Dartmouth College

Union/Retirement Benefits
2014

Enrollment Information Booklet

For
SEIU Union Employees
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This booklet provides an overview of the Union benefit and retirement programs offered to eligible SEIU employees of Dartmouth College. It contains a summary of your benefit choices and includes important reminders, changes for 2014, and information about how to enroll online.

Your Choices

As a new hire or a newly benefits eligible employee, you must elect benefits within thirty (30) days from your date of hire/eligibility, date of notification or attendance at New Hire Orientation (whichever is later) or you will be enrolled in default coverage. Default coverage: Open Access Plan 1, and the Fidelity Freedom Fund for your Defined Contribution Retirement Plan monies. If you have medical coverage elsewhere, you should elect “no coverage” or you will be defaulted into Dartmouth’s OAPI medical plan effective as of your date of hire.

Open Enrollment is held once each fall. This gives you the opportunity to review and choose the benefits that are right for you and your family for the upcoming year. You can make elections or changes to the following options:

- Medical Insurance / Pharmacy coverage
- Dental Insurance
- Long-Term Disability (if applicable)
- Dependent Life Insurance (if applicable)
- Supplemental Benefits
- Medical Flexible Spending Account
- Health Savings Account (HSA)
- Defined Contribution Retirement Plan
- Supplemental Retirement Account (SRA)

For More Information

The benefits you elect will remain in effect for the entire calendar year of 2014 unless you have a qualified change (see glossary) in family or employment status. You can find more information about Dartmouth’s benefits at www.dartmouth.edu/~hrs/benefits/, or in the summary plan description.

This booklet is not a Plan document. Instead, it is a summary of coverage and benefits under the Plans. Not every limitation or detail of any of the Plans is included in this booklet. Every attempt has been made to provide concise and accurate information. However, if there is a discrepancy between this booklet and the official Plan document for any of the Plans or the Certificate of Coverage issued by Cigna, Northeast Delta Dental, or MetLife Insurance Company, the Plan document or Certificate of Coverage shall control.

The College has a right to change or terminate these benefits at any time at its discretion. Change may be approved by the Board of Trustees (or its Executive Committee), the President of the College, Executive Vice President of the College, or by another official to whom one of these has delegated the amendment power. If you have questions about these or any Dartmouth College benefits, call the Benefits Office at 1-603-646-3588.
How to Enroll

Enrollment in six easy steps:

1) Review this booklet and our benefits website for important plan information; http://www.dartmouth.edu/~hrs/benefits/

2) Go to FlexOnline - Access your benefits page at www.dartmouth.edu/~hrs/benefits/access/ and choose the link for Active Employees.

3) You will then be prompted to enter your NetID and Password. (HINT: this is the same NetID and password as your email.) Follow the instructions on the Web Authentication Page if you don’t remember your NetID or password.

4) Select the Enrollment option

5) Enter and confirm your elections.

6) Once you have completed your benefit elections be sure to click “Finish” to save your elections. For a paper record of your elections, click “I want a confirmation statement and then click “OK”.

Reminder: Please disable your pop-up blocker in order for the printable confirmation statement to appear.

Other important points:

Address Changes: Cigna, Northeast Delta Dental, CVS Caremark, Crosby Benefits and Winston Benefits receive your address electronically from Dartmouth College. If your address changes, please notify the Dartmouth Payroll Office by calling 603-646-2697 or by email at Dartmouth.payroll@dartmouth.edu.

To change your address with the Investment Companies (Fidelity, TIAA-CREF and/or Calvert), contact each directly at their toll-free numbers. Contact information can be found on page 26 of this booklet.
### Your Benefit Options

#### Levels of Coverage
For your medical insurance, you may choose individual (employee only), employee plus spouse (two adults), employee plus child/children (one adult and one or more children), and family coverage (two adults and one or more children). For dental insurance you may choose individual (employee only), two person (employee plus one additional adult or child) and family (employee plus two or more family members) coverage. The definition of spouse includes your legally married spouse, civil union partner or same-sex domestic partner. Dependent children are the children of a covered parent, and may be covered until the first day of the month, following their 26th birthday. Please refer to the Summary Plan Description for further details regarding eligible dependents and the tax implications of domestic partner coverage.

#### Medical
Dartmouth offers three different health plan choices. Please see page 7, 9 and 11 for health plan summary comparison charts or [www.dartmouth.edu/~hrs/docs/cigna_comparison_chart2014.pdf](http://www.dartmouth.edu/~hrs/docs/cigna_comparison_chart2014.pdf). All plans are administered by Cigna. The customer service line for Cigna is 1-855-869-8619 or you may visit their website at [www.cigna.com](http://www.cigna.com).

<table>
<thead>
<tr>
<th>Three Medical Plans</th>
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<tr>
<td>Open Access High Deductible Plan</td>
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#### Dental
Northeast Delta Dental offers preventive coverage at 100%, restorative at 80%, and prostodontics at 50%. The maximum annual coverage is $2,000 for each member. The plan does not provide coverage for orthodontia. For a list of providers, contact Delta Dental at [www.nedelta.com](http://www.nedelta.com), or 1-800-832-5700.

#### Long-Term Disability
Employees who have completed three years of continuous service in a benefits-eligible position become eligible for long-term disability coverage during their anniversary month. Union employees who are currently covered at 60% pay replacement may elect to purchase 70% pay replacement coverage during Open Enrollment.

#### Life Insurance
You will automatically receive coverage equal to 2.5 times your annual salary at no cost after your one-year anniversary in a benefits eligible position. The effective date will be the first of the month following your anniversary date.

#### Dependent Life:
You may elect dependent life insurance during the Open Enrollment period that immediately follows your one-year anniversary. Additional medical questions are required when adding adult dependents during Open Enrollment or a Mid-Year qualifying event. The coverage amounts are $25,000 for spouse/civil union partner or same-sex domestic partner and $10,000 for each child. Please note, this benefit is paid for through post-tax payroll deductions. There may also be imputed income tax implications for this election. Please refer to the Summary Plan Description for details.

#### Medical Flexible Spending Account (FSA)
A Medical FSA allows you to pay for uninsured health care expenses with pre-tax dollars. Eligible employees who are hired after the beginning of a plan year may sign up for a Medical FSA for the remainder of the plan year (or after a qualifying change of status). Each year, eligible employees may elect to enroll for the following year during the Open Enrollment period. Please note that expenses incurred prior to the date of enrollment are not eligible for reimbursement.

Dartmouth's Medical FSA is managed by Crosby Benefits and may be used to pay the costs of eligible expenses for the employee and his/her eligible tax dependents (who may or may not be on Dartmouth’s health plan).  

3
The Flexible Spending Accounts are a calendar year benefit beginning in January and ending in December and offers a grace period which allows you to submit for reimbursement of expenses into the next calendar year. You may incur expenses until March 15, but must submit for reimbursement no later than March 31.

Expenses incurred between January 1, 2015 and March 15, 2015 will first be applied toward your remaining 2014 balance. **You may use the debit card to pay 2014 expenses through March 15, 2015. Between March 16, 2015 and March 31, 2015 remaining 2014 incurred expenses will need to be submitted manually.**

Federal law requires that any amount left in a FSA at the end of the grace period be forfeited. **Any money remaining in your account for which claims are not filed by March 31 of the following year will be forfeited, as per IRS regulations.** Therefore, please estimate your 2014 expenses carefully. For a list of eligible expenses please visit the Crosby Benefits website at: www.crosbybenefits.com/ Documents/Form/19/ FSAEligible-ExtensiveList_current.pdf

It is important to keep receipts because Crosby Benefits may ask you to substantiate the eligibility of the expense. For those not interested in using the debit card option, you may still request direct reimbursement with Crosby Benefits using the paper or online forms.

**Additional Benefit for SEIU Members**

SEIU members automatically receive a $250 Medical FSA Contribution. Part-time and mid-year new hire contributions are prorated. The same Medical FSA rules stated above also apply for this contribution.

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**Health Savings Account (HSA)**

A Health Savings Account, or HSA, is a custodial account established to receive tax-favored contributions on behalf of eligible active employees enrolled only in a qualified high deductible health plan (Open Access High Deductible Health Plan).

Amounts are contributed to an HSA on a pre-tax basis; earnings on those contributions accumulate tax-free and distributions are not subject to tax if they are used to pay for eligible medical expenses for employees and their dependents. Contributions made in one year do not have to be used to pay expenses in that year and may be carried over to pay eligible medical expenses at any time in the future.

To be eligible to contribute to the HSA, you:

- Must be enrolled in a high deductible health plan (Open Access High Deductible Health Plan);
- May not be covered by a health plan that is not a High Deductible Health Plan;
- May not be enrolled in benefits under Medicare;
- May not be claimed as a dependent on another person’s tax return and
- Must not be enrolled in a Medical Care Flexible Spending Account (FSA).

