



LAFAYETTE

RETIREE OPEN ENROLLMENT

2024



WELCOME

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

What You Need to Know during Open Enrollment 2024

Dates for Open Enrollment are November 17-December 1 2023

Elections made during Open Enrollment will be effective on January 1, 2024, and will remain in effect through December 31, 2024.

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

If you do not wish to make any changes to your medical or dental coverage, you do not need to take any action. Your current coverage will carry into 2024. To make changes during open enrollment please call HR at 610-330-5901 or email kauffmji@lafayette.edu.

Delta Dental will be the NEW dental insurance carrier for your Dental Plan in 2024. If you are enrolled with Capital Blue Cross Dental in 2023 and do not make any changes during open enrollment to your dental, you will automatically be enrolled with Delta Dental. Delta Dental does not issue ID cards and 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.

Pre-65 Retiree ID Cards: You will receive a new medical/prescription card from Capital Blue Cross.

Post-65 Retiree ID Cards: You will not receive a new medical card from Highmark Freedom Blue unless you are newly enrolling for 2024.

Post-65 Retirees

The College is pleased to continue to offer the Highmark Freedom Blue PPO Plan for post-65 retirees, as well as the Premium Reimbursement Option. The College will continue to pay 90% for individual retirees, as it does for individual employees. The monthly contribution for individual retirees will be \$25.90. For post-65 spouses/surviving spouses, the College will continue to pay 70% of the premium in 2024, comparable to the support provided to the employee/spouse tier for active employees. The monthly contribution for post-65 spouses/surviving spouses will be \$77.70. If you are not making any changes to your coverage, you do not need to complete any forms.

POST-65 MEDICAL PLAN OPTIONS

For eligible retirees hired on or before June 30, 1996

1. Highmark Blue Shield Freedom Blue PPO (Medicare Advantage Plan)
2. Health Insurance Premium Reimbursement Option

HIGHMARK BLUE SHIELD FREEDOM BLUE PPO

The Freedom Blue PPO plan is a Medicare Advantage plan for retirees who are 65 and older, or who are otherwise Medicare eligible. Because it is a PPO, you are not required to select a primary care physician. It allows for direct access to PPO network physicians without a referral. You may also choose to obtain services with medical providers out-of-network. Higher deductibles and coinsurance apply to out-of-network care.

For Post-65 retirees, we have included a summary of benefits for the Highmark Freedom Blue PPO plan on page 5. There are no changes to the Freedom Blue PPO plan design for 2024 except for a Medicare mandated change to skilled nursing facilities.

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

Out-of-Pocket Cost threshold to reach Catastrophic Coverage will increase from \$7,400 to \$8,000. The \$8,000 includes the member's cost sharing and the brand drug discounts from the Medicare Coverage Gap Discount Drug Program.

Catastrophic Coverage Cost Sharing will have \$0 member cost sharing for covered Part D drugs in the catastrophic coverage phase, including covered insulin products.

Part D—Day Supply Limit is changing for Preferred Generic (Tier 1) and Non-Preferred Generic (Tier 2) from a 90-day supply to a 100-day supply for retail and mail order.

HEALTH INSURANCE PREMIUM REIMBURSEMENT OPTION

Post-65 retirees newly electing to participate in the Premium Reimbursement option will need to notify the Office of Human Resources in order to cancel your current Lafayette insurance coverage. The College will reimburse up to \$233.10 per month for the retiree only; up to \$181.30 per month for a spouse; and up to \$181.30 per month for a surviving spouse, under the premium reimbursement arrangement. If you elect this option, you will need to purchase coverage on your own. Upon submitting evidence of this payment to the Office of Human Resources, you will receive reimbursement as detailed above. Premium reimbursements are paid on a quarterly basis (please see page 11 for more information).

Pre-65 Retirees

We are pleased to announce that we are able to offer the same medical plans for 2024, the Standard PPO and Low Deductible PPO. There will be no plan design changes to either of these plans and Capital Blue Cross will continue as the health insurance carrier for our medical plans.

