The employee benefits programs described in this Benefits Guide are effective in 2017. The information is a summary of Dartmouth’s benefits, and every attempt has been made to ensure its accuracy. The actual provisions of each benefits program will govern, if there is any inconsistency between the information in this Benefits Guide and Dartmouth’s formal plans, programs, policies or contracts, or any subsequent change in such plans, programs, policies or contracts.
Welcome

Hello, and welcome to Dartmouth College.

Dartmouth College is proud of the competitive and comprehensive package of benefits that we offer to our diverse community. To help you navigate your benefit options, we have invested in multiple resources, including this guide and various online tools. We recognize the importance of Dartmouth’s benefits in meeting the health care and financial needs of both you and your family, and encourage you to take advantage of the resources made available to maximize their value.

Please note that all benefits begin on your date of hire, or date of benefits eligibility. You will have 45 days from your date of hire or date of benefits eligibility to log in to the FlexOnline benefits enrollment system to make your benefit elections. **If you do not make your elections within these 45 days, you will be defaulted into the Cigna Choice Fund® medical plan option and other benefits as defined by your employment category.** You will be responsible for any costs associated with the benefits you are defaulted into. Once your 45 days has expired, you will not have another opportunity to change your benefits coverage selection, unless you have a qualifying life status change or until the Open Enrollment period held each fall. For more information about default benefits, please see page 17 of this guide.

As a benefits-eligible employee, it is your responsibility to read this guide in its entirety to ensure the important deadlines and key actions contained within, and their impact on your benefits eligibility, are understood. Our HR Benefits office is here as a resource to you as well. More information, including important phone numbers and websites, can be found at the end of this guide.

Again, welcome to our Dartmouth College community. We look forward to supporting you and your family as you navigate your new benefit options.

Sincerely,

Your HR Benefits Team
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Words to Know

This guide was created to help you make important decisions about your health care. Before you begin, we think that understanding certain words will help you better understand the choices you need to make. So here are some definitions of words and phrases that you’ll see in this guide.

Medical Plans

**Deductible:** A fixed annual dollar amount that you pay out-of-pocket during the calendar year, toward health care services before the medical plan begins to pay. Details on the services that require satisfying the deductible are outlined in this guide and the plan documents.

**Copay:** A fixed dollar amount you pay at the time health care services or prescription drugs are received, regardless of the total charge for service. The medical plan pays the rest.

**Coinsurance:** A fixed percentage of covered health care services or prescription drug costs that you pay, after the deductible amount (if any) was paid. The medical plan pays the rest.

**Out-of-pocket maximum:** The most you pay before the medical plan begins to pay 100% of covered charges.

**In-network:** Health care professionals and facilities that have contracts with the medical, pharmacy, or dental plan to deliver services at a negotiated rate (discount). You pay a lower amount for those services.

**Out-of-network:** A health care professional or facility that doesn’t participate in your plan’s network and doesn’t provide services at a discounted rate. Using an out-of-network health care professional or facility will cost you more.

Prescription Drug Coverage

**Generic:** Generic medications have the same active ingredients, dosage, and strength as their brand-name counterparts. You’ll usually pay less for generic medications.

**Preferred brands:** Preferred brand medications will usually cost more than generics but may cost less than non-preferred brands on your plan.

**Non-preferred brands:** Non-preferred brand medications generally have generic alternatives and/or one or more preferred brand options within the same drug class. You’ll usually pay more for non-preferred brand medications.

Tax-Advantaged Accounts*

**Flexible Spending Account (FSA):** A pre-tax employee or employer-funded account that can be set up to reimburse you for qualified expenses.

Dartmouth has two types of FSAs:
- A Health Care FSA (HCFSA) allows you to use pre-tax dollars to pay your share of eligible health care expenses not covered by your medical or dental plan.
- A Dependent Care FSA (DCFSA) allows you to use pre-tax dollars to pay for childcare or care for an elderly or disabled family member.

**Health Reimbursement Account (HRA):** An employer-funded account that pays up to a pre-determined amount toward certain out-of-pocket medical costs. Your unused HRA funds may be carried over to the next benefit year if you remain in the same medical plan. This is a new plan for 2017.

**Health Savings Account (HSA):** A tax-free, individually-owned savings account used to pay for you and your eligible dependents’ qualified medical expenses in the current year or in future years.

Other

**Dependent:** Certain benefits at the college provide coverage for family members of benefits-eligible employees. Family members include: Spouses, children, stepchildren, same sex domestic partners, and children of same sex domestic partners.

**Full Time Equivalent (FTE):** The percentage of working full time. FTE is often based on the number of hours worked per week and/or number of months worked per year. Some benefits are pro-rated when you work less than full time. FTE status is assigned on your date of hire or when you experience a change in employment status.

**Plan Cost/Rates:** Is the plan rate or premium for a particular benefit. For some benefits, Dartmouth will pay the full cost, some you will share the cost, and others you will pay the full cost. Your share of the plan rate/premium is deducted from your paycheck. For an estimate on medical plan costs in 2017, please visit the Medical Plan Cost Estimator at dartgo.org/medical-cost-estimator

* Contributions and earnings in these accounts are not subject to federal taxes. State and local taxes may apply. For detailed information please contact your local department of taxation and tax professional.
Checklist

As a New Hire, a rehire, or if you have taken a new position that has made you benefits-eligible, you will have 45 days from the date you became benefits-eligible to log in to the online benefits enrollment system called FlexOnline and make your benefit elections for the remainder of 2017. Please find a checklist below, outlining key steps involved in making your benefit elections.

Evaluate

☐ Think about your health history and health care needs.
  - How much do you spend, on average, for medical, vision, dental and pharmacy?
  - How might that change throughout the remainder of the year?
☐ Review your current FSA and HSA contributions and expenses to determine if you need to make an election based on your anticipated expenses for the remainder of 2017.
  - Review pages 4–6 of this guide to understand how FSA's, HRA's and HSA's work and if one is right for you.
☐ Determine if your current life, dependent life and disability insurance coverage provides adequate protection if you or your family were to experience a loss.
☐ Gather, and have available your dependent and beneficiary information, including Social Security numbers, dates of birth, addresses and phone numbers.

Engage

☐ Please take the time to read through this guide to make sure you understand the full spectrum of benefits available to you.
☐ Review the “New Hire/Newly Eligible for Benefits” Web page at dartgo.org/new-to-benefits and/or review the individual benefit pages at dartgo.org/benefits
☐ Use the online tool, Ask ALEX, to help you evaluate which medical plan might be right for you in 2017.
  - Utilize the Alex tool, to get a better understanding of how the medical and tax-advantaged programs work.
  - Try different scenarios on medical plan usage for the upcoming year, to see which plan the program suggests for you.
  - Visit dartgo.org/AskALEX
☐ Attend New Employee Orientation (NEO) as soon as possible after becoming benefits-eligible.
  - Attendance at NEO is an important part of your introduction to Dartmouth.
  - During this session you will receive information about your health, retirement and other benefits, with time for a Q&A with the group.
  - You will learn about employee resources, wellness, vacation and personal time, and you will hear presentations from a variety of campus partners about Dartmouth policies and programs.
  - You will also have the opportunity to join us for lunch, obtain your employee ID and take a library tour.
☐ Use the Medical Plan Cost Estimator to determine your medical rates for 2017. You will need to know your annual base salary and full time equivalency (FTE). Visit dartgo.org/medical-cost-estimator
☐ Refer to the FlexOnline Navigation Guide for step-by-step guidance with the online enrollment system.