The annual HSA contribution limit is the statutory maximum contribution. For calendar year 2014, the maximum contribution for an eligible employee with individual coverage is $3,300 and the maximum contribution for two-person or family coverage is $6,550. Individuals age 55 and older can also make an additional “catch-up” contribution of $1,000.
If an active employee enrolls in the HSA, they are not eligible to enroll in the Medical FSA plan at the same time (this includes the employer contribution). Also, employees enrolled in an HSA may only be reimbursed for out-of-pocket health expenses up to the current balance in their account and will need to wait until deposits into the account create a sufficient balance to be fully reimbursed.

If an employee enrolls in the HSA and had a Medical Care FSA in the previous calendar year, they will not be eligible to begin their HSA contributions until April 1. Also, they will only be able to contribute 9/12ths of the maximum annual limit.

It is important to keep receipts because the IRS may ask you to substantiate the eligibility of the expenses. For those not interested in using the debit card option, you may still request direct reimbursement with Fidelity Investments using the paper form.

**Supplemental Benefits**

Supplemental Benefits are available through Winston Benefits, and are offered to employees and their family members. Employees can pick from the following options:

- Aflac Hospital Indemnity
- Aflac Personal Accident Insurance
- Boston Mutual Personal Accident Insurance
- Transamarica Critical Illness Insurance
- Transamerica TransLegacy Universal Life

To obtain more information, please contact Winston Benefits at 855-805-5840 or visit [www.voluntaryinsuranceprogram.com/dartmouth](http://www.voluntaryinsuranceprogram.com/dartmouth) or visit the benefits website at [www.dartmouth.edu/~hrs/benefits/2014/supplementary.html](http://www.dartmouth.edu/~hrs/benefits/2014/supplementary.html). These benefits are portable.

**Long-Term Care**

Dartmouth College offers access to Long-Term Care coverage through CNA insurance Company. This coverage is available at group rates and is paid for through post-tax payroll deductions. If you are interested in learning more about the plan or wish to apply, please contact CNA at 1-800-528-4582 for an information packet. New hires can enroll without a Medical Statement within 90 days of hire or notification of eligibility. You may also enroll your spouse/civil union partner, parents, parents-in-law, grandparents, and grandparents in-law with the required Medical History Statement. This is a portable plan.
Medical Plans

High Deductible Health Plan

The Open Access High Deductible Health Plan (HDHP) is a plan in which subscribers are responsible for paying a deductible for medical and pharmacy expenses. When the global out-of-pocket maximum is reached, this plan pays covered expenses at 100% up to the Maximum Allowable Benefit (MAB). The $2,500 deductible is an accumulation of the MAB for eligible expenses.

Important Features

Maximum Allowable Benefit (MAB) – Services are covered up to the Maximum Allowable Benefit (MAB). Network providers agree to accept the MAB as payment in full. However, if you receive services from an out-of-network provider, it is your responsibility to pay the difference between the MAB and the provider’s charge.

In-Network – Those providers who participate in the health benefit plan’s provider network.

Out-of-Network – Refers to providers who do not participate with the health benefit plan.

Participating Provider – Subscribers are protected from paying charges over and above the MAB when they receive services from a participating provider. For up-to-date information on participating providers, call Cigna at 1-855-869-8619 or visit their website at: www.cigna.com

Prescription Drugs – You will find additional information about prescription drugs on page 15. Call CVS Caremark toll free at 1-855-465-0032 or visit their website at www.caremark.com/dartmouth.

Vision Benefit – You pay $0 per visit for annual routine eye exams performed by a contracted Cigna Vision Services Provider (VSP). You will receive a separate ID card for this benefit.

Co-Payments – This plan does not have copayments.

Deductible – The High Deductible Health Plan has a $2,500 deductible per individual. All medical and prescription drug costs are paid by the member at 100% until the individual deductible has been met for the year, after which time the plan pays at 100% for the remainder of the year.

Coinsurance – This plan does not have a shared coinsurance.

Global Out-of-Pocket Maximum – The global out-of-pocket maximum is the maximum amount an individual or family will pay in a year for copayments, deductibles and coinsurance. The Individual out-of-pocket maximum for 2014 is $2,500 and a cumulative $5,000 per family.

Wellness Incentive – Benefits eligible employees enrolled in any of the Cigna health insurance programs are eligible to receive up to a $200 reimbursement for the expense of purchasing a gym membership, weight and/or stress management classes, tobacco cessation programs and more for themselves, and/or their family members over the age of 18. Please visit the Wellness at Dartmouth website at www.dartmouth.edu/wellness/ for more information about this program.

Hearing Aid Coverage – Hearing aids will be covered based on medical necessity. Members age 18 or older are eligible for $3000 every three years and members under the age of 18 are eligible for $6000 every three years. Subject to deductible.
### Covered Services

#### Preventive Care*
Preventive Care Services are covered in full when provided by a Cigna Contracted provider

#### Physician Services
- PCP and Specialist visits for non-preventive care

#### Laboratory X-ray and Ultrasound

#### Outpatient Services
- Physician and professional services, surgery, anesthesia, maternity care

### Inpatient Hospital Services

#### Skilled Nursing Facility and Physical Rehabilitation Facility
(100 days per member per calendar year)

#### Hospice Services
Subject to medical necessity ***

#### Home Health Services
Subject to medical necessity ***

#### Physical, Occupational and Speech Therapy
(24 visits before medical review)

#### Emergency Room
Subject to medical necessity ***

#### Ambulance
Subject to medical necessity ***

#### Chiropractic Services
(Maximum of 20 days per year)

#### Inpatient Mental Health & Substance Abuse Services**
Subject to deductible

#### Outpatient Mental Health & Substance Abuse Services**
Coverage provided by CVS Caremark

#### Prescription Drug
- 1-855-465-0032 or www.caremark.com

#### Vision Care
You pay $0 per visit for an annual routine eye exam when performed by a contracted provider

#### Hearing Aid Coverage
- $6,000 every 3 calendar years for children up to age 18
- $3,000 every 3 calendar years for adults up to age 18 and older

#### Maximum Lifetime Benefit
- Unlimited

#### Wellness Benefit Reimbursement
- Up to $200 per family per year

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* For more information on preventive care services please visit: [http://www.dartmouth.edu/~hrs/docs/master_prevent_guide2013.pdf](http://www.dartmouth.edu/~hrs/docs/master_prevent_guide2013.pdf)

** Care is arranged through Cigna Behavioral Health (CBH) as needed on an individual basis.

*** Medical Necessity: Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standard of medicine.

**** In Network Out-of-Pocket Maximum = Deductible only

This chart is intended for summary purposes only. Please refer to your Subscriber Certificate for details.
Open Access Plan 1 (OAP1) provides access to a national network of doctors, hospitals, and other care providers. Participants are not required to get a referral from a primary care physician (PCP) to see a specialist.

Important Features

Maximum Allowable Benefit – Services are covered up to the Maximum Allowable Benefit (MAB). Network providers agree to accept the MAB as payment in full. However, if you receive services from an out-of-network provider, it is your responsibility to pay the difference between the MAB and the provider’s charge.

In-Network – Those providers who participate in the health benefit plan’s provider network.

Out-of-Network – Refers to providers who do not participate with the health benefit plan.

Participating Provider – Subscribers are protected from paying charges over and above the MAB when they receive services from a participating provider. For up-to-date information on participating providers, call Cigna at 1-855-869-8619 or visit their website at: www.cigna.com

Prescription Drugs – You will find additional information about prescription drugs on page 13. Call CVS Caremark toll free at 1-855-465-0032 or visit their website at www.caremark.com/dartmouth

Vision Benefit – You pay $0 per visit for annual routine eye exams performed by a contracted Cigna Vision Services Provider (VSP). Annual hardware (frames, lenses, contacts) reimbursement up to $50. When receiving routine eye care out-of-network, you pay 30% coinsurance.

You will receive a separate ID card for this benefit.

Co-Payments – This plan has a $20 copayment when seeing a primary care physician and a $30 copayment when seeing a specialist in-network. Copayments count toward the global out-of-pocket maximum.

Deductible – The OAP1 plan has a $250 deductible per individual. Certain medical costs are paid by the member at 100% until the individual deductible has been met for the year, after which time the plan’s coinsurance shares the cost for these services. Your deductible counts toward your global out-of-pocket maximum.

Coinsurance – Once the individual deductible has been satisfied for the year, the member then pays 10% of the cost of these services until the global out-of-pocket maximum is met.

Global Out-of-Pocket Maximum – The global out-of-pocket maximum is the maximum amount an individual or family will pay in a year for medical copayments, deductibles and coinsurance. The individual out-of-pocket maximum for 2014 is $1,750 and a cumulative $5,250 per family

Wellness Incentive – Benefits-eligible employees enrolled in any of the Cigna health insurance programs are eligible to receive up to a $200 reimbursement for the expense of purchasing a gym membership, weight and/or stress management classes, tobacco cessation programs and more, for themselves and/or their family members over the age of 18. Please visit the Wellness at Dartmouth website at www.dartmouth.edu/wellness/ for more information about this program.

