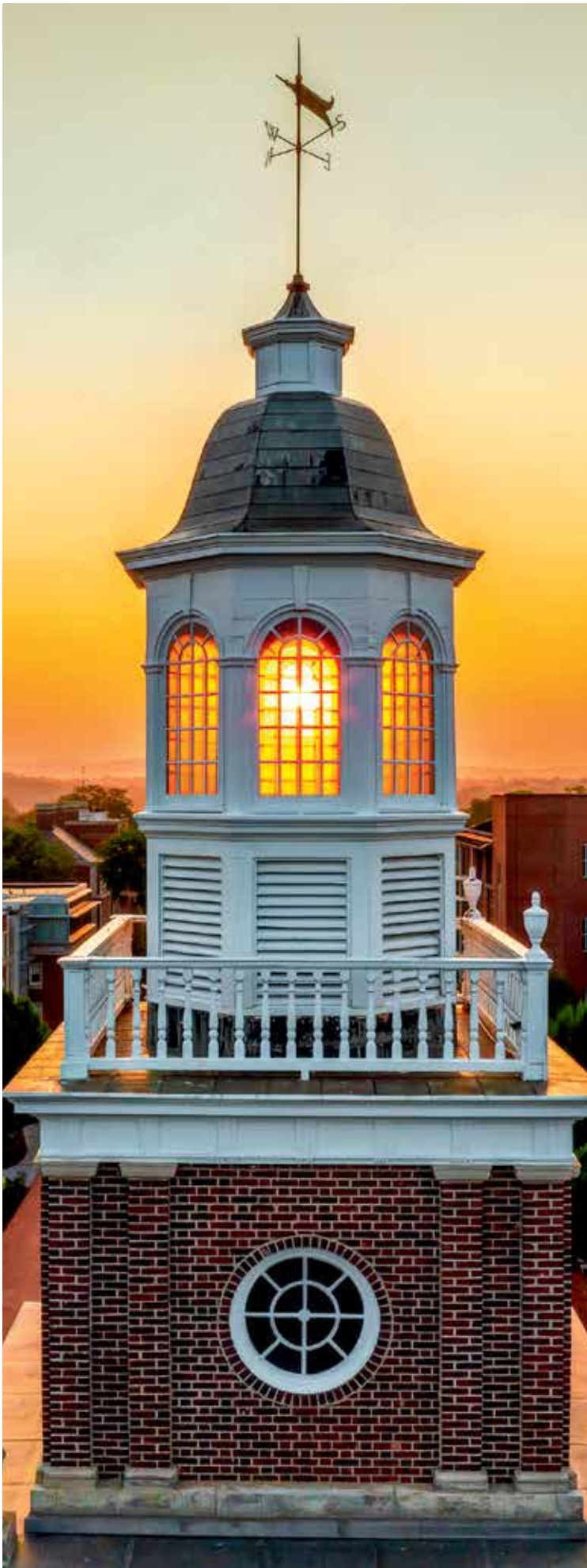




LAFAYETTE

OPEN ENROLLMENT 2026

This is your Benefits Open Enrollment reference guide. It contains information you should review to select your benefits for the 2026 plan year.

Your benefits choices take effect January 1, 2026. For complete information, consult the 2026 Benefits Open Enrollment website, hr.lafayette.edu/open-enrollment.

**Open Enrollment Period
November 6-21, 2025**

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WELCOME to the 2026 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 2026.

This will be required for all employees whether you are electing, making changes, or waiving coverage for the 2026 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, 2026, and will remain in effect through December 31, 2026. Election changes cannot be accepted after open enrollment has ended.

IMPORTANT DATES

Open Enrollment Dates

November 6th through
November 21st

Open Enrollment Fair

Marlo Room, Farinon College Center
Wednesday, November 12th
10:30 a.m.-2 p.m.

Virtual Open Enrollment

Information Session
Available on demand
on the OE Website

KEY POINTS FOR 2026

- **This year, all employees must actively click through the online system and select their enrollment to receive benefits for 2026.**
- **Medical Plans**—The College's Health Insurance Plan for Calendar Year 2026 will continue to offer the same three medical plans. Capital Blue Cross will continue to be our health insurance carrier.
- **Delta Dental** will continue as the dental carrier for 2026 and there will be no plan design changes.
- **Vision Insurance**—NEW for 2026 the College will offer enhanced vision insurance coverage. See page 12 for more details. If you elect vision coverage for 2026, you will receive a new NVA ID card in the mail.
- **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 not receive a new medical insurance card in the mail from Capital Blue Cross if you are a current participant in the plan and are not making changes. 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.
- **Medical and Dental Premiums**—See page 6 for premium changes.

