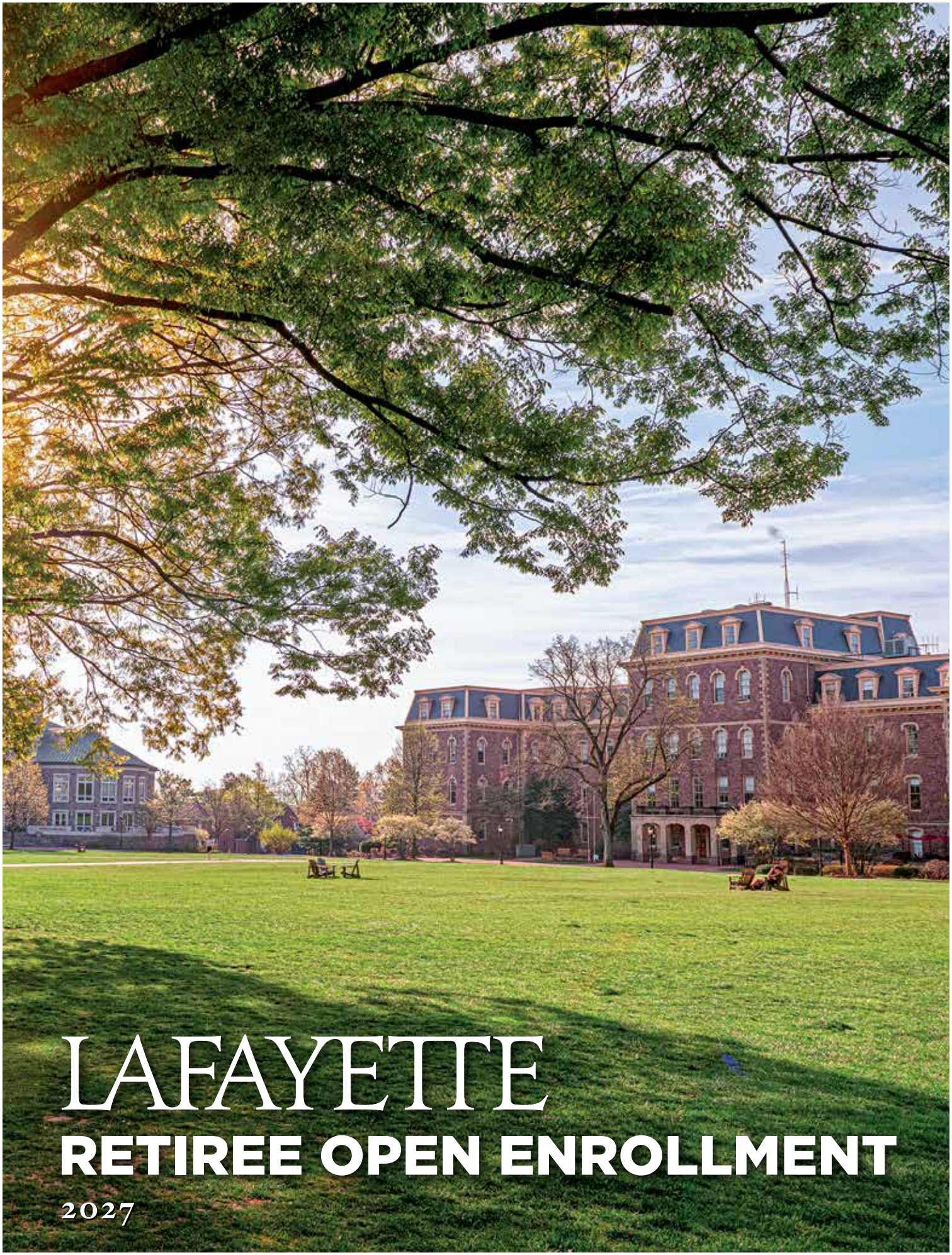


LAFAYETTE

RETIREE OPEN ENROLLMENT

2027



WELCOME

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

What You Need to Know During Open Enrollment 2027

Dates for Open Enrollment are November 16–December 1, 2026

Elections made during Open Enrollment will be effective on January 1, 2027, and will remain in effect through December 31, 2027.