Enroll

☐ Log into FlexOnline
  - Visit dartgo.org/Flexonline to enroll.
  - Use your NetID and Password to log in.
  - Hint: Same ID and Password used to log in to your Dartmouth email.
☐ Make your Elections
  - Refer to the FlexOnline Navigation Guide for step-by-step guidance with the online enrollment system.
  - Access the guide at dartgo.org/FlexNavGuide
  - Complete your benefit elections in FlexOnline.
  - Print a final confirmation page to keep for your records.
  - Elect your retirement contributions.
  - Complete your Life Insurance Statement of Health (if required).

Note: If you have a phone number or address change, log on to employee.dartmouth.edu

Reminder: If you do not make your elections within 45 days, you will be defaulted into the Cigna Choice Fund® medical plan option and other benefits as defined by your employment category. You will be responsible for any costs associated with the benefits you are defaulted into.
Eligibility

As a benefits-eligible employee, Dartmouth College offers you and your family a comprehensive package of benefits to choose from, including three different medical plans, a dental plan, life insurance for you and your family members, disability insurance, retirement plan options and a number of other tax-advantaged benefits.

Plan year
Dartmouth’s benefits run on a calendar plan year, from January 1, 2017 through December 31, 2017. Some benefits are prorated based on your start date or benefits eligibility date and full time equivalency (FTE).

Eligibility
› Regular employees are eligible for all benefits subject to the qualifying requirements of each plan. Employees who are regularly scheduled to work at least half of the normal full-time schedule for their position for at least nine (9) months each year are considered eligible for benefits at Dartmouth College. Regular, benefits-eligible employees working less than full time receive prorated benefits according to their percentage of working full time.
› Temporary employees, and regular employees working less than half time or less than nine (9) months duration each year, are not benefits eligible but are eligible for workers’ compensation. They can also elect to participate in a Supplemental Retirement Account. In addition, regular employees who are not benefits eligible are covered under travel accident insurance.
› Dependents – Certain benefit plans at the College provide coverage for family members of benefits-eligible employees. Family members include: Spouses, children, stepchildren, same-sex domestic partners, and children of same-sex domestic partners.

Employment Category
Dartmouth College offers several employment categories.
› Exempt – Includes Faculty (visiting or tenure track), Research Staff (Research Associate C, Research Scientist, Research Analyst and Research Engineers) and Exempt Staff (salaried staff). These employees are exempt from overtime pay, according to the Fair Labor Standards Act.
› Non-Exempt – Refers to employees who are paid by the hour and are not exempt from overtime pay, according to the Fair Labor Standards Act. This includes Non-Exempt Staff, Non Union Service Staff and IATSE Union members. This does not include SEIU members.
› SEIU – Refers to Dartmouth employees who are members of the Service Employees International Union. SEIU employees are paid by the hour and are not exempt from overtime pay, according to the Fair Labor Standards Act.
› Research Associate B (RAB) – Refers to grant- or college-funded employees (other than those on certain kinds of training grants) with an appointment of greater than nine (9) months and less than three (3) years. RAB’s are exempt from overtime pay according to the Fair Labor Standards Act.
› Research Fellow – A postdoctoral trainee on a NRSA or T32 training grant with an appointment of at least nine (9) months and less than three (3) years. Research Fellows are exempt from overtime pay, according to the Fair Labor Standards Act. These employees wages are not subject to Social Security or Medicare tax. All benefits for this group are paid post-tax.

When benefits begin
Benefits you elect as a new employee or as an employee who is newly eligible for benefits, will start on your date of hire, or the date you become benefits eligible. If you incur expenses prior to receiving your ID card(s), it is recommended to work with your provider to have the bill mailed to you, and once the ID card is received, call the provider’s office with your ID card information and ask them to resubmit the claim.

When you can make changes to your plans
You will have 45 days from your date of hire or date of benefits eligibility to make your benefits elections. Once your 45 days has expired, you will not have another opportunity to change your benefits selection unless you have a qualifying life status change, or until the Open Enrollment period held each fall. A qualifying life status change can be a marriage, divorce, birth or adoption of a child, or any time you or a dependent loses or gains coverage. A spouse’s open enrollment period is also considered a qualifying life status change. It is important to know that you must submit a qualifying life status change through the FlexOnline system no more than 31 days after the date of the event.

How to enroll online
To enroll in benefits or to make changes to your current benefits elections visit dartgo.org/FlexOnline or follow the instructions in the FlexOnline Navigation Guide found at dartgo.org/FlexNavGuide
Tax-Advantaged Accounts*

Participating in a tax advantaged account is a way of putting money aside tax-free throughout the year, and then later using those dollars to pay for your health care or dependent care needs.

Dartmouth offers four different types of tax-advantaged accounts that eligible employees can elect. In some cases Dartmouth may contribute money into the account, and in other cases, you may also be eligible to contribute. A comparison chart can be found on page 6 of this guide.

**Health Care Flexible Spending Account (HCFSA)**

A Crosby Benefits (WageWorks®) Health Care Flexible Spending Account (HCFSA) is a pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that you must pay for out of pocket.

- **Eligibility**
  - All benefits-eligible Faculty, Exempt, Non-Exempt, and SEIU Employees are eligible to contribute up to $2,600 per calendar year in an HCFSA.
  - Non-Exempt staff and Faculty or Exempt Staff making $60,000 per year or less, are eligible to receive the HCFSA employer contribution of up to $250, when electing the Open Access Plus plan or no coverage. SEIU Employees should refer to their union contract. Amount is prorated based on hire date and FTE.
  - Research Associate B's and Research Fellows are not eligible to participate in the Health Care Flexible Spending Account Benefit.
  - Per IRS guidelines, you may not participate in the HCFSA if you are enrolled in a qualified High Deductible Health Plan (HDHP) with a Health Savings Account (HSA).

Use a Crosby-provided debit card to pay for eligible expenses, or submit manually by using the form found at dartgo.org/hrforms

Some expenses will require substantiation as you spend. We recommend that you keep your receipts for any expense that is paid by your HCFSA.

Dartmouth allows a carryover of up to $500 into the next calendar year if you do not elect a medical plan with an HSA in the following year. Any unused amount left in the account at year-end (excluding the $500 carryover) will be forfeited.

Unused HCFSA balances are forfeited if you leave Dartmouth.

An HCFSA has strict year-end deadlines regulated by the IRS.

For more information on how this account works, visit dartgo.org/hcfsa or refer to page 6 of this guide.

**Health Reimbursement Account (HRA)**

An employer-funded account that helps you pay for medical expenses that are subject to your annual deductible.

- **Eligibility**
  - All benefits-eligible employees who elect the Cigna Choice Fund (CCF) or elect the HDHP and are not eligible to participate in a Health Savings Account, will receive an HRA contribution in their name.
  - Because J Visa holders are not eligible to participate in the CCF or HDHP medical plans, they are not eligible to receive the employer HRA contribution.

Dartmouth will contribute $500 for individuals enrolled in the HRA and $1,000 for employees who cover one or more dependents and are enrolled in the HRA. Amount is prorated based on date of hire.

The money used from your HRA counts toward your deductible and coinsurance (as applicable).

Unused money will be available to you in the following year, if you reenroll in the same medical plan.