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 Account (FSA) or plan to make employee contributions to a Health Savings Account (HSA) in 2026, 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 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 2026

Healthcare costs continue to rise and the College's group plan is impacted by this. While our cost to provide coverage will increase by 15.64% for 2026 and the College continues to absorb the largest percentage of the premiums, the employee portion of the premiums will increase by 7.64% on the Standard PPO plan.

The College will shift the percentage of the premium it covers on the Standard PPO individual plan from 91% to 85%. To help balance this adjustment, the individual premium on the Qualified High Deductible Health Plan (QHDHP) will be reduced to zero dollars, meaning there will be no premium for the employee-only QHDHP plan.

As in previous years, the College's premium contributions for all medical plans are based on the contribution amount for the Standard PPO plan. The College contributes the same dollar amount toward the monthly premium for each employee, regardless of whether the employee selects the Low Deductible, Standard, or Qualified High Deductible Health plan (except for the Employee-Only Qualified High

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.

Deductible Health Plan, which has no premium). Employees are responsible for paying the difference between the College's contribution and the total premium for the plan they select.

HOW DO I KNOW WHICH MEDICAL PLAN TO CHOOSE?

The MyPlan Advisor Tool

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, bit.ly/myplan-advisor 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

All three 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. 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	
BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Deductible 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)
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	\$5,000 per member \$10,000 per family	\$10,000 per member \$20,000 per family
Lifetime Maximum	Unlimited	Unlimited
Physician Office Visits Primary Care Specialists	\$25 copay \$40 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 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
Mental Health Inpatient Care	20% coinsurance after deductible	40% coinsurance after deductible
Mental Health Outpatient Services	\$40 copay	40% coinsurance after deductible
Substance Abuse Care: Inpatient	20% coinsurance after deductible	40% coinsurance after deductible
Substance Abuse Care: Outpatient	\$40 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	\$5,000 per member \$10,000 per family	\$10,000 per member \$20,000 per family
Unlimited	Unlimited	Unlimited	Unlimited
20% coinsurance after deductible	40% coinsurance after deductible	\$20 copay \$30 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 after Rx deductible \$35 copay after Rx deductible \$55 copay after Rx deductible \$70 copay after Rx deductible	
\$40 copay after deductible \$90 copay after deductible \$120 copay after deductible		\$20 copay after Rx deductible \$70 copay after Rx deductible \$110 copay after Rx 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	\$30 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	\$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. 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 2026

MONTHLY			
	TOTAL PREMIUM ACTIVES	COLLEGE CONTRIBUTION	EMPLOYEE CONTRIBUTION
Capital BlueCross Standard PPO			
Individual	\$919.81	\$781.84	\$137.97
Empl+Spouse	2,525.85	1,842.28	683.57
Empl+Child	2,149.27	1,771.93	377.34
Empl+Children	2,259.48	1,857.22	402.26
Family	2,636.07	1,926.13	709.94
High Deductible/HSA			
Individual	\$848.15	\$848.15	\$0
Empl+Spouse	2,240.31	1,842.28	398.03
Empl+Child	1,942.89	1,771.93	170.96
Empl+Children	2,029.95	1,857.22	172.73
Family	2,327.29	1,926.13	401.16
Low Deductible			
Individual	\$1,174.12	\$781.84	\$392.28
Empl+Spouse	3,338.55	1,842.28	1,496.27
Empl+Child	2,840.84	1,771.93	1,068.91
Empl+Children	2,986.47	1,857.22	1,129.25
Family	3,484.27	1,926.13	1,558.14
Delta Dental PPO			
Single Coverage	\$35.95	-	\$35.95
Two-Party	71.93	-	71.93
Three Or More	93.00	-	93.00

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. 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, 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, 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.



GLP-1 MEDICATION COVERAGE (CHANGE BEGINNING JANUARY 1, 2026)

Covered: GLP-1 medication prescribed for Type 2 Diabetes will remain covered.

Excluded: Weight loss drugs will be excluded including GLP-1s for weight loss.

