



# LAFAYETTE

## OPEN ENROLLMENT 2025

This is your Benefits Open Enrollment reference guide. It contains information you should review to select your benefits for the 2025 plan year.

Your benefits choices take effect January 1, 2025. For complete information, consult the 2025 Benefits Open Enrollment website, [hr.lafayette.edu/open-enrollment](http://hr.lafayette.edu/open-enrollment).

---

**Open Enrollment Period  
November 7-22, 2024**

### CONTENTS

Important Dates .....	2
Key Points for 2025 .....	2
Enrolling Online & Assistance .....	2
Medical Coverage .....	3-6
Medical Premium Rates .....	6
Understanding Coverage Language .....	6
Prescription Drug Coverage .....	7
Health Savings Accounts .....	8
FSA and HSA Comparison .....	8
Flexible Spending Accounts .....	9
Voya (Medical Supplement Program) .....	10
Dental Coverage .....	11
Vision Coverage .....	12
Life Insurance Benefits .....	12
AblePay .....	13
Medicare Part D Notice .....	14-15
Insurance Carrier Contact List .....	16

## WELCOME to the 2025 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 2025. This will be required for all employees whether you are electing, making changes, or waiving coverage for the 2025 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, 2025, and will remain in effect through December 31, 2025. Election changes cannot be accepted after open enrollment has ended.

### IMPORTANT DATES

#### Open Enrollment Dates

November 7th through  
November 22nd

#### Open Enrollment Fair

Marlo Room, Farinon College Center  
Wednesday, November 13th  
10:30 a.m.-2 p.m.

#### Virtual Open Enrollment

Information Session  
Available on demand  
on the OE Website

### KEY POINTS FOR 2025

- **This year, all employees must actively click through the online system and select their enrollment to receive benefits for 2025.**
- **Medical Plans**—The College’s Health Insurance Plan for Calendar Year 2025 will continue to offer the same three medical plans, with some plan design changes on the standard and low deductible plans. Capital Blue Cross will continue to be our health insurance carrier.
- **Delta Dental** will continue as the dental carrier for 2025 and there will be no plan design changes.
- **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. The reimbursement amount will increase to \$1,500 for a hospital admission on the Standard PPO Plan.
- **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. You can print your Delta Dental ID card by signing up with Delta Dental [deltadentalins.com](https://deltadentalins.com).

### 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).
- **FSA’s and employee elections to HSA’s DO NOT** automatically roll forward from the previous year. If you want a healthcare or dependent care Flexible Spending Account (FSA) or plan to make employee contributions to a Health Savings Account (HSA) in 2025, 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](https://hr.lafayette.edu/open-enrollment) or by calling Human Resources 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 2025

The College will continue to offer a range of three medical plan options for 2025 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 a 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.

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

### 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.

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.

### 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/MyPlanAdvisor2025>, is a great tool designed to assist you in comparing your benefit plan options and allows you to create personalized scenarios.

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.



MyPlan Advisor

## CAPITAL BLUE CROSS

The health plans are 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](http://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)

**DID YOU KNOW?** Employees enrolled in one of the College's 3 medical plans may be eligible for cash back for a hospital admission, ER visit, and/or a wellness screening through the Voya Hospital Indemnity Insurance & Wellness Benefit. See page 10 for more details.