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 a retiree is the same dollar amount whether the retiree chooses the Low Deductible or the Standard PPO plan. The College will continue to pay 90% of the premium for the Standard PPO plan for an individual retiree, as it does for an individual employee on the active plan. The College will continue to pay 67% of the premium for the Standard PPO plan for a retiree and spouse on the pre-65 plan, as it does for employee plus spouse on the active plan.

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

STANDARD PPO

LOW DEDUCTIBLE PPO

SUMMARY OF COST-SHARING

AMOUNTS MEMBERS ARE RESPONSIBLE FOR

Participating Providers

Non-Participating Providers

AMOUNTS MEMBERS ARE RESPONSIBLE FOR

Participating Providers

Non-Participating Providers

Deductible (per benefit period)	\$1,100 per member \$3,300 per family	\$2,200 per member \$6,600 per family	\$500 per member \$1,500 per family	\$1,000 per member \$3,000 per family
Office Visits (performed by a Family Practitioner, General Practitioner, Internist, Pediatrician, Preventive Medicine specialist, or participating Retail Clinic)	\$20 copayment per visit	40% coinsurance applies	\$15 copayment per visit	35% coinsurance applies
Specialist Office Visit	\$35 copayment per visit	40% coinsurance applies	\$25 copayment per visit	35% coinsurance applies
Emergency Room	\$200 copayment per visit, waived if admitted	\$200 copayment per visit, waived if admitted	\$200 copayment per visit, waived if admitted	\$200 copayment per visit, waived if admitted
Urgent Care	\$50 copayment per visit	40% after deductible	\$50 copayment per visit	35% coinsurance per visit
Inpatient (Per Admission)	20% coinsurance after deductible	40% coinsurance after deductible	15% coinsurance after deductible	35% coinsurance after deductible
Outpatient Surgery Coinsurance (facility)	20% coinsurance after deductible	40% coinsurance after deductible	15% coinsurance after deductible	35% coinsurance after deductible
Coinsurance	20% coinsurance	40% coinsurance	15% coinsurance	35% coinsurance
True Out-of-Pocket Maximum (includes deductible, copays, and coinsurance)	\$4,000 per member \$8,000 per family	\$8,000 per member \$16,000 per family	\$4,000 per member \$8,000 per family	\$8,000 per member \$16,000 per family
Coverage Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Prescription Drugs (Prime Therapeutics)	Deductible \$300/900 Retail \$10/40/60/75 Mail Order \$20/80/120	N/A	Deductible \$200/600 Retail \$10/35/55/70 Mail Order \$20/70/110	N/A

For more information about **Capital Blue Cross** call 1-800-962-2242, or visit their web site: www.capbluecross.com

pharmacies and covered drugs can be accessed at www.capbluecross.com. As a Capital Blue Cross member, you have access to thousands of retail pharmacies across the country, including many well-known chains (such as CVS, 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.

MEDICAL PLAN CHOICES FOR 2024

The College will continue to offer a range of two medical plan options for 2024, consisting of a Standard PPO plan, and a Low Deductible PPO plan. There have been NO changes made to the plan designs for 2024. Both plan designs are based on a Preferred Provider Organization (PPO) model. In a PPO, a member does not need to select a primary care physician, and does not need a referral to see a specialist. The following pages provide a summary of the plan options for 2024 and a side-by-side comparison of both medical plans can be found above.

Standard PPO Plan:

Plan Design (in-network benefits): the medical deductible is \$1,100 for an individual and \$3,300 for a family. The medical copays are \$20 for a primary care visit, \$35 for a specialist visit, and \$200 for emergency room services (waived if admitted). The coinsurance for medical services is 20%. There is a combined out-of-pocket (OOP) max. Instead of a separate OOP for medical expenses and a separate OOP for prescription expenses, there is one combined OOP maximum limit. This means that all medical and prescription expenses incurred by the retiree apply to one calendar year OOP maximum limit.

Prescription Drug: The annual individual deductible is \$300 and the combined family deductible is \$900. The generic copay is \$10. The preferred brand copay is \$40. The non-preferred brand copay is \$60. There is a copay of \$75 for specialty drugs (high cost medication therapy generally obtained from the specialty pharmacy and used for complex diseases).