The overall drug formulary remains unchanged.

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 Health 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 2026, 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 2026 will be \$4,400 for individual and \$8,750 for family. Employees age 55 and older may contribute up to an additional \$1,000 for 2026.

HealthEquity will remain the HSA plan administrator for 2026. 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 2026, 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	\$1,500 individual \$3,000 family	\$0	\$0
Maximum annual contribution	\$4,400 Individual \$8,750 Family The annual limits include the contribution amount from the College Employees 55 and older can contribute an additional \$1000	\$3,400	\$7,500
Carryover of unused funds to the next year	Yes	\$660–2025 rollover to 2026 \$680–2026 rollover to 2027	No
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 (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 2026 with WEX Health. A debit card will be issued to all new members enrolling in the medical flexible spending account for 2026. Participants already enrolled in 2025 and re-enrolling in 2026 will keep their current debit card. All employees enrolling for the 2026 calendar year need to enroll via the online enrollment system, even if you are currently enrolled in the program for 2025.

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 2026, 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 2026 will increase to \$3,400. Employees may carry over up to \$680 of their unused benefit from their 2026 medical flexible



spending account into the 2027 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 2026 will increase to \$7,500.

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.

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
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 2026, 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 2026. With this rollover feature, employees can rollover up to \$500 of unused dental benefit from 2025 into 2026. 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.

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. 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% Routine Exams (one every six months) Cleanings (one every six months) X-rays Bitewings (one set of four every six months) Full mouth (one every three years) Fluoride Treatments (one every six months till age 19) Sealants (one tooth every three years; permanent first molars to age 10; permanent second molars to age 15) Palliative Emergency Treatment	Covered at 80% Basic Restorations Endodontics Denture Repairs Simple Extractions Anesthesia Specialist Consultations Non-Surgical Periodontics Oral Surgery	Covered at 50% Inlays Onlays Crowns (one per tooth in five years) Prosthetics (one per tooth in five years) Pontics Surgical Periodontics	Covered at 50% Diagnostic Active Treatment Retention Treatment (Covers children to age 19) \$1,000 lifetime maximum per patient

MONTHLY PREMIUM RATES

	TOTAL PREMIUM ACTIVES	COLLEGE CONTRIBUTION	EMPLOYEE CONTRIBUTION
Delta Dental PPO			
Single Coverage	\$35.95	-	\$35.95
Two-Party	71.93	-	71.93
Three or More	93.00	-	93.00

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

Vision

NEW FOR 2026: The College will offer enhanced, more comprehensive vision insurance coverage.
A summary of the benefits is provided below

VISION BENEFITS SUMMARY

	FREQUENCY	IN-NETWORK	OUT-OF-NETWORK
Eye Examination			
Routine Eye Exam	Every 12 months	100% Covered	Up to \$35
Contact Lens Fit/Follow-Up ¹			
Daily Wear	Every 12 months	100% Covered	Up to \$20
Extended Wear	Every 12 months	100% Covered	Up to \$30
Specialty Wear	Every 12 months	100% Covered	Up to \$30
Lenses (Glass or Plastic)			
Single Vision	Every 12 months	100% Covered	Up to \$35
Bifocal	Every 12 months	100% Covered	Up to \$45
Trifocal	Every 12 months	100% Covered	Up to \$55
Lenticular	Every 12 months	100% Covered	Up to \$90
Lens Options (In-Network Only)			
Polycarbonate	Every 12 Months	100% Covered	Not covered
UV Coating	Every 12 Months	100% Covered	Not covered
Anti-Reflective (Tier 1)	Every 12 Months	100% Covered	Not covered
Scratch Coating	Every 12 Months	100% Covered	Not covered
Solid Tints	Every 12 Months	100% Covered	Not covered
Fashion Gradient Tints	Every 12 Months	100% Covered	Not covered
Frames			
Retail Frame	Every 24 months	Up to \$100 Allowance	Up to \$45
Frame Discount ²		20% Off Balance	Not Applicable
Contact Lenses (in lieu of eyeglass lenses)			
Elective 15% discount on Conventional/10% discount on Disposable on remaining balance ³	Every 12 months	Up to \$100 Allowance	Up to \$75
Medically Necessary ⁴	Every 12 months	100% Covered	Up to \$200
Monthly Premium Rates			
Employee Only	\$5.29		
Employee + Spouse	\$10.58		
Employee + Child(ren)	\$14.22		
Family	\$20.64		

1. Only covered if member chooses contact lenses. 2. Discount not valid at Walmart, Sam's Club, LensCrafters, or on some proprietary brands. 3. Discount does not apply at Walmart/Sam's Club locations, Cole corporate locations, Lenscrafters or Contact Fill or where prohibited by law. Prohibited by some manufacturers. 4. Prior authorization required; includes fitting & follow-up.