	Standard PPO		High Deductible+HSA		Low Deductible PPO	
BENEFITS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible</b> Individual Family	\$1,500 \$4,500 (applies to all services unless a copayment is applied or otherwise noted)	\$3,000 \$8,000 (applies to all services unless a copayment is applied or otherwise noted)	\$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)
<b>Health Savings Account Employer Contribution</b> Individual Family			\$1,500 \$3,000			
<b>Coinsurance (Eligible Charges)</b> Member Pays Plan Pays	20% 80%	40% 60%	20% coinsurance after deductible 80% coinsurance after deductible	40% coinsurance after deductible 60% coinsurance after deductible	15% 85%	35% 65%
<b>True Out-of-Pocket Maximum (includes deductible, coinsurance, and copays for Medical and Rx)</b> Individual Family	\$5,000 per member \$10,000 per family	\$10,000 per member \$20,000 per family	Each person covered under Family category will have an individual TMOOP of \$5,000 per year \$5,000 \$10,000	\$10,000 \$20,000	\$5,000 per member \$10,000 per family	\$10,000 per member \$20,000 per family
<b>Lifetime Maximum</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
<b>Physician Office Visits</b> Primary Care Specialists	\$25 copay \$40 copay	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	\$20 copay \$30 copay	35% coinsurance after deductible
<b>Virtual Visits</b>	\$10 copay	N/A	20% coinsurance after deductible	N/A	\$5 copay	N/A
<b>Preventive (Pediatric/Adult Exams)</b>	\$0 copay; deductible waived	40% coinsurance after deductible	Covered in full; deductible waived	40% coinsurance after deductible	\$0 copay; deductible waived	35% coinsurance after deductible
<b>Annual Preventive Mammogram (age 40 and over)</b>	\$0 copay; deductible waived	40% coinsurance; after deductible	Covered in full; deductible waived	40% coinsurance; after deductible	\$0 copay; deductible waived	35% coinsurance; after deductible
<b>Preventive Gynecological Exam</b>	\$0 copay; deductible waived	40% coinsurance; deductible waived	Covered in full; deductible waived	40% coinsurance; deductible waived	\$0 copay; deductible waived	35% coinsurance; deductible waived
<b>Maternity/Newborn Baby Care</b>	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	15% coinsurance after deductible	35% coinsurance after deductible
<b>Inpatient Hospital Services (professional fees and facilities)</b>	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	15% coinsurance after deductible	35% coinsurance after deductible
<b>Surgery &amp; Anesthesia</b>	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	15% coinsurance after deductible	35% coinsurance after deductible
<b>Outpatient Hospital Services (professional fees, facilities, lab, x-ray, radiation therapy, chemotherapy, anesthesia and surgery)</b>	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	15% coinsurance after deductible	35% coinsurance after deductible
<b>Radiology Testing/Imaging (x-rays, MRI, CT, PET)</b>	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	15% coinsurance after deductible	35% coinsurance after deductible
<b>Emergency Room Services</b>	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	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
<b>Urgent Care</b>	\$50 Copay	40% coinsurance after deductible	20% Coinsurance after deductible	40% coinsurance after deductible	\$50 Copay	35% coinsurance after deductible
<b>Hospice Care</b>	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	15% coinsurance after deductible	35% coinsurance after deductible
<b>Prescription Drugs (Prime Therapeutics)</b> <b>Deductible</b> Individual Family <b>Retail—up to 31-day supply</b> Generic Brand Preferred Brand Non-Preferred Specialty <b>Mail Order—up to 90-day supply</b> Generic Brand Preferred Brand Non-Preferred	\$300 \$900 \$10 copay after Rx deductible \$40 copay after Rx deductible \$60 copay after Rx deductible \$75 copay after Rx deductible \$20 copay after Rx deductible \$80 copay after Rx deductible \$120 copay after Rx deductible	N/A	Rx Deductibles are Integrated with Medical Deductibles \$20 copay after deductible \$45 copay after deductible \$60 copay after deductible \$60 copay after deductible \$40 copay after deductible \$90 copay after deductible \$120 copay after deductible	N/A	\$200 \$600 \$10 copay after Rx deductible \$35 copay after Rx deductible \$55 copay after Rx deductible \$70 copay after Rx deductible \$20 copay after Rx deductible \$70 copay after Rx deductible \$110 copay after Rx deductible	N/A
<b>Mental Health Inpatient Care</b>	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	15% coinsurance after deductible	35% coinsurance after deductible
<b>Mental Health Outpatient Services</b>	\$40 copay	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	\$30 copay	35% coinsurance after deductible
<b>Substance Abuse Care: Inpatient</b>	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	15% coinsurance after deductible	35% coinsurance after deductible
<b>Substance Abuse Care: Outpatient</b>	\$40 copay	40% coinsurance after deductible	20% coinsurance after deductible	40% coinsurance after deductible	\$30 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 \$25 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 2025

