

2008 ~ 2009
Dartmouth Student
Group Health Plan
(DSGHP)



2007 Class Photo, Dartmouth Hall, Joseph Mehling '69

Summary of Benefits
and
Waiver Requirements

Introduction

This brochure provides a summary of information regarding Dartmouth Student Group Health Plan (DSGHP) coverage and Dartmouth's mandatory waiver process for the 2008-2009 plan year.

By College policy, all active students are automatically enrolled in the Dartmouth Student Group Health Plan (DSGHP) and charged the annual premium each academic year.



About The Plan

Dartmouth College is committed to enhancing the academic success of our students by helping them to achieve and maintain the highest levels of health and well being possible. By developing our students into self-health advocates we are preparing them to become quality and cost conscious consumers of health care for the future. The DSGHP takes every opportunity to help students learn what is important to their health, reduce risks, and use the system of care available to them. Having this goal with our students each year is to favorably influence the health of future generations.

The Dartmouth Student Group Health Plan was designed specifically for Dartmouth Students (and their dependents) to provide health care that complements the services available through the Dartmouth College Health Service. Although most students use the College Health Service for their basic needs, this does not protect them from financial hardships in the event of a serious medical problem. For **over 30 years** the Plan has worked to maximize the benefits available to students while striving to minimize the total cost of healthcare.

The DSGHP meets the standard guidelines issued by the American College Health Association (ACHA) for an appropriate credible student health insurance and benefits program, **it even exceeds them!**



The Dartmouth College Requirement for Health Insurance and Waiver Process

All active students are enrolled into the Dartmouth Student Group Health Plan (DSGHP) each academic year. To opt out of the Plan they must submit a completed waiver petition providing evidence of comparable health insurance coverage. Approved waiver petitions are only valid for one academic year. The Dartmouth Board of Trustees made this decision in 1977 and for three decades this policy has given students the peace of mind that comes with knowing they are well insured. The deadline to submit completed waiver petitions for students starting fall term is August 1. For students starting winter, spring, or summer terms the deadline is the first day of the term.

Students who lose their employer sponsored health insurance coverage involuntarily, and Special Non-Dartmouth Exchange students may enroll at a later time. See "Qualified Late Enrollments" on page 11 for further details.



Waiver Process

Dartmouth students may waive the automatic enrollment in the Dartmouth Student Group Health Plan (DSGHP) by demonstrating qualifying coverage with another health insurance or health plan. This is done by providing the DSGHP Office with a waiver petition signed by a representative of the health insurance plan.

All active Dartmouth students, including those who are not taking classes or who are on a leave term, must submit a new completed waiver petition each academic year they do not want to enroll into the Dartmouth Student Group Health Plan.

The plan representative must indicate “yes” on the waiver petition to all five of the following conditions in order for your waiver to be approved.

- 1) The Plan provides coverage for urgently needed and medically necessary care in the Hanover, New Hampshire area. (Plans that only provide emergency coverage in the Hanover, New Hampshire area do not meet this requirement.)
- 2) The Plan provides coverage for inpatient and outpatient mental health care and chemical/substance abuse treatment. Benefits include at least thirty (30) outpatient mental health visits in the Hanover, New Hampshire area.
- 3) The maximum benefit for the coverage is \$500,000 or more per plan year.
- 4) The Plan will remain in force as long as the student remains active (including when on an approved leave of absence, leave term, or pending graduation) for the plan year beginning September 1, 2008 and ending August 31, 2009.
- 5) The Plan is licensed to do business within the United States of America. This includes a U.S. claims processor and a U.S. claim inquiry phone number.

All five conditions and the plan representative's signature must be provided at the start of each academic year for DSGHP enrollment to be waived.

Take The Test

Does your health plan cover all that you will need while at Dartmouth?

Does your plan cover all that the Dartmouth Student Group Health Plan (DSGHP) will?