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.

(continued on page 20)



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) 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 Lafayette College Medical Plan 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, the following options may apply:

- You may stay in the Lafayette College Medical Plan and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date without penalty either:
 - During the Medicare prescription drug annual enrollment period, or
 - If you lose Lafayette College Medical Plan creditable coverage.
- You may stay in the Lafayette College Medical Plan and also enroll in a Medicare prescription drug plan. The Lafayette College Medical Plan will be the primary payer for prescription drugs and Medicare Part D will become the secondary payer.
- You may decline coverage in the Lafayette College Medical Plan and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do not enroll in the Lafayette College Medical Plan, you are not able to receive coverage through the plan unless and until you are eligible to reenroll in the plan at the next open enrollment period or due to a status change under the cafeteria plan or special enrollment event.

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: Cristie Lazart, 610-330-5062

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'll get a copy of the handbook in the mail every year from Medicare. 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:	October 9, 2025
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) 330-5062



The doctor will see you now. **Literally.**

See a doctor anytime, anywhere, with Capital Blue Cross VirtualCare.

With Capital Blue Cross VirtualCare, doctors can diagnose common illnesses and send prescriptions straight to your pharmacy. Capital Blue Cross VirtualCare is a covered benefit on most health plans*, and it even includes behavioral health services and nutrition counseling.

Why use Capital Blue Cross VirtualCare?

- ✓ Convenient and easy.
- ✓ Can be less costly than a trip to an urgent care center or emergency room.
- ✓ Helpful when:
 - You become sick while traveling within the United States.
 - You feel too sick to leave the house.
 - You need personalized nutrition advice.
 - You need to see a doctor, but can't fit it into your schedule.
 - Your doctor's office is closed.



*Virtual visits may not be covered under all benefit plans. Refer to your Benefits Booklet for benefit details. Copays and deductibles may apply.

Convenient care — everywhere.

From your phone, tablet, or computer, make an appointment to meet with a dietitian, or get treatment from a Capital Blue Cross VirtualCare doctor or behavioral health specialist within minutes. And be sure to share your visit summary with your Primary Care Physician (PCP).

	Medical	Counseling	Psychiatry	Nutrition Counseling
Doctors and Counselors	Capital Blue Cross VirtualCare providers are licensed doctors that have an average of 15 years of experience.	Capital Blue Cross VirtualCare counseling services are provided by licensed psychologists and master's level counselors.	Capital Blue Cross VirtualCare psychiatry services are provided by board-certified psychiatrists and neurologists, who provide a thorough assessment and follow-up visits for medication management.	Capital Blue Cross VirtualCare nutrition counseling services are provided by dietitians certified in telehealth, who provide nutrition advice and diet plans based on personal health needs.
Treatment for conditions, such as:	• Abdominal pain. • Bronchitis and other respiratory infections. • Flu. • Pink eye. • Strep throat.	• Anxiety. • Bereavement and grief. • Depression. • LGBTQ counseling. • Trauma.	• Anxiety disorders. • Anorexia/bulimia. • Bipolar disorder. • Obsessive compulsive disorder. • Post traumatic stress disorder.	• Diabetes. • Digestive disorders. • Food allergies. • High cholesterol. • Meal planning. • Pregnancy diets. • Weight loss.
Availability	24/7 (including weekends and holidays) through the mobile app or website. No appointment necessary.	7:00 a.m. – 11:00 p.m. ET, 7 days a week, by appointment only (same day appointment is possible).	Patients can typically get appointments within 14 days, and a psychiatrist will schedule follow-up visits as needed.	Patients can schedule an appointment with their provider of choice. Appointments are available 7 days a week, including evenings. Follow-up appointments are available as necessary.

Two ways to sign up

1. Download the free Capital Blue Cross app. 2. Visit [CapBlue.com/virtualcare](https://www.CapBlue.com/virtualcare).

Learn More

Visit [CapBlue.com/virtualcare](https://www.CapBlue.com/virtualcare) to learn more about virtual visits.