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

- **To make changes to your medical or dental coverage for the 2027 plan year, email Jill Kauffman at kauffmji@lafayette.edu.**
- **If you do not wish to make any changes to your medical or dental coverage, you do not need to take any action. Your current medical and dental coverage will carry into 2027.**
- **Election changes cannot be accepted after open enrollment has ended without proof of a qualified life event.**
- **To enroll in the vision program, a new enrollment form must be mailed each year. Please use the enclosed NVA enrollment form and mail the completed form along with your payment directly to NVA.**

ID CARDS

Pre-65 Retiree ID Cards NEW for 2027: You will receive a new medical card from Capital Blue Cross AND you will also receive a prescription card from Express Scripts/Evernorth. **Beginning January 1, 2027, you will use two separate cards; your Capital Blue Cross card for medical and your Rx Benefits/ Express Scripts card for pharmacy.**

Post-65 Retiree ID Cards: You will not receive a new ID card card from Highmark Freedom Blue for 2027 unless you are newly enrolling for 2027.

Dental: Delta Dental does not mail ID cards. You have the ability to print an ID card from the Delta Dental website: **www.deltadentalins.com**.

Post-65 Retirees

For eligible retirees hired on or before June 30, 1996
The College is pleased to continue to offer the Highmark Freedom Blue PPO Plan for post-65 retirees. The monthly contribution for post-65 individual retirees will be $62.10. The monthly contribution for post-65 spouses/surviving spouses will be $118.30. If you are not making any changes to your coverage, you do not need to complete any forms.

POST-65 MEDICAL PLAN OPTIONS

1. Highmark Blue Shield Freedom Blue PPO (Medicare Advantage Plan)

2. Health Insurance Premium Reimbursement Option

HIGHMARK BLUE SHIELD FREEDOM BLUE PPO

The Freedom Blue PPO plan is a Medicare Advantage plan for retirees who are 65 and older, or who are otherwise Medicare eligible. Because it is a PPO, you are not required to select a primary care physician. It allows for direct access to PPO network physicians without a referral. You may also choose to obtain services with medical providers out-of-network. Higher deductibles and coinsurance apply to out-of-network care. A summary of benefits for the Highmark Freedom Blue PPO plan can be found on page 5.

The Freedom Blue PPO Plan is governed by Medicare, and as a result there is a change to Medicare Part D prescription drug plans for 2027. The out-of-pocket maximum on part D drugs will increase to $2,400 for 2027. After reaching the True Out of Pocket (TrOOP) costs of $2,400, there is $0 member cost sharing for covered Part D drugs in the catastrophic coverage phase, including for covered insulin products and Part D vaccinations.

HEALTH INSURANCE PREMIUM REIMBURSEMENT OPTION

Post-65 retirees newly electing to participate in the Premium Reimbursement option will need to notify the Office of Human Resources in order to cancel your current Lafayette insurance coverage. The College will continue to reimburse up to $252.90 per month for the retiree only; up to $196.70 per month for a spouse; and up to $196.70 per month for a surviving spouse, under the premium reimbursement arrangement. If you elect this option, you will need to purchase coverage on your own. Upon submitting evidence of this payment to the Office of Human Resources, you will receive reimbursement as detailed above. Premium reimbursements are paid on a quarterly basis (please see page 11 for more information).

Pre-65 Retirees

The College will continue to offer the same medical plans to eligible retirees for 2027, the Standard PPO and Low Deductible PPO. There are no plan design changes to these plans and Capital Blue Cross will continue as the health insurance carrier for our medical plans.

NEW for 2027!
Pre-65 Prescription Coverage (Rx)

Your pharmacy benefit 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 WalMart) and independent pharmacies.

Watch Your Mail: Review incoming mail from RxBenefits/Express Scripts by Evernorth for your new cards, account setup instructions, and medication coverage for 2027.

RETAIL PHARMACIES (LOCAL NEIGHBORHOOD OR CHAIN STORE PHARMACY)

Show your Express Scripts 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 member.rxbenefits.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 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.

