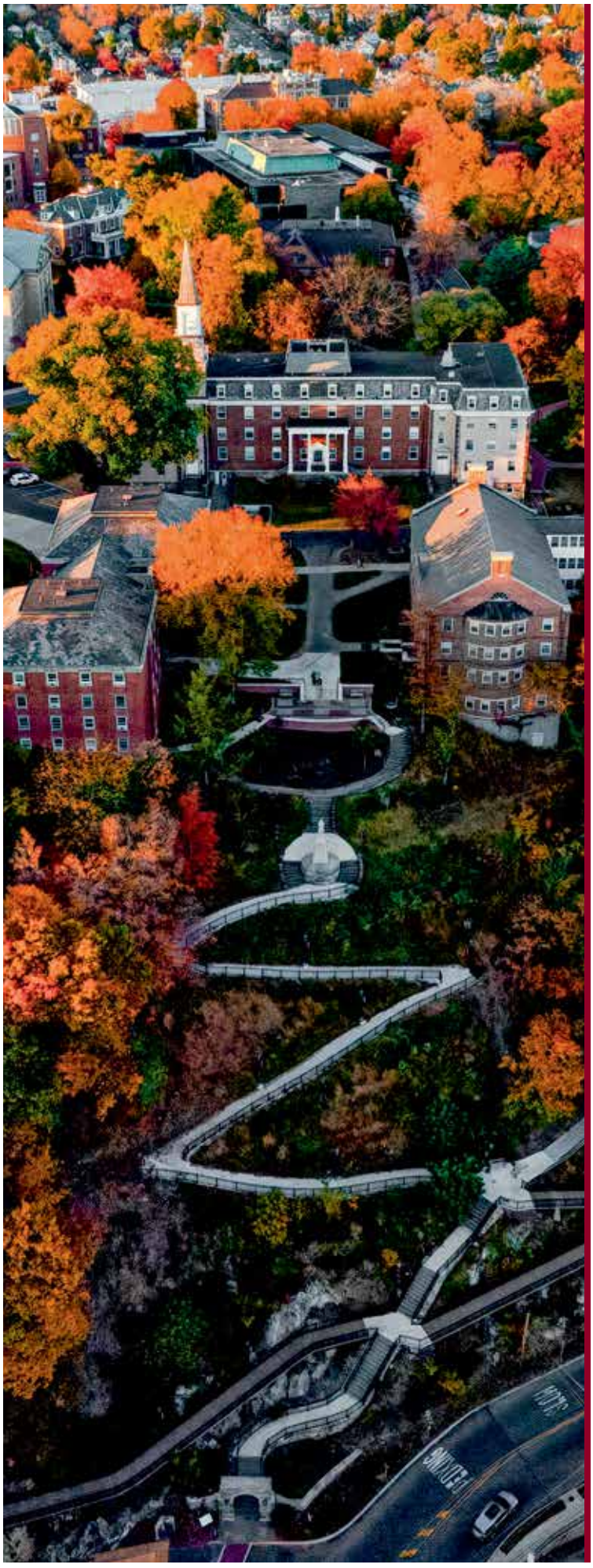


LAFAYETTE

OPEN ENROLLMENT 2027

This is your Benefits Open Enrollment reference guide. It contains information you should review to select your benefits for the 2027 plan year.

Your benefits choices take effect January 1, 2027. For complete information, consult the 2027 Benefits Open Enrollment website, **hr.lafayette.edu/open-enrollment.**

Open Enrollment Period November 5-20, 2026

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WELCOME to the 2027 Benefits Open Enrollment at Lafayette College

Active enrollment is required to receive benefits for 2027.

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, 2027, and will remain in effect through December 31, 2027. Election changes cannot be accepted after open enrollment has ended on November 20, 2026. Enrollment is required for all employees whether you are electing, making changes, or waiving coverage for the 2027 plan year.