Questions

Call the number on your ID card.

[CapBlue.com/virtualcare](https://www.CapBlue.com/virtualcare)



Important notice for fully insured individual and employer group plans in Pennsylvania: Advertised health insurance policies or programs may not cover all your healthcare expenses. Read your contract or benefit booklet (certificate of coverage) carefully to determine which healthcare services are covered. Questions? Please call 800.962.2242 or the number on the back of your ID card (TTY: 711).

On behalf of Capital Blue Cross, American Well Corp. provides this online healthcare tool. American Well is an independent company.

Healthcare benefit programs issued or administered by Capital Blue Cross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company®, and Keystone Health Plan® Central. Independent licensees of the Blue Cross Blue Shield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.



Shift your mindset, *change* your health



Whatever 'healthy' means to you, Omada® helps you get there.
All at no cost to you.

What you get with Omada:

- ✓ A plan built around you
- ✓ Dedicated health coach & care team
- ✓ All the smart health devices you need

Do what works for you

We'll help you figure out the healthy habits and routines that work for you—motivation included.

24/7 access to support

From weekly lessons to online community, get all the tools you need to face any challenge head-on.

You decide what 'healthy' means

Try new things you actually enjoy, rather than avoiding foods you "can't eat" or things you "shouldn't do."

The best part? It's covered.

If you or your adult dependents are at risk for type 2 diabetes or living with diabetes, Capital Blue Cross will cover the entire membership cost.

It only takes 1 minute to get started.

With Omada, there's a program for you



Diabetes Prevention:
Weight loss and
overall health



Diabetes
Management

omadahealth.com/capitalbluecross

Important notice for fully insured individual and employer group plans in Pennsylvania: Advertised health insurance policies or programs may not cover all your healthcare expenses. Read your contract or benefit booklet (certificate of coverage) carefully to determine which healthcare services are covered. Questions? Please call 800.962.2242 or the number on the back of your ID card (TTY: 711).

On behalf of Capital Blue Cross, Omada Health, Inc., an independent company, provides these diabetes prevention and management programs. Capital Blue Cross is an independent licensee of the Blue Cross Blue Shield Association.



Reversing type 2 diabetes with Virta can taste great!

Virta uses the research-backed combination of nutritional ketosis, medical supervision, and one-on-one health coaching. You also get all the supplies you need for biomarker tracking, access to a private patient community, and curated recipes, food guides, and meal plans!

Virta can help you:

- ↓ Lower blood sugar.
- ↓ Decrease medications.
- ↓ Reduce A1c .
- ↓ Lose weight.
- ↓ Lower triglycerides.

How is Virta different?

- ⊘ No calorie counting.
- ⊘ No fasting.
- ⊘ No exercise required.
- ⊘ No medication.
- ⊘ No surgery.

Who is Virta for?

Virta is available to Capital Blue Cross members ages 18 to 79 who are enrolled in an eligible health plan. This benefit is available to those with type 2 diabetes. Some medical conditions will exclude patients from the Virta treatment. Start the application process now to find out if you qualify.



What's the cost?

There is no copay or out of pocket cost for the treatment—
Capital Blue Cross is fully covering the cost of Virta for those that qualify!

Learn more at

VirtaHealth.com/Join/CapitalBlueCross

Important notice for fully insured individual and employer group plans in Pennsylvania:

Advertised health insurance policies or programs may not cover all your healthcare expenses. Read your contract or benefit booklet (certificate of coverage) carefully to determine which healthcare services are covered. Questions? Please call 800.962.2242 or the number on the back of your ID card (TTY: 711).

On behalf of Capital Blue Cross, Virta Health, an independent company, provides this diabetes reversal program. Capital Blue Cross is an independent licensee of the Blue Cross Blue Shield Association.

Capital 

 **virta**

(Life Insurance continued)

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 the insurance carrier 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.

REMEMBER...

- This year, all employees must actively click through the online system and select their enrollment by November 21, 2025.
- 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 2026 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

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 6th through
November 21st

Open Enrollment Fair

Marlo Room, Farinon College Center
Wednesday, November 12th
10:30 a.m.-2 p.m.

Virtual Open Enrollment Information Session

Available on demand
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