Hearing Aid Coverage – Hearing aids will be covered based on medical necessity. Members age 18 or older are eligible for $3,000 every three years and members under the age of 18 are eligible for $6,000 every three years.
## Covered Services

### Open Access Plan 1

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>In-Network</th>
<th>Out-Of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care*</td>
<td>No referral is required when you receive care from a participating Cigna Open Access Plus with Carelink provider. This is a National Network of Providers</td>
<td>No referral is required when you receive care from a participating Cigna Open Access Plus with Carelink provider. This is a National Network of Providers</td>
</tr>
<tr>
<td>Physician Services</td>
<td>You pay $0.00 per visit</td>
<td>$500 deductible</td>
</tr>
<tr>
<td>PCP and Specialist visits for non-preventive care</td>
<td>$20 copay per visit to your PC</td>
<td>No more than $1,500 per family</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>$30 copay per Specialist visit</td>
<td>Each year then 30% coinsurance</td>
</tr>
<tr>
<td>Including physician services rendered outside of the office visit setting,</td>
<td>$250 deductible</td>
<td>Some self-referred benefits are subject to precertification requirements.</td>
</tr>
<tr>
<td>surgical services, diagnostic testing, laboratory, x-ray, maternity care</td>
<td>No more than $750 per family each year then 10% coinsurance</td>
<td>Refer to your Subscriber Certificate for details.</td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td>Total Individual out-of-pocket $1,750</td>
<td>Total Family out-of-pocket $5,250</td>
</tr>
<tr>
<td>Skilled Nursing Facility and Physical Rehabilitation Facility</td>
<td>Total Individual out-of-pocket $1,750</td>
<td>Total Family out-of-pocket $5,250</td>
</tr>
<tr>
<td>(100 days per member per calendar year)</td>
<td>Total Family out-of-pocket $5,250</td>
<td>Total Family out-of-pocket $5,250</td>
</tr>
<tr>
<td>Hospice Services</td>
<td>You pay $20 copay per visit</td>
<td>You pay $20 copay per visit</td>
</tr>
<tr>
<td>Subject to medical necessity ***</td>
<td>You pay $20 copay per visit</td>
<td>You pay $20 copay per visit</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>You pay $20 copay per visit</td>
<td>You pay $20 copay per visit</td>
</tr>
<tr>
<td>Subject to medical necessity ***</td>
<td>You pay $20 copay per visit</td>
<td>You pay $20 copay per visit</td>
</tr>
<tr>
<td>Physical, Occupational and Speech Therapy</td>
<td>You pay $20 copay per visit</td>
<td>You pay $20 copay per visit</td>
</tr>
<tr>
<td>(24 visits before medical review)</td>
<td>You pay $20 copay per visit</td>
<td>You pay $20 copay per visit</td>
</tr>
<tr>
<td>Cardiac Rehab Therapy</td>
<td>You pay $20 copay per visit</td>
<td>You pay $20 copay per visit</td>
</tr>
<tr>
<td>(36 days per member per calendar year)</td>
<td>You pay $20 copay per visit</td>
<td>You pay $20 copay per visit</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>You pay $100 for facility charges (waived if admitted)</td>
<td>Same as In-Network</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Subject to deductible and coinsurance</td>
<td>Subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Subject to medical necessity ***</td>
<td>Subject to deductible and coinsurance</td>
<td>Subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Chiropractic Services</td>
<td>You pay $20 copay per visit</td>
<td>Subject to deductible and coinsurance</td>
</tr>
<tr>
<td>(Maximum of 20 days per year)</td>
<td>You pay $20 copay per visit</td>
<td>Subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Inpatient Mental Health &amp; Substance Abuse Services**</td>
<td>Subject to deductible and coinsurance</td>
<td>Subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Outpatient Mental Health &amp; Substance Abuse Services**</td>
<td>You pay $20 copay per visit</td>
<td>Subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Prescription Drug</td>
<td>Coverage provided by CVS Caremark</td>
<td>Coverage provided by CVS Caremark</td>
</tr>
<tr>
<td>Vision Care</td>
<td>1-855-465-0032 or <a href="http://www.caremark.com">www.caremark.com</a></td>
<td>1-855-465-0032 or <a href="http://www.caremark.com">www.caremark.com</a></td>
</tr>
<tr>
<td>Hearing Aid Coverage</td>
<td>You pay $0</td>
<td>Subject to deductible and coinsurance</td>
</tr>
<tr>
<td>$6,000 every 3 calendar years for children up to age 18</td>
<td>$50 reimbursement toward eyewear</td>
<td>Subject to deductible and coinsurance</td>
</tr>
<tr>
<td>$3,000 every 3 calendar years for adults up to age 18 and older</td>
<td>30% Coinsurance</td>
<td>Subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Maximum Lifetime Benefit</td>
<td>$50 reimbursement toward eyewear</td>
<td>Subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Wellness Benefit Reimbursement</td>
<td>Up to $200 per family, per year</td>
<td>Up to $200 per family, per year</td>
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</tbody>
</table>

* For more information on preventive care services please visit: [http://www.dartmouth.edu/~hrs/docs/master_prevent_guide2013.pdf](http://www.dartmouth.edu/~hrs/docs/master_prevent_guide2013.pdf)

** Care is arranged through Cigna Behavioral Health (CBH) as needed on an individual basis.

*** Medical Necessity: Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standard of medicine.

**** In Network Out-of-Pocket Maximum = Deductible + Coinsurance + Medical Copay

This chart is intended for summary purposes only. Please refer to your Subscriber Certificate for details.
Open Access Plan 2 provides access to a national network of doctors, hospitals, and other care providers. Participants are not required to get a referral from a primary care physician (PCP) to see a specialist.

**Important Features**

**Maximum Allowable Benefit** – Services are covered up to the Maximum Allowable Benefit (MAB). Network providers agree to accept the MAB as payment in full. However, if you receive services from an out-of-network provider, it is your responsibility to pay the difference between the MAB and the provider’s charge.

**In-Network** – Those providers who participate in the health benefit plan’s provider network.

**Out-of-Network** – Refers to providers who do not participate with the health benefit plan.

**Participating Provider** – Subscribers are protected from paying charges over and above the MAB when they receive services from a participating provider. For up-to-date information on participating providers, call Cigna at 1-855-869-8619 or visit their website at: [www.cigna.com](http://www.cigna.com).

**Prescription Drugs** – You will find additional information about prescription drugs on page 13. Call CVS Caremark toll free at 1-855-465-0032 or visit their web site at [www.caremark.com/dartmouth](http://www.caremark.com/dartmouth)

**Vision Benefit** - You pay $0 per visit for annual routine eye exam performed by a contracted Cigna Vision Services Provider (VS). When receiving routine eye care out-of-network, you pay 30% coinsurance. You will receive a separate ID card for this benefit.

**Co-Payments** – This plan has a $20 copayment when seeing a primary care physician and a $30 copayment when seeing a specialist. Copayments count toward the global out-of-pocket maximum.

**Deductible** – The OAP2 plan has a $500 deductible per individual. Certain medical costs are paid by the member at 100% until the individual deductible has been met for the year, after which time the plan's coinsurance shares the cost for these services. Your deductible counts toward your global out-of-pocket maximum.

**Coinsurance** – Once the individual deductible has been satisfied for the year, the member then pays 20% of the cost of these services until the global out-of-pocket maximum is met.

**Global Out-of-Pocket Maximum** – The global out-of-pocket maximum is the maximum amount an individual or family will pay in a year for copayments, deductibles and coinsurance. The individual out-of-pocket maximum for 2014 is $3,000 and a cumulative $9,000 per family.

**Wellness Incentive** – Benefits-eligible employees enrolled in any of the Cigna health insurance programs are eligible to receive up to a $200 reimbursement for the expense of purchasing a gym membership, weight and/or stress management classes, tobacco cessation programs and more for themselves, and/or their family members over the age of 18. Please visit the Wellness at Dartmouth website at [www.dartmouth.edu/wellness/](http://www.dartmouth.edu/wellness/) for more information about this program.