IMPORTANT DATES

Open Enrollment Dates
November 5th through
November 20th

Capital Blue Cross - Individual Questions
Pfenning, 109 Evans Conference Room
Wednesday, November 11th
Visit the OE Website to schedule an appointment

Virtual Open Enrollment Information Session
Available on demand
on the OE Website

KEY POINTS FOR 2027

- **Medical Plans**—The College's Health Insurance Plan for Calendar Year 2027 will continue to offer the same three medical plans. Capital Blue Cross will continue to be our medical insurance carrier.
- **NEW!** The Pharmacy Benefits Manager (PBM) for 2027 will be RxBenefits with Express Scripts. Capital Blue Cross will no longer manage the pharmacy benefit.
- **Two Separate ID Cards for Medical and Pharmacy.** You will receive a Capital Blue Cross card for medical services and a new Express Scripts/Evernorth card to use for your pharmacy needs.
- **Delta Dental** will continue as the dental carrier for 2027 and there will be no plan design changes. Delta Dental does not mail ID cards. You can print your Delta Dental ID card by signing up with Delta Dental at **deltadentalins.com**.
- **Vision Insurance**—NVA will continue as the vision carrier for 2027 and there are no plan design changes. New ID cards will only be issued to individuals newly enrolling for the 2027 plan year.
- **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.
- **FSA and HSA**—FSA and employee elections to HSAs DO NOT continue 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 2027, you must make these elections during Open Enrollment.
- **Voluntary Life Insurance**—The Hartford is offering employees the opportunity during this open enrollment period to increase their voluntary life insurance coverage, without medical approval, up to the guaranteed issue of $300,000. This offer will only be available during the open enrollment period and waives the requirement of medical approval.
- **Medical, Dental, and Vision Premiums**—See page 6 for premium rates for 2027.

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).
- 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 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.
- The member number for RxBenefits is 1-800-334-8134. To enroll in the RxBenefits portal go to: **https://member.rxbenefits.com**

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, evaluate your health care needs and carefully review the information in this guide and the comparison chart on pages 4 & 5 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.

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').

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.

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.

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%
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, chemo-therapy, 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 (RxBenefits/Express Scripts) **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 $20 copay after deductible $45 copay after deductible $60 copay after deductible $20, $45, $60 copays 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
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

NEW for 2027! Prescription Coverage (Rx)

Lafayette's pharmacy benefits program will transition to RxBenefits with Express Scripts as the pharmacy benefit manager for 2027. You will continue to have access to thousands of retail pharmacies across the country, including many well-known chains (such as CVS, Walgreens, Wegmans and Giant) and independent pharmacies.

Retail Pharmacies (local neighborhood or chain store pharmacy): Show your Express Scripts Pharmacy 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 member.rxbenefits.com. Your plan's benefits determine if or how much you are charged when

Lafayette College Medical/Dental/Vision Insurance Premium Rates

MONTHLY PAYROLL DEDUCTIONS FOR ACTIVE EMPLOYEES

Beginning January 2027
Employee premiums for the High Deductible/HSA plan will remain the same and the premiums for the Standard and Low PPO plans will increase by 4.1%

MONTHLY			
	TOTAL PREMIUM ACTIVES	COLLEGE CONTRIBUTION	EMPLOYEE CONTRIBUTION
Capital BlueCross Standard PPO			
Individual	$957.53	$813.90	$143.63
Empl+Spouse	2,629.41	1,917.81	711.60
Empl+Child	2,237.39	1,844.58	392.81
Empl+Children	2,352.12	1,933.37	418.75
Family	2,744.15	2,005.10	739.05
High Deductible/HSA			
Individual	$752.80	$752.80	$0
Empl+Spouse	2,071.91	1,673.88	398.03
Empl+Child	1,762.30	1,591.34	170.96
Empl+Children	1,852.93	1,680.20	172.73
Family	2,162.46	1,761.30	401.16
Low Deductible			
Individual	$1,222.26	$813.90	$408.36
Empl+Spouse	3,475.43	1,917.81	1,557.62
Empl+Child	2,957.32	1,844.58	1,112.74
Empl+Children	3,108.92	1,933.37	1,175.55
Family	3,627.12	2,005.10	1,622.02
Delta Dental PPO			
Single Coverage	$35.95	-	$35.95
Two-Party	71.93	-	71.93
Three Or More	93.00	-	93.00
Vision			
Individual	$5.29	-	$5.29
Empl+Spouse	10.58	-	10.58
Empl+Child(ren)	14.22	-	14.22
Family	20.64	-	20.64

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 do not include the annual College HSA contribution for plan year 2027.