SUMMARY OF COST-SHARING	STANDARD PPO		LOW DEDUCTIBLE PPO	
	AMOUNTS MEMBERS ARE RESPONSIBLE FOR		AMOUNTS MEMBERS ARE RESPONSIBLE FOR	
	Participating Providers	Non-Participating Providers	Participating Providers	Non-Participating Providers
Deductible (per benefit period)	$1,500 per member $4,500 per family	$3,000 per member $8,000 per family	$500 per member $1,500 per family	$1,000 per member $3,000 per family
Office Visits (performed by a Family Practitioner, General Practitioner, Internist, Pediatrician, Preventive Medicine specialist, or participating Retail Clinic)	$25 copayment per visit	40% coinsurance applies	$20 copayment per visit	35% coinsurance applies
Specialist Office Visit	$40 copayment per visit	40% coinsurance applies	$30 copayment per visit	35% coinsurance applies
Emergency Room	$200 copayment per visit, waived if admitted	$200 copayment per visit, waived if admitted	$200 copayment per visit, waived if admitted	$200 copayment per visit, waived if admitted
Urgent Care	$50 copayment per visit	40% after deductible	$50 copayment per visit	35% coinsurance per visit
Inpatient (Per Admission)	20% coinsurance after deductible	40% coinsurance after deductible	15% coinsurance after deductible	35% coinsurance after deductible
Outpatient Surgery Coinsurance (facility)	20% coinsurance after deductible	40% coinsurance after deductible	15% coinsurance after deductible	35% coinsurance after deductible
Coinsurance	20% coinsurance	40% coinsurance	15% coinsurance	35% coinsurance
Out-of-Pocket Maximum (includes deductible, copays, and coinsurance)	$5,000 per member $10,000 per family	$10,000 per member $20,000 per family	$5,000 per member $10,000 per family	$10,000 per member $20,000 per family
Coverage Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Prescription Drugs (RxBenefits/Express Scripts)	Deductible $300/900 Retail $10/40/60/75 Mail Order $20/80/120	N/A	Deductible $200/600 Retail $10/35/55/70 Mail Order $20/70/110	N/A

For more information about **Capital Blue Cross call 1-800-962-2242**, or visit their web site: **www.capbluecross.com**
For information about prescription drugs call RxBenefits: **1-800-334-8134**

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.

Weight loss drugs are be excluded, including GLP-1s. GLP-1 medication prescribed for Type 2 Diabetes will remain covered.

MEDICAL PLAN CHOICES FOR 2027

The College offers two medical plan options, consisting of a Standard PPO plan, and a Low Deductible PPO plan. Both plan designs are based on a Preferred Provider Organization (PPO) model. In a PPO, a member does not need to select a primary care physician, and does not need a referral to see a specialist. The chart above provides a summary of the plan options for 2027 and a side-by-side comparison of both medical plans.

Standard PPO Plan:
Plan Design for 2027 (in-network benefits): the medical deductible is $1,500 for an individual and $4,500 for a family. The medical copays are $25 for a primary care visit, $40 for a specialist visit, and $200 for emergency room services (waived if admitted). The coinsurance for medical services is 20%. There is a combined out-of-pocket (OOP) max of $5,000 for an individual and $10,000 for a family. Instead of a separate OOP for medical expenses and a separate OOP for prescription expenses, there is one combined OOP maximum limit. This means that all medical and prescription expenses incurred by the retiree apply to one calendar year OOP maximum limit.

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

FREEDOM BLUE PPO

BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Deductible	$800	
Coinsurance	15%	30%
In Network Out-of-Pocket Max	$1,600	—
Catastrophic Out-of-Pocket Max	$3,400	
Outpatient Services		
Doctor Office Visit	$15 PCP, $25 specialist cost sharing	30% coinsurance
Preventive Testing/Screenings	Covered in Full	Covered in Full (of allowance)
Diagnostic Testing including Lab, X-Rays and Advanced Imaging	15% coinsurance	30% coinsurance
Outpatient Surgery	15% coinsurance	30% coinsurance
Emergent and Urgent Services		
Ambulance	15% coinsurance (Emergent)	15% coinsurance (Emergent)
Emergency Room	$75 copayment	$75 copayment
Inpatient Hospital Stay	15% per stay	30% coinsurance
Skilled Nursing Facility (days 1-100 per benefit period)	$20 days 1-20 / 15% days 21-100	30% coinsurance
Supplies and Additional Services		
Durable Medical Equipment	15% coinsurance	30% coinsurance
Routine Vision (covered every two calendar years)	Standard eyeglass lenses and frames or contact lenses are covered in full. A $150 benefit maximum applies to non-standard frames and a $150 benefit maximum for specialty contact lenses.	$150 benefit maximum for specialty frames or specialty contact lenses.
Hearing Aids	Option to purchase from TruHearing in-network providers [$499 copayment for TruHearing Advanced or $799 copayment for TruHearing Premium; up to two aids per year]. $500 allowance every 3 years if purchased through any other provider.	