FREEDOM BLUE PPO

BENEFITS

	IN-NETWORK	OUT-OF-NETWORK
Deductible		\$800
Coinsurance	15%	30%
In Network Out-of-Pocket Max	\$1,600	—
Catastrophic Out-of-Pocket Max	\$3,400	

Outpatient Services

Doctor Office Visit	\$15 PCP, \$25 specialist cost sharing	30% coinsurance
Preventive Testing/Screenings	Covered in Full	Covered in Full (of allowance)
Diagnostic Testing including Lab, X-Rays and Advanced Imaging	15% coinsurance	30% coinsurance
Outpatient Surgery	15% coinsurance	30% coinsurance

Emergent and Urgent Services

Ambulance	15% coinsurance (Emergent)	15% coinsurance (Emergent)
Emergency Room	\$75 copayment	\$75 copayment
Inpatient Hospital Stay	15% per stay	30% coinsurance
Skilled Nursing Facility (days 1-100 per benefit period)	\$20 days 1-20 / 15% days 21-100	30% coinsurance

Supplies and Additional Services

Durable Medical Equipment	15% coinsurance	30% coinsurance
Routine Vision (covered every two calendar years)	Standard eyeglass lenses and frames or contact lenses are covered in full. A \$150 benefit maximum applies to non-standard frames and a \$150 benefit maximum for specialty contact lenses.	\$150 benefit maximum for specialty frames or specialty contact lenses.
Hearing Aids	Option to purchase from TruHearing in-network providers [\$499 copayment for TruHearing Advanced or \$799 copayment for TruHearing Premium; up to two aids per year]. \$500 allowance every 3 years if purchased through any other provider.	

Medicare Part D Drugs (Up to 31 Day Supply)

	\$250 deductible	
	Preferred Pharmacy (MPVN)	Standard Pharmacy
Initial Coverage	\$10 Generic; \$25 Pref. Brand; \$55 Non-Pref; \$60 Specialty	\$15 Generic; \$30 Pref. Brand; \$60 Non-Pref; \$60 Specialty
Coverage Gap	\$10 Generic; \$25 Pref. Brand; \$55 Non-Pref. Brand; \$60 Specialty	\$15 Generic; \$30 Pref. Brand; \$60 Non- Pref; \$60 Specialty
Catastrophic Coverage	During this stage: There is \$0 member cost sharing for covered Part D drugs in the catastrophic coverage phase, including for covered insulin products and Part D vaccinations.	

Questions?

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

- **Medicare Preferred Value Network (MPVN) includes 25,000 independent and chain pharmacies, as well as Express Scripts (ESI) mail home delivery program. Highmark members will save money on formulary drugs when fulfilling prescriptions at a MPVN pharmacy or through mail order. Does not apply to specialty drugs.**
- **Mail Order through Express Scripts \$25 Generic; \$62.50 Pref. Brand; \$137.50 Non-Pref. Brand**
- **All other Mail Order Pharmacies \$37.50 Generic; \$75 Pref. Brand; \$150 Non-Pref. Brand**

Low Deductible PPO Plan:

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

Plan Design (in-network benefits): The medical deductible is \$500 for an Individual and \$1,500 for a family. The medical copays is \$15 for a primary care visit, \$25 for a specialist visit, and \$200 for emergency room services (waived if admitted). The coinsurance for medical services is 15%. There is a combined out-of-pocket (OOP) max. Instead of a

separate OOP for medical expenses and a separate OOP for prescription expenses, there is one combined OOP maximum limit. This means that all medical and prescription expenses incurred by the retiree apply to one calendar year OOP maximum limit.

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

Capital Blue Cross

The health plans are fully insured PPO plans which utilize the local Capital Blue Cross network of facilities and professional providers. If you are outside of the Capital Blue Cross coverage area, you have access to BlueCard participating providers. A listing of local and out-of-area in-network providers can be accessed online at www.capbluecross.com. 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 at bcbsglobalcore.com.

Dental Plan (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 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.

Delta Dental does not issue ID cards. With Delta Dental 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. You can locate a participating dentist at their website: www.deltadentalins.com.

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 Delta Dental Plus call 1-800-422-4234 or visit their web site: www.deltadentalins.com

Lafayette College Medical/Dental Insurance Premium Rates

MONTHLY RATES FOR RETIRED EMPLOYEES

We have included the following rate information showing the corresponding premiums for the plans offered to both pre-65 and post-65 retirees. Please note the rate decreases for the pre-65 retiree group.

