



LAFAYETTE

OPEN ENROLLMENT 2024

This is your Benefits Open Enrollment reference guide. It contains information you should review to select your benefits for the 2024 plan year.

Your benefits choices take effect January 1, 2024. For complete information, consult the 2024 Benefits Open Enrollment website, hr.lafayette.edu/open-enrollment.

**Open Enrollment Period
November 2-17, 2023**

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WELCOME to the 2024 Benefits Open Enrollment at Lafayette College.

This year all employees must actively click through the online system and select their enrollment to receive benefits for 2024.

This will be required for all employees whether you are electing, making changes, or waiving coverage for the 2024 plan year. Open Enrollment allows you to make changes to your health

and voluntary life coverages without having to show a life status change. Elections made during Open Enrollment will be effective on January 1, 2024, and will remain in effect through December 31, 2024. Election changes cannot be accepted after open enrollment has ended.

IMPORTANT DATES

Open Enrollment Dates

November 2nd through
November 17th

Open Enrollment Fair

Marlo Room, Farinon College Center
Wednesday, November 8th
10:30 a.m.-2 p.m.

Virtual Open Enrollment Information Session

Monday, November 6th
12:15 p.m.

KEY POINTS FOR 2024

- **This year all employees must actively click through the online system and select their enrollment to receive benefits for 2024.**
- **Medical Plans**—The College's Health Insurance Plan for Calendar Year 2024 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.
- **Delta Dental** will be the NEW dental insurance carrier for your Dental Plan in 2024.
- **Voya**—The College will continue to provide a supplemental benefit to all 3 medical plans, at no additional cost to you, through the Voya program.
- **ID Cards**—You will receive a new medical card in the mail from Capital Blue Cross if you elect to participate in the medical plan. You will not need an ID card for your dental plan. Delta Dental does not mail ID cards.
- **Supplemental Life Insurance**—Metlife is offering a one time enrollment for additional life insurance without medical approval. See pg. 12

ENROLLING ONLINE & ASSISTANCE

- Log in to the online enrollment system using your network credentials (the same username and password used for your email and Banner self-service).
- FSAs and employee elections to HSAs DO NOT automatically roll forward from the previous year. If you want a healthcare or dependent care Flexible Spending (FSA) or plan to make employee contributions to a Health Savings Account (HSA) in 2024, you must make these elections during Open Enrollment.
- For assistance with the open enrollment process, please schedule an appointment by visiting hr.lafayette.edu/open-enrollment or by calling the office at 610-330-5060.
- 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.

Medical Plan Choices for 2024

The College will continue to offer a range of three medical plan options for 2024 through Capital Blue Cross, consisting of a Standard PPO plan, a Low Deductible PPO plan, and a Qualified High Deductible Plan + HSA. Our employees will be able to select the health plan that best suits their health care needs and the needs of their families.

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. While all of the options cover the same services and treatments, and cover preventive care in full when received from in-network providers, they differ in how much you pay in payroll contributions and what you pay when you receive care. There is combined out-of-pocket (OOP) max with all three medical plans. This means that all medical and prescription expenses (deductibles, copays and coinsurance) incurred by the member apply to one calendar year OOP maximum limit.

Capital Blue Cross has increased the premiums by 5% after a challenging negotiation process. 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.

DEPENDENT CHILDREN ELIGIBILITY

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.

HOW DO I KNOW WHICH MEDICAL PLAN TO CHOOSE?

To make an informed decision about which option is right for you and your family, evaluate your health care needs and carefully review the comparison chart on pages 4 & 5 and other information in this guide to help you understand the differences among the plan options.

MyPlan Advisor, <https://bit.ly/MyPlanAdvisor2024>, is a great tool designed to assist you in comparing your benefit plan options and allows you to create personalized scenarios.



MyPlan Advisor

You should select the benefits based on the needs of you and your family, as well as your financial situation. Use the information in this guide and on the HR website to help you to make informed decisions about your benefits.



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 list 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.