No paperwork or IRS reporting is required for HRA funding. Deductibles are automatically paid by Cigna and deducted from your account as expenses are incurred.

May be used in conjunction with a Health Care Flexible Spending Account (HCFSA)

For more information on how this account works, visit dartgo.org/hra or refer to page 6 of this guide.

**Health Savings Account (HSA)**

- **Eligibility**
  - All benefits-eligible Faculty, Exempt, Non-Exempt, SEIU and RAB employees who elect the High Deductible Health Plan (HDHP) in 2017, and are NOT enrolled in any other type of medical plan recognized by the IRS as non-qualified HDHP coverage (i.e., Dartmouth Health Connect, Medicare, Medicaid, Tricare, a health care flexible spending account (HCFSA), state exchange program, parent’s or spouse’s plan, etc.) may be eligible to participate in an HSA in 2017.
  - J Visa holders are not eligible to participate in the HDHP, therefore are not eligible to receive employer contributions or make contributions to an HSA plan.
  - Research Fellows are not eligible to participate in the Health Savings Account.

For more information on how this account works, visit dartgo.org/hcsa or refer to page 6 of this guide.
Dartmouth will contribute $500 for individuals enrolled in the HSA and $1,000 for employees who cover one or more dependents and are enrolled in the HSA. Amount is prorated based on date of hire.

You decide how and when to use the money in your HSA. Pay for qualified expenses during the year, save it for future health care needs or open an investment account.

Your HSA earns interest, tax-free.

You have the option of using a Fidelity-provided debit card or checkbook to pay your eligible expenses, or you may submit manually, using the form found on the Fidelity website at www.netbenefits.com

You can take your HSA with you when you leave the plan, change jobs or retire.

Easier administration with no stressful submission or substantiation deadlines.

Substantiation is at year-end with tax filing.

If you elect the HDHP with HSA, the Benefits office will be in contact with you once your account is ready for activation

For annual limits and more information on how this plan works, visit dartgo.org/hsa or refer to page 6 of this guide.

**Dependent Care Flexible Spending Account (DCFSA)**

A Dependent Care Flexible Spending Account (DCFSA) allows you (and your spouse, if applicable) to use pre-tax dollars to pay for the care of one or more qualifying IRS dependents.

**Eligibility**

- All benefits-eligible Faculty, Exempt, Non-Exempt, and SEIU Employees are eligible to contribute up to $5,000 per household in a DCFSA, which can be used tax-free to pay dependent care expenses.
- Research Associate B’s and Research Fellows are not eligible to participate in the DCFSA.
- You cannot contribute to a DCFSA while you or a spouse are not working (i.e., leave of absence, hiatus, unemployed, etc.)
- Qualifying dependents may be defined as children under the age of 13 and your spouse, or a qualifying child or relative who is physically or mentally incapable of self-care.
- Use to pay for child care services, a nanny, summer day camps, adult day centers for aging parents, nursing care for incapacitated or handicapped dependents, etc.
- Funds are available as they are deposited.
- Claims are submitted manually using the reimbursement form found at dartgo.org/hrforms
- DCFSA funds are subject to use-it-or-lose-it; if expenses are not incurred by the end of the grace period (March 15th of the following year).
- Has strict year-end deadlines, per IRS guidelines.

For more information on how this plan works, visit dartgo.org/dcfsa

**NOTE:** Spouses who work at the college must maintain their own individual tax-advantaged accounts. Accounts are not tied together and Spouses cannot combine their balances or contribute to each other’s accounts.

**Example:** Mary and Tom Smith are both employees of Dartmouth College and are married to one another. Tom elects to put $2,600 into a HCFSA for 2017. Mary elects to put $500 into a HCFSA for 2017.

1. Per IRS guidelines, Mary is not allowed to contribute pre-tax dollars into Tom’s account and Tom is not allowed to contribute pre-tax dollars into Mary’s account. $216.67 will be deducted pre-tax each month from Tom’s paycheck and $41.67 will be deducted pre-tax each month from Mary’s pay.

2. When submitting claims to Crosby Benefits, if Tom submits $3,100 (more than his annual election), Crosby Benefits will only pay back up to the maximum amount of his annual election. In this case $2,600, Crosby will not automatically use any of the $500 remaining in Mary’s account because the accounts are not tied together, and Crosby does not know that they are married. Mary will need to submit her own $500 in claims.

3. The IRS does allow Tom to use his $2,600 to pay for Mary’s health claims and Mary is allowed to use her $500 to pay for Tom’s health claims.

*Contributions and earnings in these accounts are not subject to federal taxes. State and local taxes may apply. For detailed information please contact your local department of taxation and tax professional.*
## Tax-Advantage Account Comparison Chart

<table>
<thead>
<tr>
<th>Feature</th>
<th>Health Care Flexible Spending Account (HCFSA)</th>
<th>Health Reimbursement Account (HRA)</th>
<th>Health Savings Account (HSA)</th>
</tr>
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<tbody>
<tr>
<td><strong>Overview</strong></td>
<td>A pre-tax employee and/or Dartmouth-funded account that can be set up to reimburse employees for qualified medical expenses. Requires substantiation as the benefit is used. Has strict submission deadlines.</td>
<td>A Dartmouth-funded account that provides reimbursement for qualified health care expenses.</td>
<td>A tax-free,* individually-owned savings account used to pay for qualified medical expenses of the account holder and qualified dependents in the current year or in future years.</td>
</tr>
</tbody>
</table>
| **Which medical plan must I elect to participate?** | - No coverage  
- OAP  
- CCF  
- HDHP with HRA | - CCF  
- HDHP with HRA | HDHP with HSA (see eligibility on page 4) |
| **Can I use Dartmouth Health Connect?**      | Yes                                           | Yes                              | Not while actively contributing to an HSA. |
| **Who administers the plan?**                | Crosby Benefits                                | Cigna                            | Fidelity                      |
| **Who may contribute to the account?**       | You, Dartmouth, or both. Usually funded by employees who choose to set aside a certain amount of their pay into an FSA. | Solely funded by Dartmouth.      | You, Dartmouth, or both. In addition, a third party can contribute on your behalf. |
| **What are the permitted annual limits on contributions?** | The Internal Revenue Service sets the annual maximum contributions. Balance of $2,600 per year. Dartmouth contributions and carry over balances are not included in this balance. | No federal income tax law limits. | The Internal Revenue Service sets the annual maximum contribution.  
- Individual: $3,400  
- Family of 2 or more: $6,750  
- Age 55+: additional $1,000 |
| **What is the annual Dartmouth contribution?** | Eligible employees:** up to $250  
(Amount is prorated based on date of hire and FTE) | Individual maximum: $500  
Family of 2 or more: $1,000  
(Amount is prorated based on date of hire) | Individual maximum: $500  
Family of 2 or more: $1,000  
(Amount is prorated based on date of hire) |
| **What is the maximum I can contribute?**    | All employees: $2,600                          | N/A — Employees do not contribute to this plan | Individual maximum: $2,900  
Family of 2 or more: $5,750 |
| **What is the tax treatment of contributions?** | You pay no federal, Social Security or state taxes on FSA contributions. Dartmouth pays no FICA tax, federal or state unemployment taxes on FSA contributions. | Dartmouth contributions are excluded from your gross income. | Your contributions are taxable deductible. Dartmouth contributions are excluded from gross income and not subject to employment taxes (e.g., FICA).* |
| **Can funds be carried over from one year to the next?** | Yes, you can carry up to $500 over into the next year if you do not elect a medical plan with an HSA in the following year. | Yes, unused amounts can carry into the next year if you remain on the same medical plan. | Yes, HSA funds may be carried over indefinitely during your lifetime, regardless of the plan you pick the following year. |
| **Can I take my funds with me if I leave Dartmouth?** | No, unused FSA balances are forfeited if you leave or change jobs. COBRA regulations also apply. | No, unused HRA balances are forfeited if you leave or change jobs. COBRA regulations also apply. | Yes, you may take funds with you when you leave or change jobs. |
| **Does interest accrue on funds deposited in the account?** | No, interest is not accrued. | No, interest is not accrued. | Yes, interest and investment income accrue tax-free.* |
| **Which expenses are eligible?**             | Eligible expenses include those allowed by section 213(d) of the Internal Revenue Code. | Only services subject to deductible and coinsurance.  
Note: The HRA will not offset office visit, emergency room and prescription drug copays in the Cigna Choice Fund. | Eligible expenses include those allowed by section 213(d) of the Internal Revenue Code. Funds used for ineligible purposes are taxed as income and incur a penalty; no penalty after age 65. |
| **Other features**                           | Funds are available to spend in advance. Use it or lose it benefit. Requires substantiation as the benefit is used. Has strict submission deadlines. | No substantiation required. Certain medical expenses are paid automatically from your account. | Funds are available as deposited. Tax filing at year-end makes administration easier. No mid-year substantiation required. No claim submission deadlines. Per IRS regs, you may not have an HSA and be enrolled in another medical plan, including Medicare or an HCFSA. If you are new to HSAs we encourage you to consult a tax professional to confirm eligibility and annual contribution limits. |