**Hearing Aid Coverage** – Hearing aids will be covered based on medical necessity. Members age 18 or older are eligible for $3,000 every three years and members under the age of 18 are eligible for $6,000 every three years.
## Covered Services

### Open Access Plan 2

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>In-Network</th>
<th>Out-Of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care*</td>
<td>You pay $0.00 per visit</td>
<td></td>
</tr>
<tr>
<td>Physician Services</td>
<td>$20 copay per visit to your PCP</td>
<td>$1,000 deductible</td>
</tr>
<tr>
<td></td>
<td>$30 copay per Specialist visit</td>
<td>No more than $3,000 per family each year then 40% coinsurance</td>
</tr>
<tr>
<td>Laboratory X-ray and Ultrasound</td>
<td>Covered in full</td>
<td>Some out-of-network benefits are subject to precertification requirements. Refer to your Subscriber Certificate for details.</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>$500 deductible</td>
<td>Total Individual out-of-pocket $3,000 per calendar year</td>
</tr>
<tr>
<td></td>
<td>No more than $1,500 per family per calendar year then 20% coinsurance</td>
<td>Total Family out-of-pocket $9,000</td>
</tr>
<tr>
<td>Skilled Nursing Facility and Physical Rehabilitation Facility (100 days per member per calendar year)</td>
<td>Total Individual out-of-pocket $3,000</td>
<td>Total Family out-of-pocket $15,000</td>
</tr>
<tr>
<td>Hospice Services</td>
<td>Subject to medical necessity ***</td>
<td></td>
</tr>
<tr>
<td>Home Health Services</td>
<td>Subject to medical necessity ***</td>
<td></td>
</tr>
<tr>
<td>Physical, Occupational and Speech Therapy (24 visits before medical review)</td>
<td>You pay $20 copay per visit</td>
<td></td>
</tr>
<tr>
<td>Cardiac Rehab Therapy (36 days per member per calendar year)</td>
<td>You pay $20 copay per visit</td>
<td></td>
</tr>
<tr>
<td>Emergency Room</td>
<td>You pay $100 for facility charges (waived if admitted)</td>
<td>Same as in-network</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Subject to deductible and coinsurance</td>
<td></td>
</tr>
<tr>
<td>Chiropractic Services (Maximum of 20 days per year)</td>
<td>You pay $20 copay per visit</td>
<td>Subject to deductible and coinsurance</td>
</tr>
<tr>
<td>Inpatient Mental Health &amp; Substance Abuse Services**</td>
<td>Subject to deductible and coinsurance</td>
<td></td>
</tr>
<tr>
<td>Outpatient Mental Health &amp; Substance Abuse Services**</td>
<td>You pay $20 copay per visit</td>
<td></td>
</tr>
<tr>
<td>Prescription Drug</td>
<td>Coverage provided by CVS Caremark 1-855-465-0032 or <a href="http://www.caremark.com">www.caremark.com</a></td>
<td></td>
</tr>
<tr>
<td>Vision Care</td>
<td>You pay $0 per visit for an annual exam. $50 reimbursement toward eyewear</td>
<td>30% Coinsurance $50 reimbursement toward eyewear</td>
</tr>
<tr>
<td>Hearing Aid Coverage</td>
<td>Subject to deductible and coinsurance</td>
<td></td>
</tr>
<tr>
<td>Maximum Lifetime Benefit</td>
<td>Unlimited</td>
<td></td>
</tr>
<tr>
<td>Wellness Benefit Reimbursement</td>
<td>Up to $200 per family, per year</td>
<td></td>
</tr>
</tbody>
</table>

* For more information on preventive care services please visit: [http://www.dartmouth.edu/~hrs/docs/master_prevent_guide2013.pdf](http://www.dartmouth.edu/~hrs/docs/master_prevent_guide2013.pdf)

** Care is arranged through Cigna Behavioral Health (CBH) as needed on an individual basis.

*** Medical Necessity: Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standard of medicine.

**** In Network Out-of-Pocket Maximum = Deductible + Coinsurance + Medical Copay

This chart is intended for summary purposes only. Please refer to your Subscriber Certificate for details.
Pharmacy Benefit Manager

A Pharmacy Benefit Manager (PBM) is a company that administers a drug benefit program. CVS Caremark is the PBM for Dartmouth College and is available to you when you enroll in any of the medical plans. The prescription benefit program chart outlines the benefits available to you in this plan.

Important Features

Although the company is CVS Caremark, individuals may still utilize non-CVS retail pharmacies. Prescriptions can be filled at one of over 60,000 participating pharmacies nationwide.

A separate CVS Caremark membership card will be issued and will need to be presented when filling a prescription.

Additional information can be found at www.caremark.com/dartmouth
Your Personal Prescription Benefit Program
For Members in the Open Access High Deductible Plan

Welcome to your prescription benefit administered by CVS Caremark. Your prescription benefit is designed to bring you quality pharmacy care that will help you save money.

The information below is a brief summary of your prescription benefits as well as some frequently asked questions about the CVS Caremark prescription benefit program. CVS Caremark and Dartmouth College are confident you will find value with your new prescription benefit program.

Your plan is based on a combined deductible of medical and prescription claims. The deductible is the total "out of pocket" spending required by you before prescription benefits are paid. Your annual deductible is $2,500 for an individual or $5,000 for a family. Until this deductible amount is met, you will pay 100 percent of the cost for your prescriptions.

<table>
<thead>
<tr>
<th>Category</th>
<th>CVS Caremark Retail Pharmacy Network</th>
<th>CVS Caremark Mail Service Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where</td>
<td>The CVS Caremark Retail Network includes more than 64,000 participating pharmacies nationwide, including independent pharmacies, chain pharmacies, and 7,100 CVS/pharmacy locations. To locate a CVS Caremark participating retail network pharmacy in your area, simply click on “Find a Pharmacy” at <a href="http://www.caremark.com">www.caremark.com</a> or call a Customer Care representative toll-free at 1-855-465-0032.</td>
<td>Simply mail your original prescription and the mail service order form to CVS Caremark. Your medications will be sent directly to your home, office or a location of your choice. To begin mail order service visit <a href="http://www.caremark.com/Dartmouth">www.caremark.com/Dartmouth</a></td>
</tr>
<tr>
<td>Generic Medications (Tier 1)</td>
<td>$0 for a generic prescription after the annual deductible is met</td>
<td>$0 for a generic prescription after the annual deductible is met</td>
</tr>
<tr>
<td>Preferred Brand-Name Medications (Tier 2)</td>
<td>$0 for a preferred brand-name prescription after the annual deductible is met</td>
<td>$0 for a preferred brand-name prescription after the annual deductible is met</td>
</tr>
<tr>
<td>Non-Preferred Brand-Name Medications (Tier 3)</td>
<td>$0 for a non-preferred brand-name prescription after the annual deductible is met</td>
<td>$0 for a non-preferred brand-name prescription after the annual deductible is met</td>
</tr>
<tr>
<td>Refill Limit</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$2,500 for an individual/ $5,000 for a family per calendar year</td>
<td></td>
</tr>
<tr>
<td>Preferred Drug List</td>
<td>You can find a drug list by either visiting <a href="http://www.caremark.com/Dartmouth">www.caremark.com/Dartmouth</a> or by calling Customer Care toll-free at 1-855-465-0032.</td>
<td></td>
</tr>
<tr>
<td>Web Services</td>
<td>Register at <a href="http://www.caremark.com">www.caremark.com</a> to access tools that can help you save money and manage your prescription benefit. Have your Prescription Card ready.</td>
<td></td>
</tr>
<tr>
<td>Customer Care</td>
<td>Visit <a href="http://www.caremark.com">www.caremark.com</a> or call toll-free at 1-855-465-0032.</td>
<td></td>
</tr>
</tbody>
</table>

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the brand copayment.

Copay, copay or coinsurance means the amount a plan participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.
How The High Deductible Plan Works

The High Deductible Plan is designed to help you get more out of your prescription benefit dollars. This plan allows you to meet your deductible by combining medical and pharmacy claims.

What is a deductible?
A deductible is the amount of money you pay out-of-pocket during each year before your benefits begin. Example: Using $2,500 as your plan deductible: As soon as you spend $2,500 on any combination of prescription drugs, doctor visits, hospital care, etc., your plan benefits will begin. The Plan will then start paying for your covered medical and pharmaceutical costs.

What do you mean by “combined medical/prescription deductible”?
The money you spend towards your medical care and prescriptions both count toward meeting your annual deductible. Example: If you paid for an $80 office visit and a $60 prescription, you would have contributed $140 toward your combined medical/prescription deductible.

What happens after I meet my deductible?
After the deductible is met, you (and your dependents, if applicable) will begin receiving prescription benefits. At that point your payment will be at $0 cost to you.

My spouse and children are covered under my prescription benefit. How is the deductible met in this scenario?
The money you spend towards your medical care and prescriptions both count toward meeting your annual deductible. If you have a family of four with a family deductible of $5,000, and you spend $1,000, your spouse spends $2,000 and your children spend $2,000 in combined medical/prescription services, your family would have met the $5,000 family deductible and all four family members would begin receiving prescription benefits for the remainder of the plan year at $0 cost.