<u>Does your plan:</u>	<u>DSGHP</u>	<u>Your Plan</u>
1) Cover urgently needed, medically necessary care in the Hanover, NH area?	Yes	_____
2) Cover inpatient and outpatient mental health care and chemical/substance abuse treatment in the Hanover, NH area?	Yes	_____
3) Cover 40 outpatient mental health sessions per plan year?	Yes	_____
4) Have a maximum benefit of at least \$500,000 or more per plan year?	Yes	_____
5) Have out of pocket expenses that you can afford?	Yes	_____
6) Include world wide coverage?	Yes	_____
7) Provide worldwide travel assistance 24 hours a day 7 days a week to locate qualified medical care and emergency evacuation, including repatriation, if you become ill or injured while traveling?	Yes	_____
8) Include prescription coverage?	Yes	_____
9) Remain in force for the entire time you are an active Dartmouth student?	Yes	_____
10) Cover pre-existing conditions?	Yes	_____
11) Cover you while you are on a leave term or an approved leave of absence?	Yes	_____
12) Offer coverage for your spouse, children, or domestic partner?	Yes	_____
13) Provide local friendly assistance with questions and claim submission?	Yes	_____

Period Of Coverage (Plan Year)

Effective Date:
September 1, 2008

Termination Date:
August 31, 2009

Contact Us

Phone: 603-646-9438
603-646-9439

E-mail:
Dartmouth.Student.Health.Plan@Dartmouth.EDU

Web:
<http://www.dartmouth.edu/~health/depts/insurance/index.html>



Dartmouth Student Group Health Plan (DSGHP) Highlights

- ~ No pre-existing condition exclusion or waiting period.
- ~ First dollar benefits for on-campus medical expenses.
- ~ World-wide coverage for care received at or away from Dartmouth College, including travel assistance with Medex Plus
- ~ Prescription drug benefits for the campus pharmacy and the 60,000 nation-wide participating pharmacies of Medco Health.
- ~ \$1,000 individual maximum annual out of pocket for in-network care and \$2,000 of the usual and customary fees for out-of-network care.
- ~ Coverage for injuries sustained in NCAA sanctioned sports.
- ~ Coordination of services by Dartmouth College Health Service staff who know Dartmouth students. This is particularly important when students need to receive services that the Health Service is unable to provide.
- ~ On-campus assistance for eligibility and claim submission
- ~ Toll-free telephone number to our Claims Administrator, Klais & Co., along with web access to view claim status and membership information.
- ~ \$2 million lifetime benefit maximum

Student Eligibility

~ A matriculated, full-time, undergraduate student, in satisfactory standing, making satisfactory progress toward a degree under an approved Dartmouth plan.

~ A full-time student enrolled in a Dartmouth Exchange Program, but only during the terms of Dartmouth enrollment.

~ A full-time and part-time special, non-Dartmouth student, but only during the terms of Dartmouth enrollment.

~ A full-time and part-time graduate student in satisfactory standing, making satisfactory progress toward a Dartmouth degree (with the approval of the appropriate dean).

NOTE: A full-time and part-time student is a student who is designated as active in the Dartmouth Student Information System, Banner, with the approval of the appropriate dean.



Dependent Coverage



Coverage for a student's spouse, domestic partner, or children is available at the same level of benefits provided for students except benefits requiring Dartmouth College Health Service eligibility. (Refer to the Dartmouth College Health Service at Dick's House brochure.)

A Domestic Partner is an individual who is of the same gender as the student and who satisfies the requirements for the recognition as a Domestic Partner by completing the Dartmouth College Health Service Affidavit of Domestic Partnership.

Application forms for enrolling your dependents and the Affidavit of Domestic Partnership are available in the DSGHP Office. The dependent application is also on line at www.dartmouth.edu/~health/depts/insurance/index.html. The deadline for enrolling dependents is September 1, however, we strongly recommend that you submit a completed dependent application by August 1 to insure that coverage will be activated and ready to use on September 1.