MONTHLY			
	TOTAL PREMIUM ACTIVES	COLLEGE CONTRIBUTION	EMPLOYEE CONTRIBUTION
<b>Capital BlueCross Standard PPO</b>			
Individual	\$795.48	\$725.37	\$70.11
Empl+Spouse	2,184.44	1,549.39	635.05
Empl+Child	1,858.76	1,508.20	350.56
Empl+Children	1,954.09	1,580.36	373.73
Family	2,279.76	1,620.21	659.55
<b>High Deductible/HSA</b>			
Individual	\$750.40	\$725.37	\$25.03
Empl+Spouse	1,971.29	1,549.39	421.90
Empl+Child	1,714.07	1,508.20	205.87
Empl+Children	1,789.36	1,580.36	209.00
Family	2,046.51	1,620.21	426.30
<b>Low Deductible</b>			
Individual	\$1,015.42	\$725.37	\$290.05
Empl+Spouse	2,887.29	1,549.39	1,337.90
Empl+Child	2,456.85	1,508.20	948.65
Empl+Children	2,582.80	1,580.36	1,002.44
Family	3,013.31	1,620.21	1,393.10
<b>Delta Dental PPO</b>			
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 College 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](http://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 WalMart), grocery stores, and independent pharmacies. For mail order, Express Scripts Pharmacy is the provider for the home delivery program and you will refill your prescriptions with them. You can set up your account through [express-scripts.com/rx](http://express-scripts.com/rx), or by calling 833-715-0946.

### 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](http://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](http://capbluecross.com). After completing it, please send the form and your receipt to: Pharmacy Services, P.O. Box 25136, Lehigh Valley, PA 18002-5136.