Are there other ways I can stretch my prescription dollars?
Yes, you will generally save money by ordering those prescriptions you take regularly (i.e., for blood pressure, heart disease, diabetes) in 90-day supplies through CVS Caremark Mail Service Pharmacy. Ordering 90-day supplies of your long-term medications through mail typically costs less than three 30-day refills at retail.

CVS Caremark Mail Service Pharmacy:
• Enjoy convenient home delivery
• Receive your medications in private, tamper-resistant and (when needed) temperature-controlled packaging
• Talk to a pharmacist by phone

To Get Started
The following chart provides detailed steps to help you start enjoying all the benefits of your prescription benefit plan.

<table>
<thead>
<tr>
<th>IF YOU WOULD LIKE...</th>
<th>THEN...</th>
</tr>
</thead>
<tbody>
<tr>
<td>To continue with mail service</td>
<td>You don't have to do anything. We'll continue to send your medications to your location of choice.</td>
</tr>
</tbody>
</table>
| To pick up at CVS/pharmacy or Retail-90 Pharmacy | You can do so quickly and easily. Choose the option that works best for you:  
  • Visit your local Retail-90 Pharmacy and talk to the pharmacist  
  • Call us toll-free using the number on the back of your Prescription Card, and we'll handle the rest |
| To sign up for mail service for the first time | You can do so easily online or by phone.  
  • Register or log into www.caremark.com, select "Start a New Prescription," then click on "FastStart!!"  
  • Call FastStart toll-free at 1-800-875-0867. We'll handle the rest |
| More information                            | Give us a call. Use the phone number on the back of your Prescription Card to call us toll-free. |
Your Personal Prescription Benefit Program
For Members in the Open Access Plan 1 or Open Access Plan 2

Welcome to your prescription benefit plan, managed by CVS Caremark. Your plan is designed to bring you quality pharmacy care that can help you save money.

Following is a brief summary of your prescription benefits. On the back side, you will find details about your prescription benefit plan, which offers ways for you to save on your long-term medications. CVS Caremark and Dartmouth College are confident you will find value with your prescription benefit program.

<table>
<thead>
<tr>
<th>Where</th>
<th>CVS Caremark Retail Pharmacy Network (For short-term medications)</th>
<th>CVS Caremark Retail-90 Pharmacy (For short-term and long-term medications)</th>
<th>CVS Caremark Mail Service Pharmacy (For long-term medications)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The CVS Caremark Retail Network includes more than 64,000 participating pharmacies nationwide, including independent pharmacies, chain pharmacies, and 7,300 CVS/pharmacy locations. To locate a CVS Caremark participating retail network pharmacy in your area, simply click on “Find a Pharmacy” at <a href="http://www.caremark.com">www.caremark.com</a> or call a Customer Care representative toll-free at 1-855-465-0032.</td>
<td>You can simply mail your original prescription and the mail service order form to CVS Caremark. Your medications will be sent directly to your home, office or a location of your choice. You also have the convenience of getting your long-term medications at one of our more than 51,000 Retail-90 Pharmacy locations. To locate a Retail-90 Pharmacy or to begin mail order service go to <a href="http://www.caremark.com/Dartmouth">www.caremark.com/Dartmouth</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Generic Medications (Tier 1)</th>
<th>$5 for a generic prescription</th>
<th>$10 for a generic prescription 31-60 day supply</th>
<th>$10 for a generic prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Brand-Name Medications (Tier 2)</td>
<td>$25 for a preferred brand-name prescription</td>
<td>$50 for a preferred brand-name prescription 31-60 day supply</td>
<td>$50 for a preferred brand-name prescription</td>
</tr>
<tr>
<td>Non-Preferred Brand-Name Medications (Tier 3)</td>
<td>$40 for a non-preferred brand-name prescription</td>
<td>$80 for a non-preferred brand-name prescription 31-60 day supply</td>
<td>$80 for a non-preferred brand-name prescription</td>
</tr>
<tr>
<td>Refill Limit</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Excluded Medications</td>
<td>Some medications may be excluded under your new plan. A list of the excluded medications can be found at <a href="http://www.caremark.com">www.caremark.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred Drug List</td>
<td>You can find a drug list by either visiting <a href="http://www.caremark.com/Dartmouth">www.caremark.com/Dartmouth</a> or by calling Customer Care toll-free at 1-855-465-0032.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Web Services</td>
<td>Register at <a href="http://www.caremark.com">www.caremark.com</a> to access tools that can help you save money and manage your prescription benefit. Have your Prescription Card ready.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Customer Care</td>
<td>Visit <a href="http://www.caremark.com">www.caremark.com</a> or call toll-free at 1-855-465-0032.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the brand copayment.

Copayment and copay means the amount a plan participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.
Use This Plan to Fill Your Long-Term Medications

This plan offers you choice and savings when it comes to filling long-term prescriptions.

**CVS Caremark Mail Service Pharmacy:**
- Enjoy convenient home delivery
- Receive your medications in private, tamper-resistant and (when needed) temperature-controlled packaging
- Talk to a pharmacist by phone

**Retail-90 Pharmacy:**
- Pick up your medication at a time that is convenient for you
- Enjoy same-day prescription availability
- Talk with a pharmacist face-to-face

Plus, you can easily order refills and manage your prescriptions anytime at www.caremark.com.

**To Get Started**
The following chart provides detailed steps to help you start enjoying all the benefits of your prescription benefit plan.

<table>
<thead>
<tr>
<th>IF YOU WOULD LIKE…</th>
<th>THEN…</th>
</tr>
</thead>
<tbody>
<tr>
<td>To continue with mail service</td>
<td>You don’t have to do anything. We’ll continue to send your medications to your location of choice.</td>
</tr>
</tbody>
</table>
| To pick up at Retail-90 Pharmacy       | You can do so quickly and easily. Choose the option that works best for you:  
  • Visit your local Retail-90 Pharmacy and talk to the pharmacist  
  • Call us toll-free using the number on the back of your Prescription Card, and we’ll handle the rest |
| To sign up for mail service for the first time | You can do so easily online or by phone.  
  • Register or log into www.caremark.com, select “Start a New Prescription,” then click on “FastStart!”  
  • Call FastStart toll-free at 1-800-875-0867. We’ll handle the rest |
| More information                       | Use the phone number on the back of your Prescription Card to call us toll-free. |
Northeast Delta Dental offers preventive coverage at 100%, restorative at 80%, and prosthodontics at 50%. Annual coverage is up to $2,000 for each member. The plan does not provide coverage for orthodontia.

**Important Features**

This plan does not have a deductible. There is no waiting period for coverage. Benefits are paid at a co-insurance amount, based on the “Usual, Customary, and Reasonable” (UCR) charge established by Northeast Delta Dental.

When members go to a dentist in the Northeast Delta Dental network, they are protected from paying any amount over and above the UCR.

Additional discounts are offered to members who utilize dentists in the Delta Dental PPO Network.

To find out if a dentist is in the Northeast Delta Dental network, or if they participate in the PPO network, call 1-800-832-5700 or visit [www.nedelta.com](http://www.nedelta.com) or call your dentist’s office.

---

### Premier Dental Plan

<table>
<thead>
<tr>
<th>Dental Services</th>
<th>Amount Covered by Insurance</th>
<th>Your Cost</th>
<th>Annual Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic/Preventative care</td>
<td>100%</td>
<td>0%</td>
<td>$2,000 total per person per calendar year</td>
</tr>
<tr>
<td>Basic Restorative care</td>
<td>80%</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Major Restorative/ Prosthodontics</td>
<td>50%</td>
<td>50%</td>
<td></td>
</tr>
</tbody>
</table>

---

### Dental Cost

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Two Person</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual</td>
<td>$627.24</td>
<td>$1,115.52</td>
<td>$1,920.96</td>
</tr>
<tr>
<td>Monthly</td>
<td>$52.27</td>
<td>$92.96</td>
<td>$160.08</td>
</tr>
<tr>
<td>Bi-Weekly</td>
<td>$26.14</td>
<td>$46.48</td>
<td>$80.04</td>
</tr>
</tbody>
</table>
Purchasing Your Benefits

**College contribution:** Your Dollar Allowance is the College’s contribution (credit) toward your medical insurance benefit. This amount is based on your full-time equivalency (FTE) and your annual salary. The credit only applies when you enroll in one of the three medical plan options.

Your allowance is shown when you log into FlexOnline. The credit only applies when you enroll in one of the three offered medical plans.
Dartmouth contributes to a Defined Contribution plan on your behalf. Only the College may make contributions to this account. In addition, you may voluntarily contribute to a Supplemental Retirement Account (SRA).

Participants in the Defined Contribution and SRA direct where the contributions are invested from among three Investment Companies: Calvert, Fidelity, and TIAA-CREF. Each of these companies offers a variety of investment options designed to meet your individual investment needs.