MONTHLY			
PRE-65 RETIREES	TOTAL PREMIUM	COLLEGE CONTRIBUTION	RETIREE CONTRIBUTION
Capital Blue Cross Standard PPO			
Retiree	\$673.73	\$606.96	\$66.77
Sp/Surv Spouse	673.73	471.61	202.12
Retiree+Spouse	1,850.11	1,245.30	604.81
Retiree/Child	1,574.27	1,240.40	333.87
Retiree/Children	1,655.01	1,299.08	355.93
Family	1,930.84	1,302.70	628.14
Capital Blue Cross Low Deductible			
Retiree	\$827.22	\$606.96	\$220.26
Sp/Surv Spouse	827.22	471.61	355.61
Retiree+Spouse	2,352.15	1,245.30	1,106.85
Retiree/Child	2,001.49	1,240.40	761.09
Retiree/Children	2,104.09	1,299.08	805.01
Family	2,454.81	1,302.70	1,152.11
POST-65 RETIREES			
Highmark FreedomBlue PPO			
Retiree	\$259.00	\$233.10	\$25.90
Sp/Surv Spouse	259.00	181.30	77.70
Delta Dental PPO			
Single Coverage	\$33.60	-	\$33.60
Two-Party	67.22	-	67.22
Three or More	86.92	-	86.92

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.

Please see the flyer on page 10 for more information.

If you are enrolled with Capital Blue Cross Dental in 2023 and you do not make any changes during open enrollment to your dental benefits, you will automatically be enrolled with Delta Dental.

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



Keep smiling

Delta Dental PPO™

Stay in network to save

Visit a dentist in the PPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a PPO dentist at deltadentalins.com.

If you can't find a PPO dentist, consider a Delta Dental Premier[®] dentist. These dentists have agreed to set fees and offer another opportunity to save.

Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at deltadentalins.com.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need to

provide your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.⁴ Log in to your online account to find this date.

Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care⁵, you can receive significant savings on LASIK procedures and hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

Save with a PPO dentist



PPO



PREMIER



NON-DELTA DENTAL

¹ In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. Network dentists are paid contracted fees.

³ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

⁴ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under Delta Dental PPO. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

⁵ Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

West Virginia: Learn about our commitment to providing access to a quality dentist network at deltadentalins.com/about/legal/index-enrollee.html.

Retiree Medical Quarterly Premium Reimbursement Process

1. Reimbursement Request Forms

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

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

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

2. Deadlines for Submission and Payment Processing

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

Enrolling in direct deposit is encouraged for faster and secure payment receipt. Please contact Human Resources at hroffice@lafayette.edu or 610-330-5060 if you would like to enroll in direct deposit.

3. Submission Options

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

- Recommended - via email, as a pdf or photo attachment, to: hroffice@lafayette.edu
- via fax to: 610-330-5720
- via US Mail to: Lafayette College, Human Resources, 12 Markle Hall, Easton, PA 18042

4. Payment Options

You may receive your reimbursement payment via direct deposit or manual check. Direct deposit payments will be in your account the next business day while manual checks will be sent via US Mail.

A [direct deposit enrollment form](#) can be found on the Finance Forms page and sent to: Accounts Payable, Lafayette College, 030 Marquis Hall, Easton, PA 18042.

**Signina the reimbursement request is an attestation to the validity of the information submitted.*

Important information for retirees hired after July 1, 1996

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

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

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

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

Reminders

Please remember to notify our office of any permanent address changes to ensure proper delivery of future mailings.

Any retiree approaching age 65 should contact Social Security three months prior to turning age 65, in order to establish Medicare coverage. Also, please notify the Office of Human Resources after contacting Social Security.

If you have questions on the retiree health care coverage, please contact the Office of Human Resources at 610-330-5901.

If you are enrolled with Capital Blue Cross Dental in 2023 and you do not make any changes during open enrollment to your dental benefits, you will automatically be enrolled with Delta Dental.

Enrollment changes must be received in the Office of Human Resources by December 1, 2023.

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

LAFAYETTE
COLLEGE

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