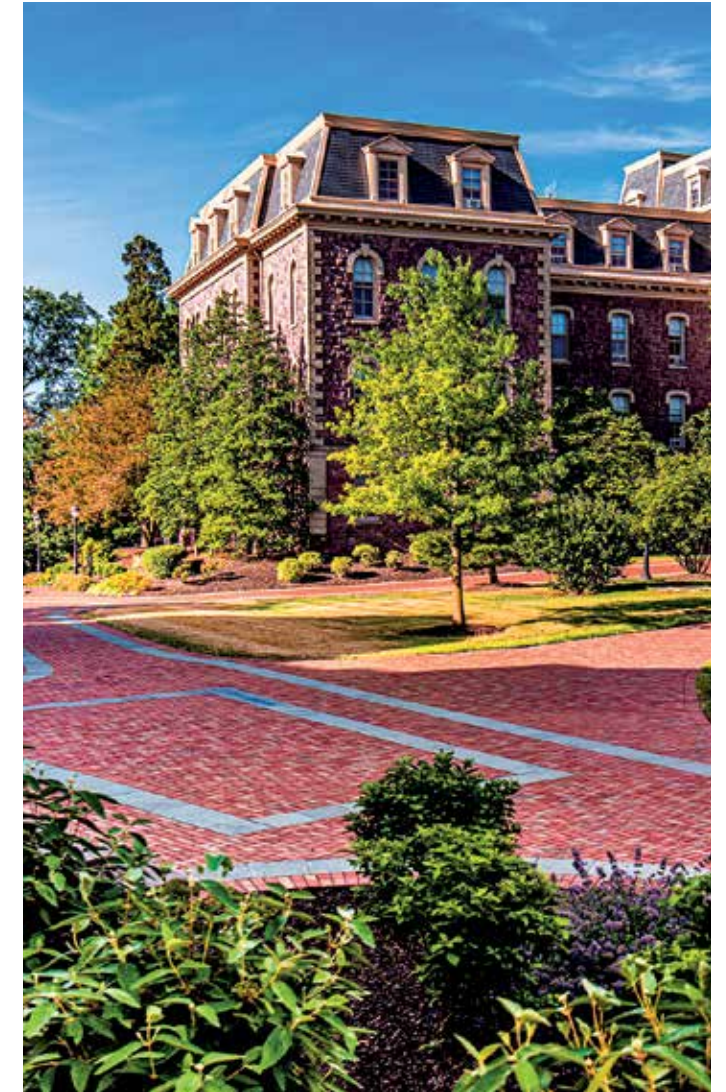
### HOME DELIVERY

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](http://express-scripts.com/rx). You can also log in to your secure account at [capbluecross.com](http://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.<sup>1</sup> 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.

<sup>1</sup> 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 2025, 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 2025 will be \$4,300 for individual and \$8,550 for family. Employees age 55 and older may contribute up to an additional \$1,000 for 2025.

HealthEquity will remain the HSA plan administrator for 2025. All existing HSA accounts will remain with HealthEquity, so employees will be able to continue to use their current HSA cards. If you wish to continue or elect a contribution for 2025, 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
Lafayette Contribution	\$1,500 individual \$3,000 family		\$0
Maximum annual contribution	\$4,300 Individual \$8,550 Family The annual limits include the contribution amount from the College Employees 55 and older can contribute an additional \$1000		\$3,300
Carryover of unused funds to the next year	Yes		\$640–2024 rollover to 2025 \$660–2025 rollover to 2026
Portable if you leave Lafayette	Yes		No
Access to contributions	Current balance		Annual amount elected
Investment options available	Yes		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 (Eligible dependent care services, such as: preschool, summer day camp, before or after school programs, and child or adult daycare. Health expenses are NOT eligible services for this account.)

## Flexible Spending Accounts (FSAs)

The College will continue to use the same flexible spending administrator for 2025 with WEX Health. A debit card will be issued to all new members enrolling in the medical flexible spending account for 2025. Participants already enrolled in 2024 and re-enrolling in 2025 will keep their current debit card. All employees enrolling for the 2025 calendar year need to enroll via the online enrollment system, even if you are currently enrolled in the program for 2024.

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/](http://www.wexinc.com/login/benefits-login/) for more information regarding the FSA and/or account information.

### IMPORTANT

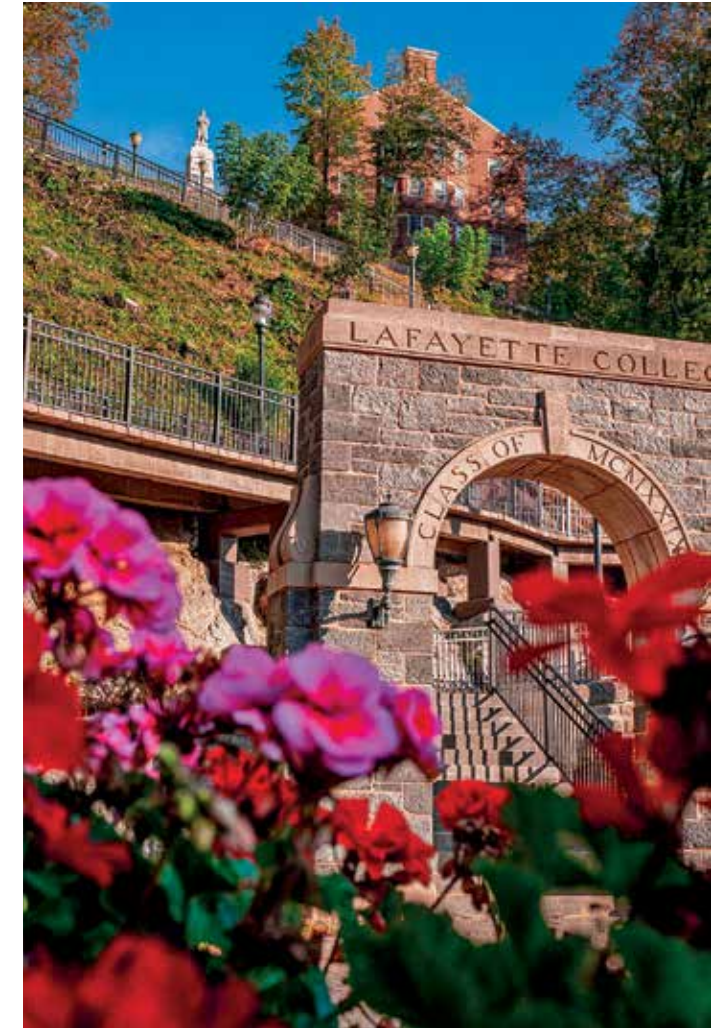
Flexible spending accounts operate on a calendar year basis. If you wish to participate for 2025, you must enroll online via the Online Enrollment System.