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For rates and complete details of coverage, visit dartgo.org/benefits  
* HSA contributions and earnings are not subject to federal taxes and not subject to state taxes in most states. A few states do not allow pre-tax treatment of contributions or earnings. Contact your tax advisor for details on your specific location.  
** Non-Exempt and Faculty, or Exempt Staff making $60,000 per year or less, are eligible to receive the HCFSA employer contribution when electing the OAP plan or no coverage. SEIU Employees should refer to their union contract. Amount is prorated based on hire date and FTE.  

Crosby Benefits  
Cigna  
Fidelity

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<th>Other features</th>
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<td><strong>Overview</strong></td>
<td><strong>Which medical plan must I elect to participate?</strong></td>
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“Ask ALEX” Tool

Picking the right benefit plans can be a challenge. Which medical plan is best for me? How much should I save in my flexible spending accounts? Does a health savings account make sense for me? These decisions are important, and a lot goes into making these choices for you and your family.

To make the process easier for you, Dartmouth College will offer an easy-to-use online tool called ALEX. All you have to do is log on from any computer or mobile device and respond to ALEX’s questions. ALEX will prompt you for some basic information about you and your family. Your responses will remain completely confidential* and will be used only to help you with your decision making process. Start your conversation with ALEX today, to assist you with your enrollment planning. Visit dartgo.org/AskALEX to review your benefits with ALEX.

Note: ALEX provides a summary of your benefits and every attempt has been made to ensure its accuracy. You should still fully utilize all of the educational tools provided prior to enrolling in benefits. ALEX may provide estimates or suggestions, but only you can elect benefits to best suit your needs. ALEX is not an application for enrollment.

* ALEX does not create, receive, maintain, transmit, collect, or store any identifiable end-user information.

Dartmouth Health Connect

Dartmouth Health Connect is a highly innovative relationship-based primary care practice that provides the type of health care patients deserve. Patients can expect highly personalized, friendly, expert care delivered by a team of professionals who are passionate about managing health in a better way. Other key benefits that Dartmouth Health Connect patients enjoy include:

› 24/7 access to their care teams by phone and guaranteed same or next day visits when they are sick.
› Access to a care team that gets to know you well and focuses on preventive care to help you stay healthy.
› No cost for office visits.
› Enhanced care through partnership with physicians, nurses, health coaches, and an available in-house behavioral health specialist.
› A convenient location at 7 Allen Street in Hanover.
› An accessible care team who often engage by phone, email, text, and video to help patients.

Employees and adult (age 18+) family members enrolled in a medical plan through Dartmouth College as their primary medical plan are able to join Dartmouth Health Connect.

Please note: Dartmouth Health Connect patients are eligible to participate in HDHPs, however, they cannot contribute to or receive a contribution to an HSA. You are not eligible to use Dartmouth Health Connect if Medicare is your primary insurance.

For more information, please visit www.dartmouthhealthconnect.com or call 603.738.1164 to learn more about becoming a patient at Dartmouth Health Connect.
Medical Plan

The following pages will highlight the important features of the 2017 medical plans. The 2017 options available to you were designed to provide you and your family members with affordable and accessible health care. The information contained within this guide is a summary of Dartmouth’s benefits. We encourage you to attend New Employee Orientation, use the Ask ALEX tool, review plan information on dartgo.org/medical and contact Cigna or CVS/caremark for details on the plan designs. The Medical Plans are self-insured by Dartmouth College and administered by Cigna Health and Life Insurance Company (“Cigna”). Pharmacy plan benefits are administered by CVS/caremark.

Important features of the medical plans

All plans provide coverage for medical care, including visits to your doctor’s office, hospital stays, mental health and substance abuse services, chiropractic treatment, physical therapy and other services.

All three plans offer:

 › An option to choose a primary care doctor to help guide your care. It’s recommended, but not required.
 › A national network of providers, as well as emergency coverage when traveling abroad for personal travel.
 › No referral is needed to see a specialist, although precertification may be required.
 › In-network preventive care** services covered at no additional cost to you. See your plan materials for a list of covered preventive care services.
 › 24-hour emergency care, in- or out-of-network.
 › The amount you pay out-of-pocket is limited by your plan’s out-of-pocket maximum. Once you spend the annual maximum amount, the medical plan pays your covered health care costs at 100%.
 › No-claim paperwork is necessary when you receive care in-network.
 › Medical plan rates are deducted from your pay check pre-tax. Research Fellows pay on a post-tax basis.

** Some preventive services may not be covered. For example, immunizations for travel are generally not covered. Other non-covered services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational).

For an estimate on plan rates in 2017, please use the Medical Plan Cost Estimator at dartgo.org/medical-cost-estimator
Key benefits of choosing the Open Access Plus (OAP) plan:

- Has the lowest deductible and out-of-pocket costs for medical and prescription expenses.
- You can contribute up to $2,600 to the pre-tax health care FSA (HCFSA), and may be eligible to receive an employer contribution in an HCFSA. See pages 4 and 6 of this guide for more information.
- You and your dependents age 18+ can utilize Dartmouth Health Connect at no additional cost.

Other considerations:

- Has the highest plan rates of all three plans.
- Medical and prescription copays count toward out-of-pocket maximums but not deductibles.