Refer to page 8 for information on the advantages & features of the Health Savings Account (HSA) and Flexible Spending Account (FSA)

Refer to page 10 for information on Hospital, ER and Wellness reimbursement benefits through the Voya program.

	Standard PPO	
BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Deductible Individual Family	\$1,100 \$3,300 (applies to all services unless a copayment is applied or otherwise noted)	\$2,200 \$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 Plan Pays	20% 80%	40% 60%
True Out-of-Pocket Maximum (includes deductible, coinsurance, and copays for Medical and Rx) Individual Family	\$4,000 per member \$8,000 per family	\$8,000 per member \$16,000 per family
Lifetime Maximum	Unlimited	Unlimited
Physician Office Visits Primary Care Specialists	\$20 copay \$35 copay	40% coinsurance after deductible
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) Deductible Individual Family Retail—up to 31-day supply Generic Brand Preferred Brand Non-Preferred Specialty Mail Order—up to 90-day supply Generic Brand Preferred Brand Non-Preferred	\$300 \$900 \$10 copay \$40 copay \$60 copay \$75 copay \$20 copay \$80 copay \$120 copay	N/A
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

Understanding Medical Coverage Plan Language

Coinsurance: The portion of a covered charge that is paid by both the member and the plan. It is the sharing of the charges as defined by the plan. Typically these amounts are expressed in terms of the “percentage paid by the plan and percentage paid by the member,” such as 80 percent by the plan and 20 percent by member and 85 percent by the plan and 15 percent by the member. Coinsurance amounts apply to the out-of-pocket maximums. In the high deductible health plan, the coinsurance amounts apply only once deductibles have been met for the year.

Copayment: A flat dollar amount paid to the provider by the member for a covered service or supply at the time it is received. An example would be paying the physician \$20 at the time of an office visit. Copayments do not affect the deductible but does contribute to the out-of-pocket maximum amounts. In the high deductible health plan, the copay amounts apply only once deductibles have been met for the year.

Covered Charge: An allowed charge for service that the plan is designed to accept and for which the plan will pay. If all other conditions (like deductibles and coinsurance) have been met, charges that are not covered (like Balance Billing) do not affect deductibles, coinsurance or out-of-pocket maximums.

Deductible: The total amount of covered charges that the member must pay in full during the plan year before any payment is made by the plan.

Out-of-Pocket Maximum: The maximum amount that would be paid by the member for covered charges during a plan year, usually a combination of deductible, coinsurance, and copayments. The amount does not include plan charges for services that are not covered, and charges that are in excess of plan covered charges (ex. ‘balance billing’).

Lafayette College Medical/Dental Insurance Premium Rates

MONTHLY PAYROLL DEDUCTIONS FOR ACTIVE EMPLOYEES

Beginning January 2024

MONTHLY			
	TOTAL PREMIUM ACTIVES	COLLEGE CONTRIBUTION	EMPLOYEE CONTRIBUTION
Capital BlueCross Standard PPO			
Individual	\$673.73	\$606.96	\$66.77
Empl+Spouse	1,850.11	1,245.30	604.81
Parent/Child	1,574.27	1,240.40	333.87
Parent/Children	1,655.01	1,299.08	355.93
Family	1,930.84	1,302.70	628.14
High Deductible/HSA			
Individual	\$629.26	\$606.96	\$22.30
Empl+Spouse	1,637.87	1,245.30	392.57
Parent/Child	1,430.47	1,240.40	190.07
Parent/Children	1,491.18	1,299.08	192.10
Family	1,698.52	1,302.70	395.82
Low Deductible			
Individual	\$827.22	\$606.96	\$220.26
Empl+Spouse	2,352.15	1,245.30	1,106.85
Parent/Child	2,001.49	1,240.40	761.09
Parent/Children	2,104.09	1,299.08	805.01
Family	2,454.81	1,302.70	1,152.11
Delta Dental PPO			
Single Coverage	\$33.60	-	\$33.60
Two-Party	67.22	-	67.22
Three or More	86.92	-	86.92

Staff employees who are paid on a biweekly payroll schedule have their premium deductions taken during 24 pay periods of the calendar year. Deductions are withheld from the first two pay periods of a month, but not when a third payroll occurs in the same month. The biweekly rates are calculated by dividing the monthly rates in half.