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 2025 will increase to \$3,300. Employees may carry over up to \$660 of their unused benefit from their 2025 medical flexible spending

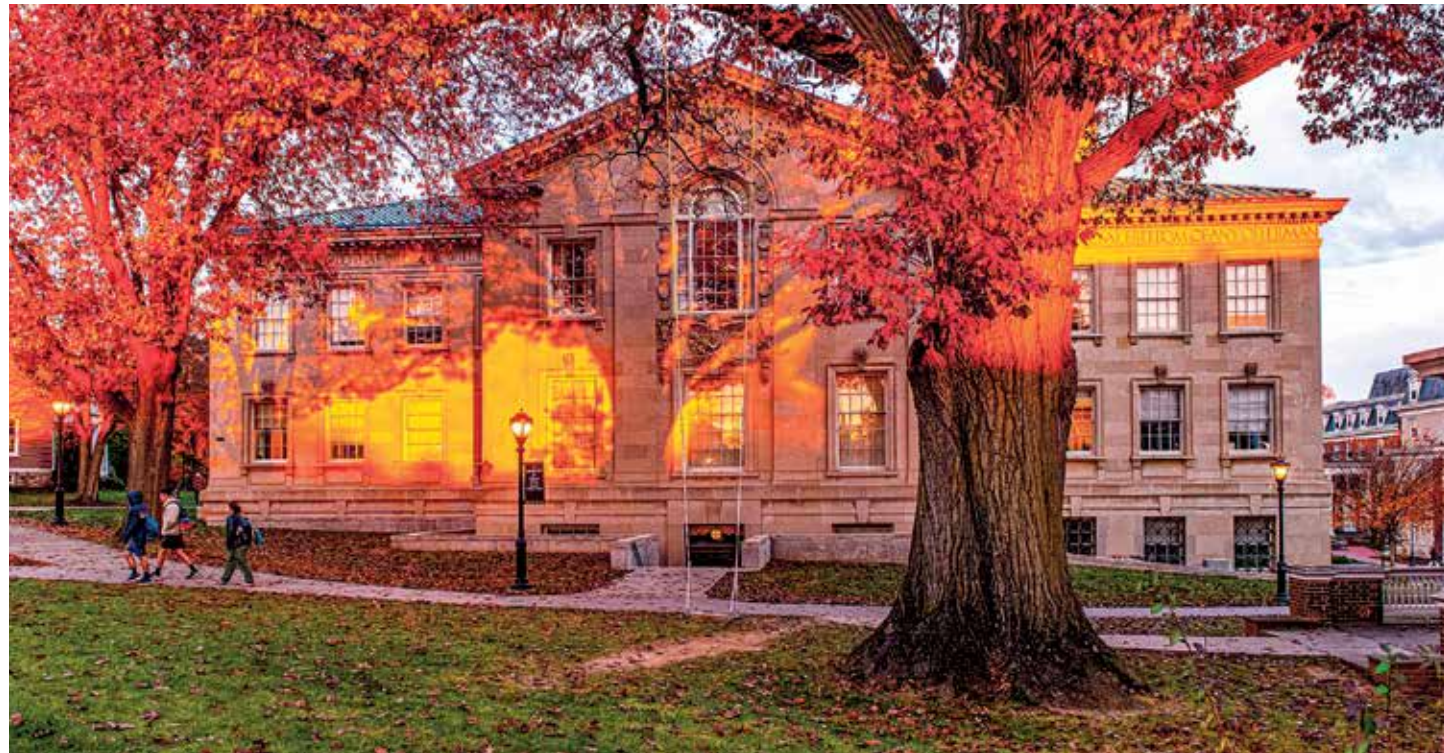


account into the 2026 plan year. The carryover amount then may be used during that entire following plan year to pay for or reimburse qualified medical / health care expenses. You may utilize funds in your medical flexible spending account to pay for qualified medical expenses for dependents to age 26.

### DEPENDENT CARE FSA

The annual Dependent Care FSA limit for calendar year 2025 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.

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](https://presents.voya.com/EBRC/lafayettecollege).

Find specific coverage details and instructions on how to get reimbursed through this link: [hr.lafayette.edu/benefits/voya](https://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
High Deductible Plan and Standard 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.
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.

## Dental

For calendar year 2025, the dental plan insurance will continue to be administered by Delta Dental. There will be no plan design changes. 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 2025. With this rollover feature, employees can rollover up to \$500 of unused dental benefit from 2024 into 2025. The maximum annual benefit as a result of this rollover feature is \$2,000.

Delta Dental does not issue ID cards, 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](https://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](https://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 Delta Dental PPO 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. 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
<b>Delta Dental PPO</b>			
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](https://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%**	

\*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.

Due to their everyday low prices, WalMart/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 2025 is \$6.60 per family.

Web: [www.e-nva.com](http://www.e-nva.com)

## 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.

Amounts requested above this limit 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 and it also provides flexible payment terms for your out-of-pocket medical expenses. **14 of our employees have each already saved over \$700 on medical bills through AblePay!**

### How do I get started

1. Scan the below QR code or click <https://enroll.ablepayhealth.com/apply/lafayette25> to enroll.