For more information on how the medical plans work, visit dartgo.org/medical

<table>
<thead>
<tr>
<th></th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>FSA contribution from employer</td>
<td>See page 4 of this guide for eligibility</td>
<td></td>
</tr>
<tr>
<td>Medical deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$500</td>
<td>$1,000</td>
</tr>
<tr>
<td>Family</td>
<td>$1,000</td>
<td>$2,000</td>
</tr>
<tr>
<td>Out-of-pocket maximum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$2,500</td>
<td>$5,000</td>
</tr>
<tr>
<td>Family</td>
<td>$5,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Coinsurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>10%</td>
<td>30%</td>
</tr>
<tr>
<td>Family</td>
<td>10%</td>
<td>30%</td>
</tr>
<tr>
<td>Copays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office visit</td>
<td>$20</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Specialist visit</td>
<td>$30</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Emergency room</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-Day retail pharmacy</td>
<td>$5/$25/$40</td>
<td>N/A</td>
</tr>
<tr>
<td>90-Day mail order</td>
<td>$10/$50/$80</td>
<td>N/A</td>
</tr>
<tr>
<td>90-Day CVS retail</td>
<td>$10/$50/$80</td>
<td>N/A</td>
</tr>
</tbody>
</table>

How your OAP plan works

What's Covered: Copays for office visits, emergency room visits, prescription drugs, or other services subject to copays do not count toward the annual deductibles. For services subject to the deductible and coinsurance, please see diagram below:

“You Pay”: Means you can pay with personal funds or with your available HCFSA dollars.
Cigna Choice Fund Plan (CCF)

Has mid-level plan rates and out-of-pocket costs

Key benefits of choosing the Cigna Choice Fund plan:

- The employer-funded Health Reimbursement Account (HRA) helps you pay for out-of-pocket medical expenses subject to your annual deductible, while keeping your plan rates low.
  - You can contribute up to $2,600 to the pre-tax HCFSA. See pages 4 and 6 of this guide for more information.
- You and your dependents age 18+ can utilize Dartmouth Health Connect at no additional cost.

Other considerations:

- Medical and prescription copays count toward out-of-pocket maximums but not deductibles.
- Federal government regulations prohibit J Visa holders from enrolling in this plan.

For more information on how the medical plans work, visit dartgo.org/medical

<table>
<thead>
<tr>
<th></th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRA contribution</td>
<td>$500</td>
<td>$1,000</td>
</tr>
<tr>
<td>from employer</td>
<td>individual</td>
<td>family</td>
</tr>
<tr>
<td>Medical deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$1,500</td>
<td>$3,000</td>
</tr>
<tr>
<td>Family</td>
<td>$3,000</td>
<td>$6,000</td>
</tr>
<tr>
<td>Out-of-pocket maximum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$4,000</td>
<td>$6,000</td>
</tr>
<tr>
<td>Family</td>
<td>$8,000</td>
<td>$12,000</td>
</tr>
<tr>
<td>Coinsurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>10%</td>
<td>30%</td>
</tr>
<tr>
<td>Family</td>
<td>10%</td>
<td>30%</td>
</tr>
<tr>
<td>Copays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office visit</td>
<td>$30</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Specialist visit</td>
<td>$45</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Emergency room</td>
<td>$150</td>
<td>$150</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic/Preferred</td>
<td>$5/$30/$50</td>
<td>N/A</td>
</tr>
<tr>
<td>Non-Preferred</td>
<td>$10/$60/$100</td>
<td>N/A</td>
</tr>
<tr>
<td>90-Day mail order</td>
<td>$10/$60/$100</td>
<td>N/A</td>
</tr>
<tr>
<td>90-Day CVS retail</td>
<td>$10/$60/$100</td>
<td>N/A</td>
</tr>
</tbody>
</table>

How your CCF Plan with HRA works

What’s Covered: Copays for office visits, emergency room visits, prescription drugs, or other services subject to copays do not count toward the annual deductibles. For services subject to the deductible and coinsurance, please see diagram below:

*You Pay*: Means you can pay with personal funds or with your available HRA and/or HCFSA dollars.
High Deductible Health Plan (HDHP)

Lowest plan rates but has the potential for highest out-of-pocket exposure dependent upon utilization

Key benefits of choosing an HDHP:
- The HDHP has the lowest plan rates of all three plans.
- Combining the HDHP with a health savings account (HSA), allows for the highest tax savings advantage.

Other considerations:
- Has the potential for lowest total cost with low utilization or highest total cost with high utilization.
- You pay 100% of prescription drug costs until the deductible is met. Know the retail cost of your prescriptions prior to choosing this plan.
- Federal government regulations prohibit J Visa holders from enrolling in this plan.

Are you a patient at Dartmouth Health Connect or enrolled in a secondary non-HDHP plan?
- If yes, then you will receive an employer contribution to an HRA and are eligible to contribute your own funds to an HCFSA.
- If not, then you will receive an employer contribution to an HSA and are eligible to contribute your own funds to the same HSA account.
- For more information on HCFSA’s, HRA’s and HSA’s please refer to pages 4–6 of this guide.

* If you elect the HDHP with HSA, the Benefits office will be in contact with you once your account is ready for activation. HSA contributions and earnings are not subject to federal taxes and not subject to state taxes in most states. A few states do not allow pre-tax treatment of contributions or earnings. Contact your tax professional or accountant for information about your state.

How your HDHP with HSA/HRA works

What’s Covered: Your medical care, vision, and prescription drugs. Certain in-network preventive care services are covered at no added cost to you.

<table>
<thead>
<tr>
<th>HRA/ HCFSA</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>YOUR HRA PAYS FOR DEDUCTIBLE COSTS UNTIL FUNDS ARE USED UP, THEN YOU PAY, OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>YOU PAY FOR COVERED SERVICES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNTIL YOU REACH YOUR DEDUCTIBLE, THEN,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>YOU PAY IN-NETWORK 10% COINSURANCE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IF YOU REACH YOUR PLAN’S OUT-OF-POCKET MAXIMUM,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>YOUR MEDICAL PLAN PAYS 90% COINSURANCE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>YOUR MEDICAL PLAN PAYS 100% OF YOUR COSTS FOR COVERED SERVICES.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>YOUR HSA ACCOUNT GOES WITH YOU WHEN YOU LEAVE THE MEDICAL PLAN, CHANGE JOBS OR RETIRE.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*You Pay*: Means you pay with personal funds or with your available HCFSA dollars (on HRA plan) or with available HSA dollars (on HSA plan).
## Medical Plan Comparison Chart

<table>
<thead>
<tr>
<th></th>
<th>Open Access Plus Plan (OAP)</th>
<th>Cigna Choice Fund Plan (CCF)</th>
<th>High Deductible Health Plan (HDHP)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical plan highlights</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical deductible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$500</td>
<td>$1,500</td>
<td>$2,600</td>
</tr>
<tr>
<td>Family</td>
<td>$1,000</td>
<td>$3,000</td>
<td>$5,200</td>
</tr>
<tr>
<td>Out-of-pocket maximum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$2,500</td>
<td>$4,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>Family</td>
<td>$5,000</td>
<td>$8,000</td>
<td>$8,000</td>
</tr>
<tr>
<td>Coinsurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Family</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>Contribution from employer¹</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>FSA $250</td>
<td>HRA $500</td>
<td>HSA² $500</td>
</tr>
<tr>
<td>Family</td>
<td>$250</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

### Pharmacy

#### Retail pharmacy network (up to a 30-day supply)

<table>
<thead>
<tr>
<th></th>
<th>OAP</th>
<th>CCF</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$5</td>
<td>$5</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Preferred brand</td>
<td>$25</td>
<td>$30</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Non-preferred brand</td>
<td>$40</td>
<td>$50</td>
<td>Deductible/Coinsurance</td>
</tr>
</tbody>
</table>

#### Caremark mail service or CVS Pharmacy (up to 90-day supply)

<table>
<thead>
<tr>
<th></th>
<th>OAP</th>
<th>CCF</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$10</td>
<td>$10</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Preferred brand</td>
<td>$50</td>
<td>$60</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Non-preferred brand</td>
<td>$80</td>
<td>$100</td>
<td>Deductible/Coinsurance</td>
</tr>
</tbody>
</table>

**Prescription out-of-pocket-maximum:** Out-of-pocket maximum includes all prescription drug and medical expenses (copays, deductibles, and coinsurance).