Summary of Benefits Highlights

The Lifetime Benefit Maximum for the Plan is \$2 million

FIRST DOLLAR COVERAGE	
Coverage Location	Benefits
Dartmouth College Health Service	100% Coverage for certain medical expenses.
Emergency Room	100% coverage for physician and facility charges for a medical emergency subject to a \$50 co-payment.
Ambulance Services	100% coverage with a \$100 co-payment
Dartmouth College Out-Patient Mental Health	100% coverage with a \$5 co-payment for each visit.
Out-Patient Mental Health & Chemical/Substance Abuse Health Service referral required in Hanover, NH area	Benefits are paid at 80% for providers in the PPO Network, and 70% for providers not in the PPO Network, up to a maximum of 40 visits per plan year.
PREFERRED PROVIDER ORGANIZATION (PPO Network)	
Coverage Location	Benefits
Hanover, NH In Network Deductible	Individual: \$200 Family: \$400
Hanover, NH In Network Out-of-Pocket Maximum	Individual: \$1,000 Family: \$2,000
Out of Hanover, NH In Network Deductible	Individual: \$200 Family: \$400
Out of Hanover, NH In Network Out-of-Pocket Maximum	Individual: \$1,000 Family: \$2,000
Non-PPO Network In or Out of Hanover, NH Deductible	Individual: \$400 Family: \$800
Non-PPO Network In or Out of Hanover, NH Out-of-Pocket Maximum	Individual: \$2,000 Family: \$4,000

MAJOR MEDICAL COVERAGE

<p>Eligible Expenses</p> <p>Health Service referral required in Hanover, NH area</p>	<p>Eligible expenses are necessary medical care charges for treatment resulting from illness or injury, which were not otherwise limited or excluded by the DSGHP.</p> <p>Examples of eligible expenses include charges for hospitalization, physician's visits, surgery, x-ray and laboratory tests, medical supplies, physical therapy and rehabilitation services. Inpatient benefits for mental health and chemical/substance abuse are limited to 31 days per plan year.</p>
<p>Plan Year Deductible</p>	<p>The first eligible expenses must be paid by each covered person during the plan year. There is an overall family deductible.</p>
<p>Co-Insurance</p> <p>Health Service referral required in Hanover, NH area</p>	<p>Following satisfaction of the annual deductible, the Plan will pay a co-insurance, which is a percentage of eligible expenses, until the covered person's out-of-pocket expense reach the annual out-of-pocket maximum. The co-insurance percentage is 80% for providers in the Preferred Provider Organization (PPO), and 70% for providers not in the PPO Network.</p>
<p>Plan Year Out-of-Pocket Expenses</p>	<p>Eligible expenses paid by the covered person and not otherwise excluded by the Plan are included in the out-of-pocket maximum. When the annual out-of-pocket maximum for the plan year is reached, the Plan will pay eligible expenses at 100% up to the lifetime plan maximum. Co-payments do not apply to the plan year out-of-pocket maximum.</p>

Annual Cost of Coverage

Student only coverage	\$ 1,654.00
One Dependent	\$ 2,753.00
Two or more Dependents	\$ 3,862.00

NOTE: The fee for dependents is in addition to the fee for student coverage.

Scope of Benefits

The DSGHP provides world-wide, comprehensive coverage as outlined in this brochure and in the Plan document. The DSGHP must be purchased for the entire plan year through August 31, 2009. **DSGHP fees are non-refundable.** Students who graduate early or qualify for a waiver mid-year may apply under a limited provision to cancel coverage on the dates listed below.

Applications to cancel are due:

- ~ December 15, for cancellation on December 31
- ~ March 15, for cancellation on March 31.

DSGHP mid year cancellation applications can be found on line at <http://www.dartmouth.edu/~health/depts/insurance/index.html>.

Hanover, NH Area Pre-Certification & Referral Requirement

The DSGHP includes a hospital pre-certification requirement. To receive the maximum possible benefits, non-emergency hospitalization must be pre-certified prior to admission, and emergency hospitalization must be pre-certified within 48 hours of admission. Obtaining pre-certification does not constitute a promise of benefits on behalf of the DSGHP. In addition, the DSGHP requires the covered to obtain (prior to treatment) a referral from the College Health Service in order for benefits to be paid at the highest level for outpatient medical or mental health care in the Hanover, NH area. Health Service referrals are valid for 30 days from the date of service unless otherwise specified by the clinician. No referral is required for emergency medical care or outpatient care received outside of the Hanover, NH area. Services received within 45 days following the medically necessary use of an emergency room are not subject to the referral requirement. This referral waiver only applies to services related to the condition requiring an emergency room visit. After the 45 day period, a referral is required from the College Health Service.

