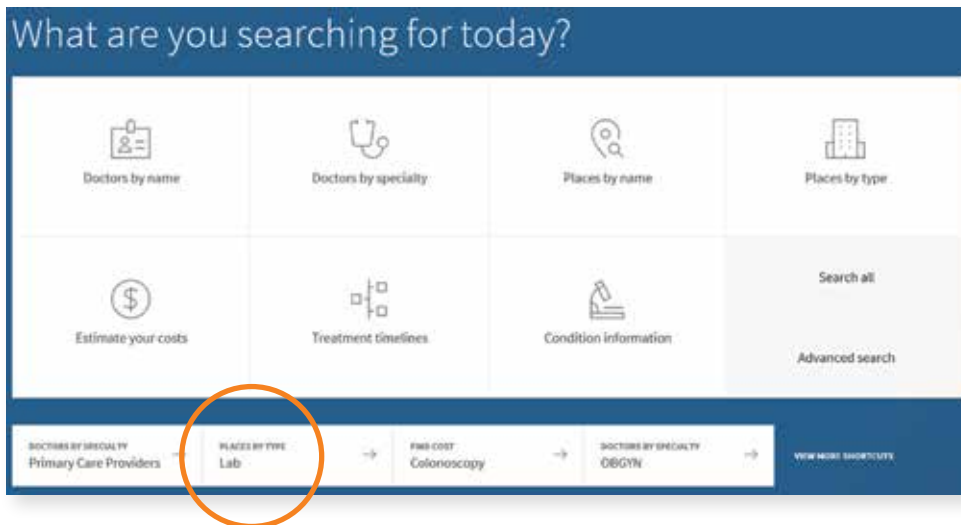
Log in to your secure account at **CapitalBlueCross.com** and choose *Find* then *Doctors*

Step 2

Select the *Places by Type - Lab* shortcut

Step 3

If needed, refine results by selecting *Specialty - Independent Laboratory*

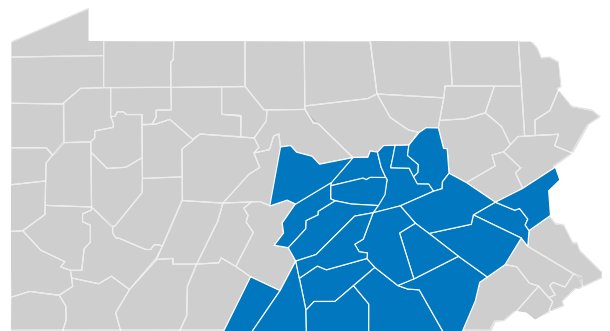


If you need lab work, location is important. Before going, check with the lab to be sure they participate in the same Blue Cross Blue Shield plan as the ordering provider, or you may pay more.

If the provider requesting the lab test is located:

Within our 21-county service area: **Stay in-network** by using an independent lab that is also located in our 21-county area.

Outside our 21-county service area: **Stay in-network** by using a network laboratory in the same service area as your ordering provider.



21-County Service Area: Adams, Berks, Centre, Columbia, Cumberland, Dauphin, Franklin, Fulton, Juniata, Lancaster, Lebanon, Lehigh, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Union, York

Using these guidelines, you and your doctor's office can work together to find an independent laboratory that can help you save money.

Prescription Drug Coverage

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 Blue Cross 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

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.

- 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)

Accredo serves as your plan's specialty drug pharmacy.¹ 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 Blue Cross to give you personalized care that helps best manage your needs.

For more information about specialty drugs, call Accredo at 833-721-1626.

¹ Not available for all specialty medicines.

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.

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: 10/6/2022
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

Visit www.wexinc.com/login/benefits-login/ for more information regarding the FSA and/or account information.

MEDICAL/HEALTH CARE FSA

The annual Medical FSA limit for calendar year 2023 has been increased to \$3,050.

Employees may carry over up to \$610 of their unused benefit from their 2022 medical flexible spending account into the 2023 plan year. The carryover amount then may be used during that entire following plan year to pay for or reimburse qualified medical / health care expenses. Please note that the temporary rule that allowed participants to carryover all unused funds into the 2022 plan year in accordance with the Consolidated Appropriations Act has ended.

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

DEPENDENT CARE FSA

The annual Dependent Care FSA limit for calendar year 2023 remains \$5,000.

You may have money deducted from your pay on a pre-tax basis to cover eligible expenses for various child and adult care services so you can go to work. Expenses such as preschool, summer day camp, before or after school programs, and child or adult daycare are subject to eligibility under the IRS. You save money by paying for these expenses with pre-tax dollars.

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

Vision Discount Program through NVA Opti-Vision

SCHEDULE OF VISION BENEFITS

Benefit	Participating Provider	
Examinations	\$38	
Lens Type	Glass	Plastic
Single Vision	\$30.00	\$31.00
Bifocal	\$41.00	\$45.00
Trifocal	\$50.00	\$55.00
Lenticular	Retail less 25%	Retail less 25%
Frames	Wholesale cost + 50%	
Contact Lenses*	Retail less 25%**	

Due to their everyday low prices, Wal-Mart/Sam's Club stores do not accept the discount prices.

You must obtain benefits from an NVA participating provider.

Laser Eye Surgery NVA has chosen The National LASIK Network to serve their members. Members are entitled to significant discounts and a free initial consultation with all in-network providers.

Hearing Discount You will receive up to 30-60% off retail at participating provider locations through EPIC Hearing.