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 choose an out-of-network pharmacy, you will pay the full cost of your prescription upfront. Then, you'll need to submit a claim to Express Scripts for reimbursement. You can do this on your Express Scripts' website, which you can access through a link in your My RxBenefits member portal.

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 express-scripts.com/rx or download the app.

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 or app.

GLP-1 MEDICATION COVERAGE

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



Excluded: Weight loss drugs are excluded, including GLP-1s for weight loss.

Specialty Drugs: 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 and your doctor to give you personalized care that helps best manage your needs.

For more information about specialty drugs, call Accredo at 800-922-8279. You can also contact RxBenefits Member Services for assistance at 800-334-8134.

1 Not available for all specialty medicines.

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 after the employee's first payroll of the new year. For 2027, 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 2027 will be $4,500 for individual and $9,000 for family. Employees age 55 and older may contribute up to an additional $1,000 for 2027.

HealthEquity will remain the HSA plan administrator for 2027. 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 2027, you must enroll via the online enrollment system.

Flexible Spending Accounts (FSAs)

The College will continue to use the same flexible spending administrator for 2027 with WEX Health. A debit card will be issued to all new members enrolling in the medical flexible spending account for 2027. Participants already enrolled in 2026 and re-enrolling in 2027 will keep their current debit card. All employees enrolling for the 2027 calendar year need to enroll via the online enrollment system, even if you are currently enrolled in the program for 2026.

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.

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	$4,500 Individual $9,000 Family The annual limits include the contribution amount from the College Employees 55 and older can contribute an additional $1000		$3,500 (projected)		$7,500 (projected)
Carryover of unused funds to the next year	Yes		$680–2026 rollover to 2027 $700–2027 rollover to 2028 (projected)		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.)

IMPORTANT

Flexible spending accounts operate on a calendar year basis. If you wish to participate for 2027, 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 2027 is projected to increase to $3,500. It is projected that employees may carry over up to $700 of their unused benefit from their 2027 medical flexible spending account into the 2028 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 2027 is projected to stay atremain$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 2027, 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.

The annual benefit remains at $1,000 and the rollover benefit will continue into 2027. With this rollover feature, employees may be eligible to roll over up to $500 of unused dental benefit from 2026 into 2027. 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%	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
Bitewings (one set of four every six months)	Simple Extractions	Prosthetics (one per tooth in five years)	(Covers children to age 19)
Full mouth (one every three years)	Anesthesia	Pontics	$1,000 lifetime maximum per patient
Fluoride Treatments (one every six months till age 19)	Specialist Consultations	Surgical Periodontics	
Sealants (one tooth every three years; permanent first molars to age 10; permanent second molars to age 15)	Non-Surgical Periodontics		
Palliative Emergency Treatment	Oral Surgery		

MONTHLY PREMIUM RATES

	TOTAL PREMIUM ACTIVES	COLLEGE CONTRIBUTION	EMPLOYEE CONTRIBUTION
Delta Dental PPO			
Single Coverage	$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

A summary of the vision 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	-	$5.29
Employee + Spouse	$10.58	-	10.58
Employee + Child(ren)	$14.22	-	14.22
Family	$20.64	-	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)

AblePay

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.

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).**

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!

TRUSTED BY (AND MANY OTHERS):

Penn Medicine • Virtua Health • ChristianaCare • St. Luke's University Health Network
Penn State Health • Penn Medicine Lancaster General Health • Inspira Health • Main Line Health •
Lehigh Valley Health Network • Tower Health • Orthopedic Associates of Lancaster • Lancaster Orthopedic Group
Nemours Children's Health • Bayhealth • Redeemer Health • Penn Medicine Doylestown Health

If you are receiving a copy of this notice electronically, you are responsible for providing a copy of it to any Part-D eligible dependents covered under the group health plan.

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 Medical plan for Lafayette College for the plan year 2027 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 Medical plan for Lafayette College 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 Medical plan for Lafayette College creditable coverage.

- You may stay in the Medical plan for Lafayette College and also enroll in a Medicare prescription drug plan. The Medical plan for Lafayette College will be the primary payer for prescription drugs and Medicare Part D will become the secondary payer.