The premiums for the High Deductible/HSA plan includes the annual HSA contribution of \$1500 for individual and \$3000 for family.

Prescription Coverage (Rx)

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.

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 capbluecross.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 capbluecross.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. You can also log in to your secure account at capbluecross.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.

Health Savings Account (HSA)

A Health Savings Account (HSA), available to those enrolled in a Qualified High Deductible Plan (QHDHP), is an interest-bearing savings vehicle 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. For 2024, the College will continue to fund for both the individual (\$1,500) and family coverage (\$3,000). Money in this account, and any interest, is tax-free if used to pay for qualified medical expenses – including those incurred by spouse/dependents (as long as they can be claimed on the individual's federal tax return).

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

Maximum HSA contribution limits (employer plus employee) for 2024 will be \$4,150 for individual and \$8,300 for family. Employees age 55 and older may contribute up to an additional \$1,000 for 2024.

BenefitWallet will remain the HSA plan administrator for 2024. All existing HSA accounts will remain with BenefitWallet, so employees will be able to continue to use their current HSA cards. If you wish to continue or elect a contribution for 2024, you must enroll via the online enrollment system.

HSA VS FSA COMPARISON

ACCOUNT FEATURE	HSA	OR	HEALTH CARE FSA	AND/ OR	DEPENDENT CARE FSA
Can be used if you enroll in ...	QHDHP medical plan		Standard or Low Deductible PPO Plan or waive medical coverage		Enrollment in a plan is not required to enroll in the dependent care FSA
Lafayette Contribution	\$1500 individual \$3000 family		\$0		\$0
Maximum annual contribution	\$4150 Individual \$8300 Family The annual limits include the contribution amount from the College Employees 55 and older can contribute an additional \$1000		\$3200*		\$5000
Carryover of unused funds to the next year	Yes		Up to \$640*		
Portable if you leave Lafayette	Yes		No		No
Access to contributions	Current balance		Annual amount elected		Current balance
Investment options available	Yes		No		No
Eligible expenses	Qualified health care expenses (incl. medical, prescription, drug, dental, and vision)		Qualified health care expenses (incl. medical, prescription, drug, dental, and vision)		Qualified dependent care expenses (not including health care expenses)

* It is projected that the IRS will increase the annual contribution limit to the Health Care FSA to \$3,200 and that employees may carry over up to \$640 of their unused benefit from their 2023 Health Care FSA into the 2024 plan year. Lafayette College will ensure that your contribution for the plan year does not exceed the limits authorized by the IRS if the annual limits are lower than what was projected.

Flexible Spending Accounts (FSAs)

The College will continue to use the same flexible spending administrator for 2024 with WEX Health. A debit card will be issued to all new members enrolling in the medical flexible spending account for 2024. Participants already enrolled in 2023 and re-enrolling in 2024 will keep their current debit card. All employees enrolling for the 2024 calendar year need to enroll via the online enrollment system, even if you are currently enrolled in the program for 2023.

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.

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

IMPORTANT

Flexible spending accounts operate on a calendar year basis. If you wish to participate for 2024, you must enroll online via the Online Enrollment System.

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. 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.

MEDICAL/HEALTH CARE FSA

The annual Medical FSA limit for calendar year 2024 is projected to increase to \$3,200. It is projected that employees may carry over up to \$640 of their unused benefit from their



2023 medical flexible spending account into the 2024 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. 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 2024 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.



VOYA

The College will 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, ER visit, and provides an annual wellness reimbursement.

This benefit is Hospital Indemnity Insurance and provides a fixed daily benefit if you have a covered stay in a hospital or intensive care unit, and you can use it for any expense you'd like.

The admission and daily confinement benefit amounts depend on the type of facility, the number of days of confinement and the medical insurance you are enrolled in. For a complete description of your available benefits, exclusions and limitations, see the Voya website, presents.voya.com/EBRC/lafayettecollege.