Annual cost to enroll for 2023 is \$6.60 per family.

Web: www.e-nva.com

*Additional professional services related to contact lenses (evaluation/fitting fees) are included in the discounted amount.

**Discount is not applicable to mail order; however, you may get even better pricing through Contact Fill.

Lafayette College Medical/Dental Insurance Premium Rates

MONTHLY PAYROLL DEDUCTIONS FOR ACTIVE EMPLOYEES

Beginning January 2023

MONTHLY			
	TOTAL PREMIUM ACTIVES	COLLEGE CONTRIBUTION*	EMPLOYEE CONTRIBUTION
Capital BlueCross Standard PPO			
Individual	\$641.65	\$578.06	\$63.59
Empl+Sp	1,762.01	1,186.00	576.01
Parent/Child	1,499.30	1,181.33	317.97
Parent/Children	1,576.20	1,237.22	338.98
Family	1,838.90	1,240.67	598.23
High Deductible/HSA			
Individual	\$605.24	\$578.06	\$27.18
Empl+Sp	1,571.78	1,186.00	385.78
Parent/Child	1,374.26	1,181.33	192.93
Parent/Children	1,432.07	1,237.22	194.85
Family	1,629.54	1,240.67	388.87
Low Deductible			
Individual	\$787.83	\$578.06	\$209.77
Empl+Sp	2,240.14	1,186.00	1,054.14
Parent/Child	1,906.18	1,181.33	724.85
Parent/Children	2,003.89	1,237.22	766.67
Family	2,337.91	1,240.67	1,097.24
Capital Bluecross Dental PPO Preferred			
Single Coverage	\$39.52	-	\$39.52
Two-Party	79.06	-	79.06
Three Or More	102.24	-	102.24

* The College contributions shown for the High Deductible/HSA plan does include the annual HSA contribution of \$1500 for individual and \$3000 for family.

Please note that the temporary rule that allowed participants to carryover all unused funds into the 2022 plan year in accordance with the Consolidated Appropriations Act has ended. **Employees may NO longer carry over any unused funds from their 2022 dependent care flexible spending account into the 2023 plan year.**

IMPORTANT

Flexible spending accounts operate on a calendar year basis. If you wish to participate for 2023, you must enroll online via the Employee Benefits Enrollment Platform.

Employees who elect a Medical or Dependent Care FSA must submit claims incurred for the calendar year by March 31 of the following year in order to obtain reimbursement.

Employees electing the High Deductible medical plan option with the HSA funding account are prohibited by IRS regulations from also enrolling in a medical flexible spending account for 2023. Employees can elect one account or the other, not both. The dependent care flexible spending account is permitted regardless of the medical plan that you elect as this is a separate account and unrelated to the medical plan in which you are enrolled.

Additional/Supplemental Life Insurance

Additional life insurance is offered to employees over and above the non-contributory (free) coverage already provided by the College.

(continued on back cover)

During this open enrollment period, employees may purchase additional life insurance in increments of \$10,000, up to \$30,000 without providing evidence of insurability. Amounts requested above \$30,000 are subject to a medical questionnaire. (Maximum benefit combined with Basic Life cannot exceed six times your annual salary.)

Premiums, which are determined by the amount of the insurance taken and the age of the employee based on age-banded rates, are fully paid by the employee. If you wish to make any changes to your current level of additional/supplemental life insurance, please complete the appropriate section through the Employee Benefits Enrollment Platform. If required for underwriting purposes, you may have to complete a medical history statement through the Employee Benefits Enrollment Platform.

Additional Information

The information found in this brochure summarizes your benefit options available during the Open Enrollment period. This information is to be used as a general guide and does not reflect a complete summary of the plans. Detailed plan summaries can be obtained in the Office of Human Resources and found on the Human Resources web page, hr.lafayette.edu.

If there are any questions regarding the information contained in the brochure, or any questions related to the use of the Employee Benefits Enrollment Platform, please contact the Office of Human Resources at (610) 330-5060.

Please check out our online 2023 Benefits Website for all information related to Open Enrollment and our virtual Benefits Fair. <https://hr.lafayette.edu/open-enrollment/>.

REMINDERS

- Completion of the Open Enrollment process for 2023 will be required ONLY for those who need to continue or enroll in a Health or Dependent Care Flexible Spending Account (FSA), contribute to a Health Savings Account (HSA), make a change to your health and/or voluntary life coverages for you and/or your dependents or ensure that you have a designated beneficiary/ies for your life insurance plans.
- This is the ONLY time of year that you can make changes to your coverage without a qualifying life event.
- Employees must make their benefit elections online using the enrollment process by November 18, 2022.

Visit the 2023 Open Enrollment website at hr.lafayette.edu/open-enrollment for all information related to your benefits for next year. Here you will find the link to the enrollment website, and the My Plan Advisor Tool.

OPEN ENROLLMENT FAIR AND INFORMATION SESSIONS

Open Enrollment Fair:

- Wednesday, Nov. 9, 10:30 a.m.-2 p.m.
Marlo Room, Farinon College Center
- With Information Sessions held: 11 a.m. and 12:30 p.m.

Virtual Information Session:

- Monday, Nov. 7, 12:15 p.m. held virtually via Zoom and recording will be shared post meeting (The online meeting link can be found on hr.lafayette.edu/open-enrollment)

LAFAYETTE
COLLEGE

Office of Human Resources

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