**Defined Contribution Retirement Plan**

**Eligibility**

- **403(b) Defined Contribution Plan for Dartmouth College Faculty and Staff.** Employees who are classified as faculty members and exempt staff, hired before January 1, 1989. Employees participating in this plan were grandfathered when the 401(a) Defined Contribution Plan was established in 1989.

- **401(a) Defined Contribution Plan for Dartmouth College Faculty and Staff.** Employees who are classified as benefits eligible, with the exception of employees grandfathered in the 403(b) plan, grandfathered in the Defined Benefit Retirement Plan, or employees classified as Research Fellows.

Refer to the Summary Plan Description for further information on eligibility.

**Contributions**

Dartmouth makes regular contributions on the participant’s behalf. The contribution amount is based on base salary and increases with age.

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage of Base Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 through 29</td>
<td>3%</td>
</tr>
<tr>
<td>30 through 34</td>
<td>5%</td>
</tr>
<tr>
<td>35 through 39</td>
<td>7%</td>
</tr>
<tr>
<td>40 and older</td>
<td>9%</td>
</tr>
</tbody>
</table>

Increases are effective the first pay period after your birthday.

**Vesting**

Vesting means ownership of the monies Dartmouth contributed to your retirement plan. Participants become fully vested after three years of regular employment at Dartmouth. Participants terminating employment with less than three years of service will forfeit the balance in the Plan. If a participant is re-employed before six years have elapsed, the amount forfeited will be reinstated.

In addition, a participant is fully vested at all times on or after attaining age 65, or upon permanent disability, regardless of years of employment.
Supplemental Retirement Account (SRA)

Most employees are eligible to participate in this tax-deferred retirement plan. You do not pay income taxes on the contributions or earnings until you begin withdrawing money from your account. Participation in this plan is voluntary and highly recommended.

401(a) Employer Matching Contribution

Benefits-eligible employees hired on or after July 1, 2009 who contribute to an SRA will receive a matching contribution to their 401(a) Defined Contribution Retirement Plan that will be proportionately distributed consistent with the employee’s designated 401(a) investment directions.

Dartmouth will match voluntary contributions during the first six years of benefits-eligible employment, up to a lifetime maximum of $3,000.

Contribution Amounts

Minimum Amount - The minimum amount you can contribute to an SRA is $200 per year.

Maximum Voluntary Pre-Tax Contributions - You may contribute the lesser of 100% of pay or a fixed amount determined by the IRS each year. Your 2014 contribution limit is reflected on your personal enrollment page on the FlexOnline system found under “Retirement Elections”.

Age 50+ Catch-Up Contributions - If you are age 50 or older before the end of 2014, you may make an additional “catch-up” contribution to your SRA. The “catch-up” amount is determined by the IRS each year.

15-Year Special Catch-Up - You may be eligible to make an additional contribution called a “15 Year Special Catch-Up” if you have 15 or more years of service at Dartmouth. If you are eligible, this Special Catch-Up amount will be displayed on your Retirement Plan Elections page on the FlexOnline enrollment.
Contributions outside the Dartmouth Plan

The contribution limits described here consider only your pay and contributions related to your employment at Dartmouth. If you actively contribute to retirement accounts of another employer, please be aware that the legal contribution limits remain the same regardless of how many plans you aggregate. It is your responsibility to ensure your own legal compliance. It is also your responsibility to notify the Benefits Office if you have additional retirement account(s) contributions with which your Dartmouth SRA contributions must aggregate.

Investing your Contributions

You may invest your retirement funds in annuities and custodial accounts issued or maintained by one or more of the following investment companies:

Calvert
95 Glastonbury Blvd.
Suite 102
Glastonbury, CT 06033
1-866-305-8846, plan code 272
www.calvert.com/dartmouth

Fidelity Investments
P.O. Box 770002
Cincinnati, OH 45277-0090
1-800-343-0860
www.fidelity.com/atwork

TIAA-CREF
P.O. Box 1259
Charlotte, NC 28201
1-800-842-2776
www.tiaa-cref.org/dartmouth

You decide where to invest from among fund options offered by each of these companies. Dartmouth and the Plan Administrator are not responsible for your investment choices or the investment results achieved. For guidance on investment options, contact the investment companies directly.

You may also schedule a private on-campus consultation with an investment company representative during one of their regular visits. To schedule a meeting with the Fidelity representative, call 1-800-642-7131 or visit www.fidelity.com/atwork/reservations; or with the TIAA-CREF representative, call 1-800-732-8353 or log on to www.tiaa-cref.org/moc.
Changing Investments

You may reallocate your investments within the same company or transfer them to one of the other two investment companies.

• **New Contributions.** Once you have enrolled in a retirement plan, you may redirect contributions to each of the different investment companies at any time. You’ll need to complete a new online election at http://benefits.dartmouth.edu. The change will be effective the next appropriate pay cycle.

• **Transferring Investments Among Options in the Same Investment Company.** To reallocate existing contributions, you must contact the investment company directly.

• **Transferring to a Different Investment Company.** Contact the Benefits Office for information on how to transfer existing contributions to one of the other investment companies.

---

Your Elections

Log on to FlexOnline at www.dartmouth.edu/~hrs/benefits/access/ and click on “Retirement Elections” to complete your election. If you are opening a new account with a different investment company, make sure you complete the appropriate online new account application.
### Questions

What are the investment Options?

Calvert

Offers sustainable and responsible portfolios, consisting of:

- **Equity Funds**
  - Calvert Equity Portfolio
  - Calvert Capital Accumulation Fund
  - Calvert Large Cap Value Fund
  - Calvert Large Cap Core Portfolio
  - Calvert Social Index Fund
  - Calvert Small Cap Fund

International Funds

- Calvert International Equity Fund
- Calvert Global Alternative Energy Fund
- Calvert Global Water Fund
- Calvert International Opportunities Fund

Balanced and Asset Allocation Funds

- Calvert Balanced Portfolio
- Calvert Conservative Allocation Fund
- Calvert Moderate Allocation Fund
- Calvert Aggressive Allocation Fund
- Fixed Income (Bond) Funds
- Calvert Bond Portfolio
- Calvert High Yield Bond Fund
- Calvert Long Term Income Fund
- Calvert Short Duration Income Fund
- Calvert Ultra Short Income Fund
- Calvert Government Fund

### Fidelity

For a complete list of funds available, call 1-800-544-8352. Some of Fidelity’s funds are:

- **Growth and Income Funds**
  - Fidelity Puritan Fund
  - Fidelity Equity-Income Fund

- **Growth Funds**
  - Fidelity Retirement Growth Fund
  - Fidelity Magellan Fund

- **Growth and Income Funds**
  - Fidelity Capital Appreciation Fund
  - Fidelity Capital & Income Fund
  - Fidelity Intermediate Bond Fund

- **Specialty Funds**
  - Fidelity Select Funds
  - International Funds
  - Fidelity Overseas Fund

- **Money Market Funds**
  - Fidelity Cash Reserves Fund
  - U.S. Government Reserves Fund

- **Asset Allocation Fund**
  - Fidelity Asset Manager Fund

### TIAA-CREF


**Guaranteed TIAA TRADITIONAL**

Fixed dollar annuity that guarantees a return of principal and a specified rate of interest. In addition, there is an opportunity for growth through dividends.

- **Equity Funds (including)**
  - Total Stock Market Funds
  - CREF Stock (80% US/20% Foreign)
  - Equity Index (Russell 3000)
  - S&P 500 Index Fund

- **Large Cap**

- **Small Cap**

- **Growth Funds**

- **Fixed Income (Bond) Funds**

- **Specialty Funds**

- **Total Stock Market Funds**

- **Guaranteed**

- **TIAA Traditional**

### Table

<table>
<thead>
<tr>
<th>Questions</th>
<th>Calvert</th>
<th>Fidelity</th>
<th>TIAA-CREF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are there any front-end load charges?</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Are there any management charges?</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Can I transfer money to another company in the Dartmouth Retirement Plan?</td>
<td>Yes, subject to certain limitations and if transferable (receiving company) will accept the transfer.</td>
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<td>• Is there a minimum amount for such a transfer?</td>
<td>No</td>
<td>No</td>
<td>Yes, $1,000 or account balance, if less (restrictions apply to TIAA Traditional)</td>
</tr>
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<td>• Is there a maximum amount for such a transfer?</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>• Are there any charges or fees for such a transfer?</td>
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<td>No</td>
<td>No</td>
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<td>Can I transfer funds within this company?</td>
<td>Yes, via internet or phoning Calvert</td>
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<td>No</td>
<td>Yes, for exchanges between select portfolios and some short term redemption</td>
<td>No</td>
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<tr>
<td>When can I start an annuity?</td>
<td>Anytime</td>
<td>Anytime</td>
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<td>When do I receive a statement of my account?</td>
<td>Quarterly</td>
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<td>Yes, subject to limitations, certain withdrawals will be subject to an additional tax.</td>
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<td></td>
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<td>• Can I leave the money on deposit?</td>
<td>Yes subject to federal requirements</td>
<td>Yes subject to federal requirements</td>
<td></td>
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<td>• Can I roll over the money to another retirement investment?</td>
<td>Yes for further information contact your tax advisor</td>
<td>Yes for further information contact your tax advisor</td>
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<td>• Can I transfer money to another company in the SRA program?</td>
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# Dartmouth College's Supplemental Retirement Accounts (SRA) Comparison