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

MEDICARE PART D DRUGS (Up to 31 Day Supply)	$250 deductible	
	Preferred Pharmacy (MPVN) $10 Generic; $25 Pref. Brand; $55 Non-Pref; $60 Specialty	**Standard Pharmacy** $15 Generic; $30 Pref. Brand; $60 Non-Pref; $60 Specialty
	After reaching the True Out of Pocket (TrOOP) costs of $2,400, there is $0 member cost sharing for covered Part D drugs in the catastrophic coverage phase, including for covered insulin products and Part D vaccinations.	**Mail Order** through Express Scripts $25 Generic; $62.50 Pref. Brand; $137.50 Non-Pref. Brand All other Mail Order Pharmacies $37.50 Generic; $75 Pref. Brand; $150 Non-Pref. Brand

- **Medicare Preferred Value Network (MPVN) includes 25,000 independent and chain pharmacies, as well as Express Scripts (ESI) mail home delivery program. Highmark members will save money on formulary drugs when fulfilling prescriptions at a MPVN pharmacy or through mail order. Does not apply to specialty drugs.**

Low Deductible PPO Plan:
A low deductible PPO plan offers richer benefits (lower out-of-pocket expenses) in exchange for increased monthly premiums. Plan Design (in-network benefits): The medical deductible is $500 for an individual and $1,500 for a family. The medical copay is $20 for a primary care visit, $30 for a specialist visit, and $200 for emergency room services (waived if admitted). The coinsurance for medical services is 15%. There is a combined out-of-pocket (OOP) max of $5,000 for an individual and $10,000 for a family. Instead of a separate OOP for medical expenses and a separate OOP for prescription expenses, there is one combined OOP maximum limit. This means that all medical and prescription

expenses incurred by the retiree apply to one calendar year OOP maximum limit.

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

Capital Blue Cross (Pre-65)

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

In addition, if you are traveling outside of the country, you can locate participating facilities and professional providers in over 200 countries by accessing Blue Cross Blue Shield Global at bcbsglobalcore.com.

Dental Plan 2027

For calendar year 2027, the dental plan insurance carrier for the College will remain 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 is $1,000 and the rollover benefit will continue into 2027. With this rollover feature, you may be eligible to rollover 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. With Delta Dental you will not need an ID card to seek services, however, you have the ability to print an ID card from the Delta Dental website: **www.deltadentalins.com**.

The plan provides members significant savings by receiving services from participating dental providers, and also allows members to receive services from non-participating providers of their choice with insurance reimbursements based on the contracted allowances.

The Delta Dental plan provides coverage for the full range of dental care needs, such as routine preventive and diagnostic, basic and major restorative, and orthodontic services. The plan utilizes the Delta Dental PPO network of dental providers. You can locate a participating dentist at their website: www.deltadentalins.com.

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

(continued on page 12)

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		

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

Lafayette College Medical/Dental Insurance Premium Rates

MONTHLY RATES FOR RETIRED EMPLOYEES

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

MONTHLY			
PRE-65 RETIREES	**TOTAL PREMIUM**	**COLLEGE CONTRIBUTION**	**RETIREE CONTRIBUTION**
Capital Blue Cross Standard PPO			
Retiree	$957.53	$813.90	$143.63
Sp/Surv Sp	957.53	670.27	287.26
Retiree+Sp	2,629.41	1,917.81	711.60
Retiree/Child	2,237.39	1,844.58	392.81
Retiree/Children	2,352.12	1,933.37	418.75
Family	2,744.15	2,005.10	739.05
Capital Blue Cross Low Deductible			
Retiree	$1,222.26	$813.90	$408.36
Sp/Surv Sp	1,222.26	670.27	551.99
Retiree+Sp	3,475.43	1,917.81	1,557.62
Retiree/Child	2,957.32	1,844.58	1,112.74
Retiree/Children	3,108.92	1,933.37	1,175.55
Family	3,627.12	2,005.10	1,622.02