2. Enter your demographic Information
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

### Where do I use AblePay?

Sample providers currently accepting AblePay are at the bottom of the page (**includes 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 LVHN, St. Luke's, Tower Health, Penn State Health, EPGI, or Penn Medicine (all sample providers 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 unpaid medical 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
12-24 Payments	Save 0% with Bank ACH and with credit/debit card (no interest)

**Any questions? Visit the website ([ablepayhealth.com](http://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 15<sup>th</sup> to December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Lafayette College Coverage will not be affected. You may remain enrolled in the College medical plan if you elect part D and this plan could coordinate with Part D coverage. If you decide to join a Medicare drug plan and drop your current prescription drug coverage, please be aware that you will also have to drop your medical coverage. In addition, you and your dependents will not be able to get this coverage back until the next open enrollment period or in the case of a special enrollment opportunity.

If you are currently enrolled in the College's retiree medical plan and become entitled to Medicare, your current coverage will end for you and your dependents.

### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Lafayette College and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

### For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Lafayette College changes. You also may request a copy of this notice at any time.

### For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: 10/7/2024  
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 22, 2024.
- 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](http://hr.lafayette.edu).
- Please check out our online 2025 Open Enrollment website for all information related to Open Enrollment. [hr.lafayette.edu/open-enrollment](http://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

### HealthEquity, Health Savings Account:

877-750-1445

### 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 7th through  
November 22nd

### Open Enrollment Fair

Marlo Room, Farinon College Center  
Wednesday, November 13th  
10:30 a.m.-2 p.m.

### Virtual Open Enrollment Information Session

Available on demand  
[hr.lafayette.edu/open-enrollment](http://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](http://hr.lafayette.edu)