No referral is required for outpatient care for dependents who are 18 or younger. If a referral from the College Health Service is not obtained or the hospital pre-certification procedure is not followed, the deductible will be doubled and the claims will be processed at a reduced benefit.

PPO Network Benefits

Preferred providers are the physicians, hospitals, and other health care providers who have contracted with the DSGHP to provide specific medical services at negotiated prices or at a preferred allowance. They are referred to collectively as the PPO Network.



Providers in the PPO Network accept the preferred allowance as full payment for covered expenses/services subject to deductible, co-payment, and co-insurance provisions.

You should be aware that PPO Network hospitals may be staffed with physicians and other professional staff who are not in the PPO Network, and that certain geographic areas may not have providers available.

Non-PPO Network Benefits

You may choose to use a provider that is not a member of the PPO Network. This may, however, increase your out-of-pocket expenses because the DSGHP does not pay as large a portion of Non-PPO Network provider charges.

Usual & Customary Fees

Eligible expenses shall not exceed the "Usual and Customary" fee allowed by the DSGHP. This means the service rendered represents the medical care provider's "usual" charge for its patients. Their fee is "customary" if it is within the range of fees charged by other providers of similar training and experience, in the same geographic area, for the same service under similar circumstances. Fees charged in excess of Usual and Customary are not eligible expenses.



Coordination of Benefits

Where there is other valid and collectible insurance, a claim must be filed with that insurance company first. The benefits otherwise payable by DSGHP will be paid only where eligible expenses exceed the limits of such other insurance.

DSGHP benefits will not exceed the total for eligible expenses when both plans pay their maximum benefits.

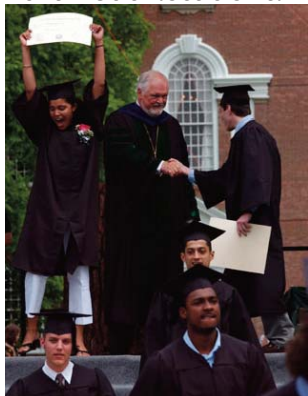
Qualified Late Enrollments

Eligible students who involuntarily lose employer sponsored group coverage are eligible to enroll in the DSGHP. Enrollment must occur within thirty-one (31) days of the termination. Premiums will be adjusted accordingly. For complete details please refer to the Plan document located on-line.



Exclusions

A complete listing of plan exclusions is available in the plan document located on our website. Any questions or concerns regarding the plan may be directed to the DSGHP Office at 603-646-9438 and 603-646-9439, or by e-mail at Dartmouth.Student.Health.Plan@Dartmouth.EDU.



Extension of Benefits

If a covered student is unable to attend classes, or complete other required school work on the termination date of DSGHP, benefits otherwise payable will be extended until the student is no longer disabled. For covered dependents, disability will constitute hospitalization or home confinement. In no event, however, will benefits be extended for more than one year. Plan

provisions will continue to apply as if the disabled person had continued to be a covered person with DSGHP, as described in the plan document.

Extension of Coverage

On termination of DSGHP eligibility, a covered person may elect to purchase the Extension of Coverage for up to six (6) months under the new plan year. This Extension of Coverage is designed to facilitate the transition to other insurance coverage. The application and payment for the cost of this coverage is due within thirty-one (31) days prior to the start of the plan year.

Prescription Drug Benefits

Dick's House Pharmacy:

Generic Medication	100%
Name Brand Medication (no generic available)	100%
Name Brand Medication (generic available)	80%

All Other Pharmacies

PPO Network Pharmacy	80%
Non-PPO Pharmacy (usual & customary charges apply)	80%

Deductibles and Out-of-Pocket Maximums

Individual Deductible	\$ 50.00
Family Deductible	\$ 100.00
Out of Pocket Maximums:	
Individual	\$ 750.00
Family	\$1,000.00

(out of pocket maximums do not include deductibles)

Prescription Drug benefits are payable in connection with covered prescriptions and refills dispensed by licensed pharmacists.