POST-65 RETIREES	**TOTAL PREMIUM**	**COLLEGE CONTRIBUTION**	**RETIREE CONTRIBUTION**
Highmark FreedomBlue PPO			
Retiree	$315.00	$252.90	$62.10
Sp/Surv Sp	315.00	196.70	118.30

Delta Dental PPO			
Single Coverage	$35.95	-	$35.95
Two-Party	71.93	-	71.93
Three Or More	93.00	-	93.00

Vision Discount Program through NVA Opti-Vision

SCHEDULE OF VISION BENEFITS

Benefit	**Participating Provider**	
Examinations	$38	
Lens Type	**Glass**	**Plastic**
Single Vision	$30.00	$31.00
Bifocal	$41.00	$45.00
Trifocal	$50.00	$55.00
Lenticular	Retail less 25%	Retail less 25%
Frames	Wholesale cost + 50%	
Contact Lenses*	Retail less 25%**	

*Additional professional services related to contact lenses (evaluation/fitting fees) are included in the discounted amount.

**Discount is not applicable to mail order; however, you may get even better pricing through Contact Fill.

Due to their everyday low prices, WalMart/Sam's Club stores do not accept the discount prices.

You must obtain benefits from an NVA participating provider.

Laser Eye Surgery-NVA has chosen The National LASIK Network to serve their members. Members are entitled to significant discounts and a free initial consultation with all in-network providers.

Hearing Discount-You will receive up to 30-60% off retail at participating provider locations through EPIC Hearing.

Annual cost to enroll for 2027 is $6.60 per family.

Web: **www.e-nva.com**

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: Address:	Office of Human Resources 730 High Street, 12 Markle Hall, Easton, PA
Phone Number:	18042 (610) 330-5062

Highmark Fitness Benefit:

SilverSneakers®

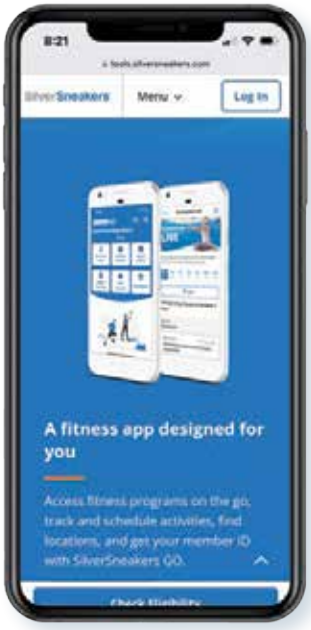
Available to Medicare Advantage members and Medigap members (enrolled in Whole Health Balance), this benefit makes it easy to stay fit and active.

What you get with SilverSneakers:

- **Over 17,000 fitness locations:** SilverSneakers partners with thousands of gyms, community centers, and other facilities across the country.*
- **A variety of classes:** Choose from a large selection of classes designed for all fitness levels.
- **Online resources:** Access to live virtual classes and on-demand workout videos, healthy living tips, and more.
- **SilverSneakers GO mobile app:** Use fitness programs on the go, track and schedule activities, find locations, and view your member ID.

Four steps to use SilverSneakers:

1. **Create an online account.** Visit **SilverSneakers.com** and click **Check Eligibility**, then follow the steps to make an account.
2. **Find a location near you.** On the home page, click **Fitness Locations** to find participating gyms nearby or check that your current gym is in network.
3. **Keep your ID number handy.** In your account, you'll see your 16-digit ID number. If you've used SilverSneakers before (either through Highmark or another health plan), your ID number will be the same. You can download a print or digital version of your card from your account.
4. **Visit your gym.** We recommend you call the gym beforehand to see if you need to make an appointment to set up your membership. Make sure to show your ID number to the front desk staff when you arrive.



HIGHMARK.
Because Life.™

If you need help with any of the steps above, call SilverSneakers at **888-423-4632 (TTY call 711)**, Monday – Friday, 8 a.m. – 8 p.m.