Find specific coverage details and instructions on how to get reimbursed through this link: hr.lafayette.edu/benefits/voya

VOYA BENEFITS

Group Name: Lafayette College | Group Number: 724971

PLAN TYPE	HOSPITAL ADMISSION	HOSPITAL CONFINEMENT BENEFITS	EMERGENCY ROOM (NOT ADMITTED)	WELLNESS/COVERED HEALTH SCREENING
Standard Plan and Low Deductible Plan	\$1,000 (Up to a max of 1 admission per calendar year per family member)	\$100 Daily Hospital/\$200 Intensive Care starting day 2 (Up to a max of 31 days per calendar year and per family member)	\$150 maximum per calendar year and per family member	\$50 maximum per calendar year per employee and spouse; Dependent children receive \$25 up to a max of \$100.
High Deductible Plan	\$1,500 (Up to a max of 1 admission per calendar year per family member)	\$150 Daily Hospital/\$300 Intensive Care starting day 2 (Up to a max of 31 days per calendar year and per family member)	\$150 maximum per calendar year and per family member	\$50 maximum per calendar year per employee and spouse; Dependent children receive \$25 up to a max of \$100.

Dental (New Carrier for 2024)

For calendar year 2024, the Dental Plan Insurance carrier with the College will change to Delta Dental.

There will be no plan design changes and the new plan provides a 15% reduction in employee premiums with a robust dental provider network. Dependent children will continue to be covered on this plan up to age 26, regardless of student status.

In addition, the current plan design has a carryover feature up to \$500 per year for unused funds with a \$2,000 annual max limit. All employees will have the same carryover feature with Delta Dental, however employees will begin with a \$1,000 annual max limit.

Delta Dental does not issue ID cards and so you will not receive one in the mail. You will not need an ID card to seek services however you have the ability to print an ID card from the Delta Dental website: www.deltadentalins.com.

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 Delta 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 Delta Dental PPO network of dental providers, as to which some are identified as premier providers. You can locate a participating dentist at their website: www.deltadentalins.com. In-network dental providers are included in the Dental Delta PPO network as well as the PPO premier network, however you may find discounted rates with premier 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 Delta Dental established allowance.

There is no deductible applicable under this plan. Under the Delta 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.

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		

MONTHLY PREMIUM RATES

	TOTAL PREMIUM ACTIVES	COLLEGE CONTRIBUTION	EMPLOYEE CONTRIBUTION
Delta Dental PPO			
Single Coverage	\$33.60	-	\$33.60
Two-Party	67.22	-	67.22
Three or More	86.92	-	86.92

For more information about Delta Dental Plus call 1-800-422-4234 or visit their web site: www.deltadentalins.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 2024 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.

Life Insurance

Life insurance can provide important financial protection as well as peace of mind for you and your family by replacing income or covering expenses in the case of death. Selecting the right coverage to ensure adequate protection begins with you.

BASIC LIFE INSURANCE

As part of Lafayette's benefits program, you automatically receive Basic Life Insurance benefits equal to 1.5 times your annual base salary + \$15,000 up to a maximum benefit of \$500,000.

SUPPLEMENTAL LIFE INSURANCE

You have the option to purchase Supplemental Life Insurance in increments of \$10,000.

ONE-TIME BUY-UP OPTION FOR 2024:

Our insurance carrier, MetLife is offering the option for you to increase your supplemental life insurance coverage, without medical approval for:

- Up to an additional \$100,000, if an employee currently has less than \$50,000 in supplemental coverage or has no supplemental coverage at all, or
- Up to an additional \$50,000, if the employee currently has more than \$50,000 in coverage

Amounts requested above these limits are subject to medical approval and you will be required to complete a health questionnaire that is included in the Online Enrollment System, which will be submitted to MetLife for approval.

Premiums, which are determined by the amount of the insurance and the age of the employee, are fully paid by the employee. You can find the premiums on the online enrollment system

The maximum benefit, combined with Group Basic Life, cannot exceed six times your annual salary.