1. Employer contributions to HCFSA and HRA accounts are available to use as of your hire date, or date of benefits eligibility. Employer HSA contributions will be available to spend once you have activated your account with Fidelity.

2. The 2017 maximums for both employer and employee contributions are $3,400 for an individual and $6,750 for a family. HSA limits are set by the IRS. Employees who reach age 55 may make an additional catch-up contribution of up to $1,000. The maximum contribution allowed is determined by the number of months you are enrolled in the medical plan during the year. Employer and incentive contributions reduce the maximum an employee can contribute by an amount equal to the contribution.
3. Certain in-network preventive care services and well-childcare services are covered at no added cost to you. You have no deductible to meet for these services.

4. Mental Health Exception Benefit: When utilizing out-of-network mental health providers through any of Dartmouth College’s medical plans, you or your covered family members may attend up to 12 visits with an out-of-network provider at a 10% member coinsurance cost. This exception benefit does not renew annually, therefore all visits beyond the initial 12 are subject to out-of-network deductibles and coinsurance.

<table>
<thead>
<tr>
<th>Office/Routine care – What you’ll pay once you meet your deductible</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult preventive care</td>
<td>100%³</td>
<td>Deductible/Coinsurance</td>
<td>100%³</td>
<td>Deductible/Coinsurance</td>
<td>100%³</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Office visit</td>
<td>$20</td>
<td>Deductible/Coinsurance</td>
<td>$30</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Specialist visits</td>
<td>$30</td>
<td>Deductible/Coinsurance</td>
<td>$45</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>$20</td>
<td>Deductible/Coinsurance</td>
<td>$30</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Physical, occupational and speech therapies</td>
<td>$20</td>
<td>Deductible/Coinsurance</td>
<td>$30</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Well-childcare</td>
<td>100%³</td>
<td>Deductible/Coinsurance</td>
<td>100%³</td>
<td>Deductible/Coinsurance</td>
<td>100%³</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Lab, X-ray, diagnostic tests</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hospital care</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient hospitalization</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Emergency room</td>
<td>$100</td>
<td>$100</td>
<td>$150</td>
<td>$150</td>
<td>Deductible/Coinsurance</td>
<td>In-Network Deductible/Coinsurance</td>
</tr>
<tr>
<td>Urgent care center</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
<td>Deductible/Coinsurance</td>
<td>In-Network Deductible/Coinsurance</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental health and substance abuse</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$20</td>
<td>Deductible/Coinsurance⁴</td>
<td>$30</td>
<td>Deductible/Coinsurance⁴</td>
<td>Deductible/Coinsurance⁴</td>
<td>Deductible/Coinsurance⁴</td>
</tr>
</tbody>
</table>
Prescription Drug Coverage

Employees who enroll in a medical plan at Dartmouth College are automatically enrolled in a pharmacy plan, offered through CVS/caremark.

Key features of the CVS/caremark pharmacy plan include:

› **Broad retail network** of more than 67,000 participating pharmacies nationwide, including:
  - Independent pharmacies
  - Chain pharmacies
  - CVS pharmacy locations

*Your CVS/caremark prescription ID card must be presented when filling a prescription.*

› **Flexible prescription service** for your maintenance medications. You may fill a 90-day supply of maintenance medications through CVS/caremark’s mail order pharmacy or at any CVS pharmacy location. 90-day prescriptions are available at a reduced cost.

› **Certain preventive prescriptions offered at no cost for members enrolled in the HDHP.**

› **Tiered drug pricing**, ranging from:

<table>
<thead>
<tr>
<th></th>
<th>OAP</th>
<th>CCF</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail pharmacy network (up to a 30-day supply)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$5</td>
<td>$5</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Preferred brand</td>
<td>$25</td>
<td>$30</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Non-preferred brand</td>
<td>$40</td>
<td>$50</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Caremark mail service or CVS Pharmacy (up to 90-day supply)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$10</td>
<td>$10</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Preferred brand</td>
<td>$50</td>
<td>$60</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Non-preferred brand</td>
<td>$80</td>
<td>$100</td>
<td>Deductible/Coinsurance</td>
</tr>
</tbody>
</table>

› **An Advance Control Formulary** to help guide you and your doctor in choosing a clinically appropriate and cost-effective brand-name medicine if a generic is not available.

*We recommend that you review the Formulary prior to filling your prescription(s). If your medication is not covered, we recommend you discuss alternatives with your prescriber to identify the safest and most cost-effective treatment for you.*

› **Prior authorization requirement for certain specialty medications**, as determined by the Specialty Guideline Management Program.

*If a drug you are taking requires pre-authorization, your pharmacist will let you know and your doctor will need to contact Caremark Connect for approval.*

› **Drug Savings Review Program**

Clinicians at CVS/caremark review prescription histories to ensure that you are taking the safest and most cost-effective medications available. If CVS/caremark identifies an opportunity to simplify your prescription regimen or find a more cost-effective medication, they will work with your physician to review your medical needs and update your prescriptions if appropriate. Please note, no changes will be made to your prescriptions unless your physician has approved a new therapy.

For additional details about the CVS/caremark pharmacy plan:

› Visit dartgo.org/pharmacy
**Vision Coverage**

As part of the preventive care services under your Dartmouth College medical plan, coverage includes the following:

<table>
<thead>
<tr>
<th>OAP and CCF Plans</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency period*</td>
</tr>
<tr>
<td>Exam copay</td>
<td>$0</td>
</tr>
<tr>
<td>Exam coinsurance (once per frequency period)</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Materials allowance**</td>
<td>Up to $50</td>
</tr>
</tbody>
</table>

* Your Frequency Period begins on January 1 (calendar year basis).
** Declining balance can be applied toward any covered materials (frames, lenses, and contact lenses) and drawn against throughout the stated frequency period.

In addition, you can also take advantage of vision discounts through:

- Cigna Healthy Rewards**** – visit dartgo.org/healthy_rewards for more information.

For more information, visit dartgo.com/benefits2017

**** Healthy Rewards is a discount program. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. If your Cigna plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. Healthy Rewards programs are separate from your plan benefits. A discount program is NOT insurance, and you must pay the entire discounted charge.

**Dental Coverage**

All benefit-eligible employees can enroll in a dental insurance plan offered through Northeast Delta Dental.