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<td>Equity Funds</td>
<td>Growth and Income Funds</td>
<td></td>
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<tr>
<td></td>
<td>• Calvert Equity Portfolio</td>
<td>• Fidelity Puritan Fund</td>
<td>• CREF Stock (80% US/20% Foreign)</td>
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<td>• Calvert Capital Accumulation Fund</td>
<td>• Fidelity Equity-Income Fund</td>
<td>• Equity Index (Russell 3000)</td>
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<td>• Calvert Large Cap Value Fund</td>
<td>Growth Funds</td>
<td>• S&amp;P 500 Index Fund</td>
</tr>
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<td></td>
<td>• Calvert Large Cap Core Portfolio</td>
<td>• Fidelity Magellan Fund</td>
<td>Large Cap</td>
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<td></td>
<td>• Calvert Social Index Fund</td>
<td>• Fidelity Capital Appreciation Fund</td>
<td>• Large Cap Value</td>
</tr>
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<td>• Calvert Small Cap Fund</td>
<td>• Fidelity Capital &amp; Income Fund</td>
<td>• CREF Growth</td>
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<td>International Funds</td>
<td>• Calvert International Equity Fund</td>
<td>• Fidelity Intermediate Bond Fund</td>
<td>• Growth and Income Fund</td>
</tr>
<tr>
<td></td>
<td>• Calvert Global Alternative Energy Fund</td>
<td>• Fidelity Select Funds</td>
<td>• Mid Cap</td>
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<td>• Calvert Global Water Fund</td>
<td>International Funds</td>
<td>• Small Cap</td>
</tr>
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<td></td>
<td>• Calvert International Opportunities Fund</td>
<td>• Fidelity Overseas Fund</td>
<td>• Socially Responsible</td>
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<td>Balanced and Asset Allocation Funds</td>
<td>• Calvert Balanced Portfolio</td>
<td>Money Market Funds</td>
<td>• CREFSocial Choice Equity</td>
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<tr>
<td></td>
<td>• Calvert Conservative Allocation Fund</td>
<td>• Fidelity Cash Reserves Fund</td>
<td>Real Estate</td>
</tr>
<tr>
<td></td>
<td>• Calvert Moderate Allocation Fund</td>
<td>• U.S. Government Reserves Fund</td>
<td>• TIAA Real Estate Fund (primarily Real Estate)</td>
</tr>
<tr>
<td></td>
<td>• Calvert Aggressive Allocation Fund</td>
<td>Asset Allocation Fund</td>
<td>• TIAA Real Estate Securities (Real Estate equities)</td>
</tr>
<tr>
<td>Fixed Income (Bond) Funds</td>
<td>• Calvert Bond Portfolio</td>
<td>• Fidelity Asset Manager Fund</td>
<td>Fixed Income</td>
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<tr>
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<td>• Calvert Income Fund</td>
<td>• Fidelity Multi-Asset</td>
<td>• CREF Bond Market</td>
</tr>
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<td>• Calvert High Yield Bond Fund</td>
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<td>• CREF Inflation Linked Bond (TIPS)</td>
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<td>• Calvert Ultra Short Income Fund</td>
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<td>• Calvert Government Fund</td>
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<td>TIAA-CREF Life Cycle Funds Guaranteed</td>
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<td>• Are there any charges/fees, etc.?</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Can I take a loan from my SRA Accumulation?</td>
<td>No</td>
<td>Subject to federal restrictions, some withdrawals incur additional tax: see a tax adviser</td>
<td>No</td>
</tr>
<tr>
<td>Can I withdraw money at any time other than at retirement or when I begin to draw an annuity?</td>
<td>Subject to federal restrictions, some withdrawals incur additional tax: see a tax adviser</td>
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<td>When can I start an annuity?</td>
<td>Anytime</td>
<td>Anytime</td>
<td>Anytime</td>
</tr>
<tr>
<td>How do I make a contribution to the funds?</td>
<td>Salary Reduction Agreement</td>
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</table>
**BENEFICIARY**
An individual designated by the employee to receive proceeds from the employee’s life insurance or retirement plans.

**CHANGE IN STATUS**
A life event such as marital status change, birth or death of a dependent, dependent eligibility change, or job status change, that allows an employee to change benefit elections at a time other than Open Enrollment.

**COBRA (CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT)**
A federal law that allows employees and their dependents to continue insurance coverage after a qualifying event such as a loss of eligibility or termination of employment. Cost is total premium rate plus an administration fee.

**CO-INSURANCE**
After the deductible has been paid, this is your share of the costs of a covered health care service, calculated as a percent.

**CO-PAYMENT**
A fixed dollar amount you pay for a covered health care service, including doctor’s visits and prescriptions.

**DEDUCTIBLE**
The annual out-of-pocket payment that you owe before the plan begins to pay for your health care.

**DEPENDENT**
An individual such as a child, same-sex domestic partner, or spouse/civil union partner that is eligible for coverage under the employee’s insurance plans.

**EMPLOYEE PLUS CHILD(REN) COVERAGE**
Coverage for an employee and qualified child or multiple children.

**EMPLOYEE PLUS SPOUSE COVERAGE**
Coverage for an employee and legally married spouse, civil union partner or same sex domestic partner.

**FAMILY COVERAGE**
Coverage for an employee and two or more qualified dependents under the dental plan, or two adults and one or more children under the medical plan.

**IMPUTED INCOME**
If the employer provides a medical and/or dental benefit to someone other than a legal dependent as defined by federal law, the value of the benefit provided is taxable income. Additionally, the value of group term life insurance in excess of $50,000 and dependent life insurance is taxable.

**IN NETWORK**
Hospitals, providers and suppliers having a contracted agreement with a health plan company to make covered services available to members.

**OUT-OF-NETWORK**
Services received from a non-participating provider. These services require deductible and co-insurance payments.

**OUT-OF-POCKET MAXIMUM**
The deductible amount added to your co-insurance maximum. Once the out-of-pocket maximum is met, covered services are paid at 100% of the allowed charge for the rest of the calendar year. Co-payment requirements will continue to apply.

**PHARMACY BENEFIT MANAGER (PBM)**
A PBM is a company that administers the drug benefit program.

**PRIMARY CARE PROVIDER (PCP)**
A physician who coordinates health services (including referrals) for an employee or covered dependent. Also known as a Primary Care Physician.

**REFERRAL**
The approved authorization or recommendation from your Primary Care Provider for medical services.

**SINGLE COVERAGE**
Coverage for an employee only.

**TWO-PERSON COVERAGE**
Coverage for an employee and one qualified dependent under the dental plan.
Cigna
1-866-869-8619
website:  www.cigna.com
view your claims:  www.mycigna.com

CNA
1-800-528-4582 website:  www.cna.com

Crosby Benefit Systems
1-800-462-2235
website:  www.CrosbyBenefits.com

CVS Caremark
1-855-465-0032
website:  www.caremark.com/dartmouth

Northeast Delta Dental
1-800-832-5700
website:  www.nedelta.com

MetLife
1-800-638-6420
website:  www.metlife.com

Winston Benefits
1-855-805-5840
Website:  www.voluntaryinsuranceprogram.com/dartmouth

Calvert/USI
1-866-305-8846, plan code 272
website:  www.calvert.com/dartmouth

Fidelity Investments
1-800-343-0860
website:  www.fidelity.com/atwork

TIAA-CREF
1-800-842-2776
website:  www.tiaa-cref.org/dartmouth

Note:

- Cigna's Subscriber Certificates, Summary of Benefits and Coverage and Life Insurance Certificates are located online at www.dartmouth.edu/~hrs/benefits/2014/ or you may contact the Benefits Office to request a printed version.

- The plans maintain a privacy notice which provides a complete description of your rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). For a copy of the notice please contact the Benefits Office. If you have questions about the privacy of your health information, contact the privacy official (Benefits Office).

Benefits Office
Phone Number:  1-603-646-3588
Email:  Human.Resources.Benefits@Dartmouth.edu
Website:  www.dartmouth.edu/~hrs/benefits
This Notice Describes How Medical Information About You May Be Used and Disclosed and How You Can Get Access To This Information. Please Review It Carefully.

If you have any questions about this notice, please contact, the Privacy Official, at the Office of Human Resources, 7 Lebanon St., Hanover, NH 03755, (603) 646-3411.