HEALTH INSURANCE PREMIUM REIMBURSEMENT OPTION
Retiree Medical Premium Reimbursement Program

1. **Reimbursement Eligible Expenses**
   Post-65 eligible retirees electing to participate in the Premium Reimbursement option must notify the Office of Human Resources to enroll and must purchase their own health coverage. The College will reimburse retiree payments for health coverage up to an annually specified amount under the premium reimbursement arrangement, which includes reimbursement to the retiree and/or eligible spouse for supplemental medical and Part D/Rx. Some types of coverage (e.g., Medicare Part B, Dental, Vision, etc.) are not eligible for reimbursement. Reimbursement requests must include a signed premium reimbursement form with payment itemization and evidence of payment for eligible expenses paid within the preceding 12 months. **Retroactive reimbursements are limited to 12 months.**

2. **Reimbursement Requests**
   Reimbursement request forms can be obtained online at https://hr.lafayette.edu/forms/#retirees or from the Office of Human Resources. This form and proper documentation are required for payments to be processed and must include:
   - The months and year(s) for which payment is requested
   - Itemization of all reimbursement amounts requested, including:
   - Type of coverage (medical and/or Part D/Rx)
   - Note: Some types of coverage (e.g., Medicare Part B, Dental, Vision, etc.) are not eligible for reimbursement
   - Covered person(s) for each payment amount
   - Proof of payment/billing for each coverage
   - Signature* and printed name of retiree, eligible spouse, or designated party

3. **Submission Options**
   Reimbursement request forms may be submitted to Human Resources, along with the supporting payment documentation explained above, in any of the following ways:
   - Recommended: Email, as a PDF or photo attachment, to: hroffice@lafayette.edu
   - Fax to: 610-330-5720
   - Mail to: Lafayette College, Human Resources, Attn: Retiree Reimbursement, 012 Markle Hall, Easton, PA 18042

4. **Submission Deadlines**
   Reimbursement payments are processed every 3 months. Reimbursement requests received by the 15th of January, April, July, and October will be processed for payment on or before the last day of those months. Requests received after the 15th of those months will be paid the following quarter.

5. **Payment Options**
   Reimbursement payments will be made via direct deposit or manual check. Direct deposit payments will typically appear in personal accounts the next business day, while manual checks will be sent via U.S. Mail and may take up to 7 days or longer for delivery.

   For those interested in setting up direct deposit, a direct deposit enrollment form can be obtained on the Finance Forms page and sent to: Accounts Payable, Lafayette College, 030 Marquis Hall, Easton, PA 18042, or accountspayable@lafayette.edu.

**Participants must certify that they have been enrolled in the stated insurance plans, which provide basic hospitalization, medical/surgical, and/or prescription coverage for the period indicated, and that they have paid the premiums submitted for reimbursement. The amounts submitted are subject to annual auditing and may not include payments for coverage of Medicare Part B, Dental, Vision, or other ineligible coverages.*

(Dental continued)

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.

Please see the summary on page 6 for more information.

Important information for retirees hired after July 1, 1996

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

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

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

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

Reminders

Please remember to notify the Office of Human Resources of any permanent address changes to ensure proper delivery of future mailings.

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

If you have questions on the retiree health care coverage, please contact the Office of Human Resources at 610-330-5901 or email kauffmji@lafayette.edu.

Enrollment changes must be received in the Office of Human Resources by December 1, 2026.

HOW TO CONNECT WITH YOUR INSURANCE CARRIERS FOR HELP:

Highmark Freedom Blue (Post-65):
800-550-8722

Capital Blue Cross, Medical & Rx (Pre-65):
800-962-2242

Rx Benefits, Pharmacy (Pre-65):
800-334-8134

Express Scripts Pharmacy:
833-715-0946

Delta Dental:
800-422-4234

NVA, Vision:
800-672-7723

GENERAL NOTICE

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/retirees.

The College's Board of Trustees reserves the right to amend or modify the Benefits Program at any time and for any reason, with respect to both current and former employees (including retirees) and their dependents. Such changes may include, but are not limited to, the right to (1) change or eliminate benefits (including benefits for retirees), (2) increase or decrease participant contributions, (3) increase or decrease deductibles and/or copayments, and (4) change the class(es) of participants and/or dependents covered by the Program. The College also reserves the right to terminate the Benefits Program, or any portion of the Benefits Program, at any time and for any reason by or pursuant to a written instrument executed by the College. No amendment, termination or partial termination of the Program will affect claims incurred for which items or services have been provided prior to the date of amendment, termination or partial termination.

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

LAFAYETTE COLLEGE

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