- $0 deductible
- 100% preventive care coverage
- Basic restorative care covered at 80% coinsurance (includes basic fillings and extractions)
- Major care covered at 50% coinsurance (includes crowns and implants)
- Maximum benefits: The plan pays up to $2,000 per member, per year
- Orthodontia is not covered under this plan.
- Coverage includes:

<table>
<thead>
<tr>
<th>Preventive</th>
<th>Basic</th>
<th>Major</th>
</tr>
</thead>
<tbody>
<tr>
<td>Includes exams, cleanings, X-rays</td>
<td>Includes fillings, extractions, root canals</td>
<td>Includes crowns, bridges, implants</td>
</tr>
<tr>
<td>Covered at 100%</td>
<td>Covered at 80%</td>
<td>Covered at 50%</td>
</tr>
</tbody>
</table>

- In-network discounts. To find out if your dentist is in the Delta Dental PPO or premier network, search the directory at www.nedelta.com For additional savings, PPO network providers offer deeper discounts.

Below are the 2017 employee rates for Dartmouth’s dental plan:

<table>
<thead>
<tr>
<th>Per pay period</th>
<th>Single</th>
<th>Two-person</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bi-Weekly</td>
<td>$26.44</td>
<td>$47.02</td>
<td>$80.96</td>
</tr>
<tr>
<td>Monthly</td>
<td>$52.88</td>
<td>$94.03</td>
<td>$161.92</td>
</tr>
</tbody>
</table>

For more information, visit dartgo.com/dental
Life Insurance

Dartmouth College offers a variety of fully portable or convertible MetLife insurance products and services to benefits-eligible employees.

A brief description of each is provided below, but for additional details, including rates, FAQs, informational materials and enrollment information, please visit dartgo.org/life-insurance

Group Term Life Insurance

Group term life insurance will provide a life benefit to the beneficiaries of a covered individual who dies during the defined covered period.

› Faculty, Exempt and Non-Exempt employees are eligible to receive a $50,000 basic life insurance option at no cost.
› In addition to the basic life benefit, benefits-eligible employees are also eligible to elect a group term life insurance plan of an amount up to eight times their annual salary, to a maximum of $1,500,000.
› Group term life rates are calculated based on age bands and per thousand dollars of coverage.
› SEIU employees receive 2.5x their annual salary at no cost, after one year of eligible employment.
› Research Associate B’s and Research Fellows have the option of purchasing the $50,000 basic life plan and/or 1–8x annual salary.

Dependent Life Insurance

You may elect life insurance for your dependents. This is a life insurance policy in which you are the named beneficiary in the event that something should happen to your insured dependents.

› Plan coverage and rates

<table>
<thead>
<tr>
<th>Plan</th>
<th>Coverage</th>
<th>Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>$25,000 coverage for spouse or same sex domestic partner</td>
<td>$4.55 per month</td>
</tr>
<tr>
<td>Dependents</td>
<td>$10,000 coverage for each child</td>
<td>$2.28 per month</td>
</tr>
<tr>
<td>Family</td>
<td>$25,000 coverage for spouse or same sex domestic partner and $10,000 coverage for each child</td>
<td>$5.85 per month</td>
</tr>
</tbody>
</table>

› Plan guidelines do not allow Dartmouth couples to cover one another on dependent life, and only one partner can cover the children.

Travel and Accident Insurance

Travel Assistance is a valuable benefit that is provided and administered by AXA Assistance USA, Inc. through an arrangement with MetLife. This service offers you and your dependents medical, travel, legal, financial and concierge services, 24 hours a day, 365 days a year, while traveling internationally or domestically.

Estate Resolution Services

Along with your Group MetLife Life Insurance, eligible participants will receive the benefit of MetLife Estate Resolution Services℠ (ERS) at no additional cost when you use a participating plan attorney. This valuable service gives your beneficiaries the personal support of a participating Hyatt Legal Plans’ attorney in-person or via telephone. By participating in MetLife Estate Resolution Services℠, the participating plan’s attorney fees are covered for the administrator or executor of your estate. For more information and eligibility visit dartgo.org/estate_resolution

Will Preparation Services

Will preparation is offered by Hyatt Legal Plans, a MetLife® company, and provides eligible participants and their spouses with face-to-face access to attorneys participating in the Hyatt Legal Plans network for preparing or updating a will, living will or power of attorney. When you choose a participating Hyatt Legal Plans’ attorney, the attorney’s fees are fully covered and there are no claim forms to file. You also have the flexibility of using a non-network attorney and being reimbursed for covered services according to a set fee schedule. Note: It is the responsibility of the employee to perform any due diligence necessary in order to receive the full benefit of this program. For more information and eligibility visit dartgo.org/will_prep
Disability Coverage

Dartmouth offers disability benefits to provide income protection in the event that an illness or injury prevents you from working – both on a short-term and long-term basis.

**Short Term Disability (STD)**

If you cannot work due to disability, the short-term disability plan can provide income replacement for up to 26 weeks. Benefits are determined by your employment status of Non-Exempt (Non-Union), Exempt and SEIU.

- **Non-exempt employees** have an elimination period of five days. The elimination period is the number of consecutive work days you would need to be totally disabled before the benefit would begin. The plan replaces salary at 100% for the first eight weeks and 60% for weeks nine through 26.

- **Exempt employees and Research Associate B’s** have an elimination period of 10 days. The elimination period is the number of consecutive work days you would need to be totally disabled before the benefit would begin. The plan replaces salary at 100% for the first eight weeks and 60% for weeks nine through 26. Faculty members, please refer to the faculty handbook.

- **SEIU employees** have an elimination period of five days. The elimination period is the number of consecutive work days you would need to be totally disabled before the benefit would begin. The duration of benefits depends upon the number of continuous years of service as of the last day worked prior to disability.
  - Those with 90 days to one year of service receive two weeks of 100% salary replacement.
  - Those with one to two years of service receive six weeks of 100% salary replacement.
  - Those with two or more years of service receive 100% salary replacement for the first eight weeks and 60% for weeks nine through 26.

- **Research Fellows** are not eligible for this benefit.

**Long Term Disability (LTD)**

If your disability continues beyond 26 weeks, you may be eligible for benefits through the long-term disability plan. Dartmouth College provides 50% pay replacement at no cost to employees. An employee may purchase additional coverage in 10% increments during annual open enrollment, to 60% or 70% pay replacement.

- **SEIU employees** who have at least three continuous years of service will receive the 60% pay replacement plan at no cost, and may purchase additional coverage up to 70% during annual open enrollment.

- **Research Associate B’s and Research Fellows** are not eligible for this benefit.

For more information or questions regarding your disability benefits, visit [dartgo.org/disability](http://dartgo.org/disability)
Defaulting of Benefits

As a new employee, rehire, or if you are newly eligible to benefits, you will have 45 days from the date you become benefits eligible to log in to the FlexOnline Benefit Enrollment system to make your personal elections for the remainder of 2017, otherwise you will be defaulted into a package of benefits, determined by your employment category (i.e., Faculty, Exempt, Non-Exempt, SEIU, Research Associate B or Research Fellow). Your benefits will default as follows:

**Faculty/Exempt/Non-Exempt**
- Cigna Choice Fund Plan for employee only
- Employer contribution of $500 into a Health Reimbursement Account (HRA)
- 50% coverage in Long Term Disability
- $50,000 Basic Life Insurance
- An employer contribution into an age-appropriate Fidelity Freedom Fund for your Defined Contribution Retirement Plan

**SEIU Employees**
- Cigna Choice Fund Plan for employee only
- Employer contribution of $500 into a Health Reimbursement Account (HRA)
- 2.5x annual salary Life Insurance (after one year of service)
- 60% coverage in Long Term Disability (after three continuous years of service)
- An employer contribution into an age-appropriate Fidelity Freedom Fund for your Defined Contribution Retirement Plan

**Research Associate B**
- Cigna Choice Fund Plan for employee only
- Employer contribution of $500 into a Health Reimbursement Account (HRA)
- An employer contribution into an age-appropriate Fidelity Freedom Fund for your Defined Contribution Retirement Plan

**Research Fellow**
- Cigna Choice Fund Plan for employee only
- Employer contribution of $500 into a Health Reimbursement Account (HRA)

Once you have made your annual enrollment elections you may not make changes to most of your benefits until the following plan year, due to IRS regulations. Unless you have a qualifying life status change you will not have another opportunity to change your benefits coverage selections until the Open Enrollment period, held each fall.