Protected Health Information (PHI) is information, including demographic information, that may identify you and that relates to health care services provided to you, payment for health care services provided to you, or your physical or mental health or condition, in the past, present or future. This Notice of Privacy Practices describes how the Dartmouth College Employee Health Plan (“Plan”) may use and disclose your PHI. It also describes your rights to access and control your PHI.

As a group health plan we are required by Federal law to maintain the privacy of PHI and to provide you with this notice of our legal duties and privacy practices.

We are required to abide by the terms of this Notice of Privacy Practices, but reserve the right to change the Notice at any time. Any change in the terms of this Notice will be effective for all PHI that we are maintaining at that time. If a change is made to this Notice, a copy of the revised Notice will be mailed (or with permission e-mailed) to all individuals covered under the Plan at that time.

PERMITTED USES AND DISCLOSURES

Treatment, Payment and Health Care Operations

Federal law allows a group health plan to use and disclose PHI for the purposes of treatment, payment and health care operations, without your consent or authorization. Examples of the uses and disclosures that we, as a group health plan, may make under each section are listed below:
• Treatment. Treatment refers to the provision and coordination of health care by a doctor, hospital or other health care provider. As a group health plan we do not provide treatment.

• Payment. Payment refers to the activities of a group health plan in collecting premiums and paying claims under the Plan for health care services you receive. Examples of uses and disclosures under this section include the sending of PHI; sharing PHI with other insurers to determine coordination of benefits or settle subrogation claims; providing PHI to a plan vendor for pre-certification, case management, or reimbursement account services; providing PHI in the billing, collection, and payment of premiums and fees to plan vendors such as a reinsurance carriers; and sending PHI to a reinsurance carrier to obtain reimbursement of claims paid under the Plan.

• Health Care Operations. Health Care Operations refers to the basic business functions necessary to operate a group health plan. Examples of uses and disclosures under this section include conducting quality assessment studies to evaluate the Plan’s performance or the performance of a particular network or vendor; the use of PHI in determining the cost impact of benefit design changes; the disclosure of PHI to underwriters for the purpose of calculating premium rates and providing reinsurance quotes to the Plan; the disclosure of PHI to stop-loss or reinsurance carriers to obtain claim reimbursements to the Plan; disclosure of PHI to Plan consultants who provide legal, actuarial and auditing services to the Plan; and use of PHI in general data analysis used in the long term management and planning for the Plan and the College.

Other Uses and Disclosures Allowed Without Authorization

Federal law also allows a group health plan to use and disclose PHI, without your consent or authorization, in the following ways:

• To you, as the covered individual.
• To a personal representative designated by you to receive PHI or a personal representative designated by law such as the parent or legal guardian of child, or the surviving family members or representative of the estate of a deceased individual.
• To the Secretary of Health and Human Services (HHS) or any employee of HHS as part of an investigation to determine our compliance with the HIPAA Privacy Rules.
• To a Business Associate as part of a contracted agreement to perform services for the Plan.
• To a health oversight agency, such as the Department of Labor (DOL), the Internal Revenue Service (IRS) and the Insurance Commissioner’s Office, to respond to inquiries or investigations of the Plan, requests to audit the Plan, or to obtain necessary licenses.
• In response to a court order, subpoena, discovery request or other lawful judicial or administrative proceeding.
• As required for law enforcement purposes. For example to notify authorities of a criminal act.
• As required to comply with Workers’ Compensation or other similar programs established by law.
• To the Plan Sponsor (Dartmouth College), as necessary to carry out administrative functions of the Plan such as evaluating renewal quotes for reinsurance of the Plan, funding check registers, reviewing claim appeals, approving subrogation settlements, and evaluating the performance of the Plan. Nonetheless, the Plan cannot use or disclose genetic information for underwriting purposes.
The examples of permitted uses and disclosures listed above are not provided as an all-inclusive list of the ways in which PHI may be used. They are provided to describe in general the types of uses and disclosures that may be made.

**OTHER USES AND DISCLOSURES**

Other uses and disclosures of your PHI will only be made upon receiving your written authorization. You may revoke an authorization at any time by providing written notice to us that you wish to revoke an authorization. We will honor a request to revoke as of the day it is received and to the extent that we have not already used or disclosed your PHI in good faith with the authorization.

**YOUR RIGHTS IN RELATION TO PROTECTED HEALTH INFORMATION**

Right to Request Restrictions on Uses and Disclosures

You have the right to request that the Plan limit its uses and disclosures of PHI in relation to treatment, payment and health care operations or not use or disclose your PHI for these reasons at all. You also have the right to request that the Plan restrict the use or disclosure of your PHI to family members or personal representatives. Any such request must be made in writing to the Privacy Official listed in this Notice and must state the specific restriction requested and to whom that restriction would apply.

The Plan is not required to agree to a restriction that you request. However, if it does agree to the requested restriction, it may not violate that restriction except as necessary to allow the provision of emergency medical care to you.

Right to Request Restriction to the Plan

You may request that certain health care services or items that you pay for fully at the time of service not be shared with the Plan. Please let your provider know before, or at the time of service or your provider may not be able to fulfill your request.

Right to Receive Confidential Communications

You have the right to request that communications involving PHI be provided to you at an alternative location or by an alternative means of communication. The plan is required to accommodate any reasonable request if the normal method of disclosure would endanger you and that danger is stated in your request. Any such request must be made in writing to the Privacy Official listed in this notice.

Right to Access to Your Protected Health Information

You have the right to inspect and copy your PHI that is contained in a designated record set for as long as the Plan maintains the PHI. A designated record set contains claim information, premium and billing records and any other records the Plan has created in making claim and coverage decisions relating to you. Federal law does not permit you to obtain access from the Plan to the following records: psychotherapy notes; information compiled in reasonable anticipation of or for use in litigation; and PHI that is subject to a law that otherwise prohibits access to that information. If your request for access is denied, you may have a right to have that decision reviewed. Requests for access to your PHI should be directed to the Privacy Official listed in this Notice.
Right to Amend Protected Health Information

You have the right to request that PHI in a designated record set be amended for as long as the Plan maintains the PHI. The Plan may deny your request for amendment if it determines that the PHI was not created by the Plan, is not part of a designated record set, is not information that is available for inspection, or that the PHI is accurate and complete. If your request for amendment is declined, you have the right to have a statement of disagreement included with the PHI and the Plan has a right to include a rebuttal to your statement, a copy of which will be provided to you. Requests for amendment of your PHI should be directed to the Privacy Official listed in this Notice.

Right to Receive an Accounting of Disclosures

You have the right to receive an accounting of all disclosures of your PHI that the Plan has made, if any, other than: disclosures for treatment, payment and health care operations, as described above, disclosures made to you or your personal representative, and disclosures we are not legally permitted to provide to you in the accounting. Your right to an accounting of disclosures applies only to PHI created by the Plan after April 14, 2003, and cannot exceed a period of six years prior to the date of your request. Requests for an accounting of disclosures of your PHI should be directed to the Privacy Official listed in this Notice.

Right to Receive a Paper Copy of this Notice

You have the right to receive a paper copy of this Notice upon request. This right applies even if you have previously agreed to accept this Notice electronically. Requests for a paper copy of this Notice should be directed to the Privacy Official listed in this Notice.

Right to Receive a Notice of Breach

You have the right to receive written notification if the Plan discovers a breach of your unsecured PHI, and determines through a risk assessment that notification is required.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Plan or the Secretary of Health and Human Services. Complaints should be filed in writing with the Privacy Official listed in this Notice. The Plan will not retaliate against you for filing a complaint.

PRIVACY OFFICIAL

If you have any questions, contact the Privacy Official for the Plan at the Office of Human Resources, (603) 646-3411.

EFFECTIVE DATE OF NOTICE

This notice becomes effective on April 14, 2003.
Important Notice from Dartmouth 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 Dartmouth 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. Dartmouth College has determined that the prescription drug coverage offered by the CVS Caremark and the 65+ SilverScript prescription drug plans are, 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 through December 7th open enrollment**.

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

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

If you decide to join a Medicare drug plan, your current Dartmouth College coverage will be affected. Effective January 1, 2013, your Dartmouth College Medicare Supplemental (DCMS) plan will include Medicare Part D and covers prescription drugs at 30% coinsurance until a $450.00 total out-of-pocket maximum is met.

If you do decide to join a Medicare drug plan and opt out of your current Dartmouth College coverage, be aware that you and your dependents will also be opting out of your medical coverage and will not be able to get this coverage back.

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 Dartmouth 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 one of the following:

- **Dartmouth College Human Resources Benefits Office** at: 603-646-3588 Monday through Friday, 8:00am thru 5:00 pm
- **Medicare eligible members**: SilverScript Customer Care at: (866)-693-4621 Toll-free 24 hours a day, 7 days a week
- **Active employees or retirees ages 55-64**: CVS Caremark at: (855) 465-0032 Toll-free 24 hours a day, 7 days a week

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

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

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