- You may decline coverage in the Medical plan for Lafayette College and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do not enroll in the Medical plan for Lafayette College, 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 12, 2026
Name of Entity/ Sender: Contact	Lafayette College/Cristie Lazart Office of Human Resources
Office: Address:	730 High Street, 12 Markle Hall, Easton, PA
Phone Number:	18042 (610) 330-5062

Access your pharmacy benefits information 24/7/365 with My RxBenefits member portal
Member.RxBenefits.com

Your Prescription Drug Coverage in 2027

Welcome to the RxBenefits Family!

Your employer has recently selected **Express Scripts** and **RxBenefits** to administer and service your pharmacy benefits coverage for the upcoming plan year.

WHAT YOU NEED TO KNOW FOR 2027

Member ID Cards

Your new ID card will be delivered to your home address by Express Scripts prior to 1/1/2027. Please make sure you show this new ID card to your pharmacy on or before 1/1/2027. Your card includes important updated information your pharmacist needs to fill your prescription.
If you do NOT have a pharmacy ID card or need a replacement, call Members Services at 800.334.8134 or download one on the RxBenefits member portal at member.rxbenefits.com.



How Can We Help?

You have access to **RxBenefits Member Services Team**, available Monday through Friday, 8:00 a.m. – 9:00 p.m. Eastern, at **800.334.8130**. Our knowledgeable representatives can assist you with pharmacy-related questions such as:

- Is my drug covered? What will it cost?
- Is the pharmacy in the network?
- Are there lower cost alternatives?
- Can you assist me with benefits questions?
- Can you help transition my mail order scripts?

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Wellthy

Support for an aging loved one

- Research home care providers and compare care options
- Find resources for memory loss or changing care needs
- Help coordinate appointments and ongoing care logistics

Help with a diagnosis or health need

- Research providers for yourself or a loved one
- Help coordinate appointments and organize medical records
- Find support resources related to your diagnosis or health needs

Childcare that fits your family

- Research childcare options based on your needs and schedule
- Help compare providers and understand their availability
- Coordinate outreach and gather information about enrollment

Help with medical bills and insurance

- Help organize medical bills and insurance paperwork
- Track claims and help clarify billing questions
- Follow up with providers and insurers on unresolved issues

Get started at wellthy.com/member/lafayette

HealthAdvocate℠

Access confidential support for mental and emotional health needs

- Learn what counseling options are available and which type may work best for you: phone, in-person or virtual
- Find long-term help from qualified professionals and treatment centers

Build skills to better cope with the challenges in your life

- Work through issues that impact your life and well-being, like relationship and family conflicts, stress, anxiety, depression, substance abuse, and more
- Develop a plan to feel happier, healthier, and more in control

Get resources to help you better balance work and life

- Locate the right resources for help, including childcare, eldercare, relocation support, time management, and more
- Get guidance from specialists for legal and financial issues

Get help anytime, anywhere online or through our mobile app

- Quickly connect with an advocate in real time through chat
- Explore webinars, online courses, and articles on a variety of mental and emotional health topics

Call 877-240-6863 Web HealthAdvocate.com/members

Capital

omada

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.

CM-347 (12/12/23)



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 y ou:

- 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

CM-348 (12/13/23)

(Life Insurance continued)

VOLUNTARY LIFE INSURANCE

The Hartford is offering employees the opportunity during this open enrollment period to increase their voluntary life insurance coverage, without medical approval, up to the guaranteed issue of $300,000. This offer will only be available during the 2027 open enrollment period and waives the requirement of medical approval.

Following this one-time enrollment opportunity, employees will have the option to increase their coverage each year during open enrollment up to $30,000 without being subject to medical approval, if the coverage was not declined in the prior year. Elective coverage increases exceeding $30,000, or if coverage was previous declined, will remain contingent upon medical underwriting approval.

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

REMEMBER...

- This year, all employees must actively enroll through the online system and select their benefits by November 20, 2026.
- 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 2027 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:
800-962-2242

RxBenefits Member Services—Pharmacy:
800-334-8134

Delta Dental:
800-422-4234

Assistance with 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 5th through
November 20th

Capital Blue Cross - Individual Questions
Pfenning, 109 Evans Conference Room
Wednesday, November 11th
Visit the OE Website to schedule an appointment

Virtual Open Enrollment Information Session
Available on demand
on the OE Website

LAFAYETTE COLLEGE

Office of Human Resources
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