The DSGHP utilizes Medco for the administration of its Prescription Drug Benefits. Medco has a nation-wide network of participating pharmacies. The Dick's House Pharmacy is a member of the Medco Pharmacy network.

When you fill a covered prescription at a Network Pharmacy and show your Plan Identification card with the Medco logo, the Pharmacy will submit the claim on your behalf and accept the network maximum allowable cost as full payment. You will pay only your share of the expense, which may include the prescription plan year deductible, your coinsurance, or a combination of the two.

When you fill a covered prescription at a Pharmacy outside the Network, you must pay for the full cost of the purchase and then submit a claim for benefits to Medco for reimbursement.

Dispensing Limits

The amount of drug which may be dispensed per prescription or refill (regardless of dosage form) is limited to a 100 day supply or 100 units, whichever is greater. Other dispensing limits may be imposed as required by federal or state regulation or for other reasons.

DSGHP Advisory Committee

Since 1994, the DSGHP Advisory Committee has provided community input into the design and programming of the Dartmouth Student Group Health Plan (DSGHP).

The Committee meets each spring during the Plan's annual review to provide advice and recommendations for the next plan year.



Committee Members

Gordon Taylor

(Executive Officer, Dean of the College)

David Leenders

(Associate Executive Officer, Dean of the College)

Dr. John Turco

(Director, Health Service)

Gerald G. Thomas

(Director of Financial Operations, Health Service)

Dr. Mark Reed

(CHD & Health Resources Director, Health Service)

Chris Henderson

(Director of Pharmacy, Health Service)

Dr. Dawn Harland

(Associate Director of Clinical Affairs, Health Service)

Ginger Farewell-Lawrence

(DSGHP Supervisor, Health Service)

Brenda Wilson

(DSGHP Administrative Assistant, Health Service)

Todd Hutchinson

(DSGHP Administrative Assistant, Health Service)

Healthcare Management & Benefit Consultants

Stephen Beckley, Ex-Officio Technical Advisor

(Hodgkins Beckley Consulting President, SLBA Inc.)

The DSGHP Assistance Group

On Campus - General Assistance

DSGHP Office
7 Rope Ferry Road
Hanover, NH 03755

Phone: 603-646-9438
603-646-9439

Web: www.dartmouth.edu/~health/depts/insurance/index.html

Claims Administrator

Klais & Co., Inc.
1867 West Market St.
Akron, OH 44313

Phone: 800-331-1096

Web: <http://www.klais.com/>

Pharmacy Processor

Medco Health Solutions, Inc.
PO Box 14711
Lexington, KY 40512

Member Phone: 800-711-0917
Pharmacy Phone: 800-922-1557

Web: <http://www.medco.com/>

PPO Network

PHCS & MultiPlan, Inc
115 Fifth Avenue
New York, NY 10003

Phone: 800-672-2140

Web: <http://www.multiplan.com/>

Dartmouth Hitchcock Medical Center
Dartmouth Hitchcock Psychiatric Association

Phone: 603-650-5000

Web: <http://www.dhmc.org/>

Travel Assistance

Medex Plus
PO Box 19056
Baltimore, MD 21284

Phone: 410-453-6330
(Call Collect)

Web: <http://www.medexassist.com/>

Health Care Management Program

(Pre-Certification & Maternity Notification)

AdvoCare

Phone: 800-525-8548

The Dartmouth Student Group Health Plan Office is conveniently located within the Dartmouth College Health Service (Dick's House) building in the Northeast end of campus. Our office hours are Monday through Friday, 8:00am to 4:15pm, closed from 12pm to 1pm. Stop by anytime during our normal business hours, no appointment required.



This brochure does not constitute a promise of benefits on behalf of Dartmouth College. A complete description of benefits, limitations, exclusions, and special provisions is provided in the Plan Document which is posted on the Dartmouth Student Group Health Plan website located at <http://www.dartmouth.edu/~health/depts/insurance/index.html>.

Photography By: Joseph Mehling '69, Mark Washburn, John Risley, John Sherman, Dan Grossman, Gil Talbot, The Trustees of Dartmouth College and Unknown.

Design By: Brenda Wilson, DSGHP Administrative Assistant