What is AblePay Health?

AblePay is a program that can save you money on your out-of-pocket medical expenses (up to 13%) along with helping you if you ever have questions/concerns on a medical bill. AblePay is offered at **NO-COST (no monthly/annual fees)** to you by Lafayette College and it also provides flexible payment terms for your out-of-pocket medical expenses.

How do I get started?

1. Visit the website (www.ablepayhealth.com) and click “Enroll Now”
<https://enroll.ablepayhealth.com/apply/Lafayette23>
2. Enter your demographic Information and list “Lafayette College” your employer.
3. Add your family members that you’ll be responsible for (they can have a different insurance plan)
4. Add your default payment term and payment method(s)
5. Receive your AblePay card in the mail and keep with insurance card

When do I use AblePay?

Providers currently accepting AblePay include **St. Luke’s University Health Network, Lehigh Valley Health Network (LVHN), Penn Medicine, Main Line Health, Tower Health, Grand View Health, Penn State Health, Penn Medicine – Lancaster General Health (LGH), Armstrong Center for Medicine & Health (ACMH), Indiana Regional Medical Center(IRMC), EPGI, and Punxsutawney Area Hospital (all hospitals and employed doctors in the physician groups)**. AblePay is also having success in getting discounts for their members at other providers throughout the country – try and use the card everywhere!

How do I use AblePay?

Show your AblePay card along with your insurance card to medical providers. They will process your AblePay card like secondary insurance. After your service is complete and your insurance company processes your claim, your provider will bill AblePay. You will get an email from AblePay notifying you that we received your bill and the amount you owe (after your insurance has paid their portion). You will have 5 days to decide if you would like to change your payment method and terms to one of the options below. If you do nothing, after 5 days the first payment will be pulled from your default payment method based on the term you originally chose.

Savings example:

You have a \$1000 medical bill from St. Luke’s or LVHN (both providers currently accepting AblePay). You pay AblePay \$870, save \$130, while the full \$1000 goes toward your deductible and is satisfied at the provider! You can tie an FSA or HSA card as a payment method to further stretch those funds! **Have an existing bill? Contact AblePay to see if they can help!**

1 Payment	Save 13% with Bank ACH, 10% with credit/debit card
3 Payments	Save 10% with Bank ACH, 7% with credit/debit card
6 Payments	Save 8% with Bank ACH, 5% with credit/debit card
12 Payments	Save 0% with Bank ACH and with credit/debit card (no interest)

Any questions? Visit the website (ablepayhealth.com) or call them at (484) 292-4000!



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 Blue Cross 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:	10/3/2023
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

REMEMBER...

- This year all employees must actively click through the online system and select their enrollment by November 17, 2023.
- This is the ONLY time of year that you can make changes to your coverage without a qualifying life event.
- 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 summaries can be obtained in the Office of Human Resources and found on the Human Resources web page, hr.lafayette.edu.
- Please check out our online 2024 Open Enrollment website for all information related to Open Enrollment. hr.lafayette.edu/open-enrollment

HOW TO CONNECT WITH YOUR INSURANCE CARRIERS FOR HELP:

Capital Blue Cross, Medical & Rx:

800-962-2242

Express Scripts Pharmacy:

833-715-0946

Delta Dental:

800-422-4234

Health Claims and Coverage Questions, USI:

855-874-6699

NVA, Vision:

800-672-7723

WEX, Flexible Spending Account:

833-225-5939

BenefitWallet, Health Savings Account:

877-472-4200

Voya, Hospital/ER/Wellness Reimbursement:

877-236-7564

AblePay Health, Out-of-Pocket Patient Savings and Claims Advocacy: 484-292-4000

IMPORTANT DATES

Open Enrollment Dates

November 2nd through
November 17th

Open Enrollment Fair

Marlo Room, Farinon College Center
Wednesday, November 8th
10:30 a.m.-2 p.m.

Virtual Open Enrollment Information Session

Monday, November 6th
12:15 p.m.

LAFAYETTE
COLLEGE

Office of Human Resources

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