**Retirement and Medicare Eligibility**
- New employees will have access to the Dartmouth College Retiree Health program on meeting the minimum eligibility requirement. You must be at least age 55 and have 10 consecutive years of benefits-eligible service. Employees hired on or after July 1, 2009 have access to the retiree health program at the Dartmouth group premium rate. If you are being rehired into a benefits-eligible position and you have had a break in benefits-eligible service of less than one year, please contact the Benefits office for additional eligibility information.
- If you are turning age 65 in 2017 but are working in a benefits-eligible position, Medicare will allow you to delay your enrollment in Medicare Part B until you officially retire, without a late enrollment penalty. (Enrollment in Medicare Part A is optional.) The Dartmouth College active benefits plans are considered to be creditable plans, according to the Medicare Modernization Act (MMA).

For additional information regarding the Dartmouth College retiree plans, please visit the retiree benefits website at [dartgo.org/retirees](http://dartgo.org/retirees)
Retirement Benefits

Dartmouth College provides comprehensive retirement options to help you build your retirement savings. It’s important to start saving early and to save consistently. The more you are able to save during your working career, the greater your income during retirement.

401(a) Defined Contribution Retirement Plan

› Dartmouth makes contributions on your behalf, with no contributions required from you.
› Participants direct where the contributions are invested among investment options available at the time of enrollment.
› Participants who do not make an election within 45 days of eligibility will be defaulted to an age-appropriate Fidelity Freedom Fund.
› Contributions accumulate with interest, earnings and investment gains or losses. The resulting amount will be the source of your retirement income from the plan.
› Amount of Dartmouth contribution (no contribution from you is required).

<table>
<thead>
<tr>
<th>Your age</th>
<th>Dartmouth contribution as a % of your base salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 to 29</td>
<td>3%</td>
</tr>
<tr>
<td>30 to 34</td>
<td>5%</td>
</tr>
<tr>
<td>35 to 39</td>
<td>7%</td>
</tr>
<tr>
<td>40 or older</td>
<td>9%</td>
</tr>
</tbody>
</table>

› Participants become fully vested after three years of regular employment with Dartmouth.
› For more information visit dartgo.org/defined_contribution

SRA Match

› Employees hired on or after July 1, 2009 will receive a matching contribution.
› Contributions from Dartmouth College will match an employee’s SRA contributions for up to six years from date of hire, to a maximum of $3,000.
› Matching contributions will be proportionately distributed, consistent with the employee’s 401(a) fund designation.

Workshops

Given the wide range of choices available to you, you may want some help making your retirement decisions. To assist you in the process, Dartmouth College is pleased to offer one-on-one consultations and workshops with representatives from Fidelity and TIAA. For a list of dates and times that the reps will be on-site, visit dartgo.org/retirement-counseling

403(b) Supplemental Retirement Accounts (SRA)

› You may make pre-tax contributions from your paycheck.
› Contributions may be changed at any time.
› You may roll over funds from a previous employer’s retirement plan(s).
› Loans are available under this plan.
› The annual limits are subject to change each year.

<table>
<thead>
<tr>
<th>Your age</th>
<th>2017 Contribution limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 50</td>
<td>$18,000</td>
</tr>
<tr>
<td>50 and older</td>
<td>$24,000</td>
</tr>
</tbody>
</table>

› For more information visit dartgo.org/sra
Wellness at Dartmouth supports employees and family members on their path to well-being through a variety of campus-wide programs.

Below is a brief overview of a few of the programs. For additional programs and resources, further details and enrollment information, please visit dartmouth.edu/wellness

› The Pulse Program

This comprehensive well-being program provides cash rewards of up to $400* per participant per calendar year, and up to $800 per family if a spouse is enrolled on the employee’s Dartmouth College medical plan. Program participants will receive a free activity and sleep tracking device (or a credit towards the purchase of another device) and can take advantage of:

- Fun campus-wide challenges, including the MOVE IT Challenges
- Activity, nutrition and sleep trackers
- A personal health assessment
- Daily health tips
- Onsite Health Stations to monitor blood pressure and weight
- And more

If you haven’t already enrolled, join at dartgo.org/joinpulse to start earning points and cash rewards.

› Discounted gym membership rates

The following fitness facility locations provide discounted or waived membership fees to Dartmouth employees and their family members:

- Alumni Gym/Zimmerman Fitness Center and FLIP exercise classes
- Upper Valley Aquatics Center
- Carter Community Building Association (CCBA)
- River Valley Club

*Incentive rewards are funded by Dartmouth and considered taxable income. Contact a professional tax advisor for more information.
Additional Benefits

Information regarding loans, adoption, infertility reimbursement and other resources for employees.

Below is a brief overview of each program. For additional details, please visit dartgo.org/benefits

› Paid Time Off
  - Salaried Employees - Visit dartgo.org/salaried-pto
  - Non-Exempt Employees - Visit dartgo.org/hourly-pto
  - SEIU Employees – refer to your union contract
  - Holidays and Winter Break – Visit dartgo.org/holidays
  - Volunteer Time Off – Visit dartgo.org/vto

› Tuition Reimbursement
  - After at least one year of continuous service, benefits-eligible employees may take courses that have been pre-approved. Dartmouth College will reimburse 100% of the registration and tuition cost, up to a maximum benefit of $2,000 per fiscal year for successfully completed courses. For graduate courses, students must receive a grade of B or higher. Visit dartgo.org/tap

› Grant-In Aid for Dartmouth Courses
  - Benefits Eligible employees who are actively at work for one year of continuous regular employment may be eligible to receive tuition grant-in aid for courses at Dartmouth. Visit dartgo.org/tap

› Faculty and Staff Loan Program
  Dartmouth College offers a no-interest emergency loan program to all benefits-eligible employees. For more information please visit dartgo.org/employee-loans or contact the Benefits office at 603.646.3588.

› Adoption Reimbursement
  Dartmouth College will contribute up to $5,000 per calendar year for expenses relating to the adoption of a child. For more information and submission deadlines visit dartgo.org/adoption

› Infertility Treatment Reimbursement
  Dartmouth College will contribute up to $5,000 per calendar year for expenses relating to infertility treatments not paid by your medical plan. For more information and submission deadlines visit dartgo.org/infertility

› Health Care Cost Hardship Program
  A program designed to help you with extensive medical costs. For more information visit dartgo.org/healthcare_cost_hardship

› Faculty/Employee Assistance Program (F/EAP)
  The Employee Assistance Program is designed to help you and your family members with personal or vocational problems that may be too large or complex for you to handle alone. Sometimes these problems can interfere with your ability to be successful at work.
  - Provides free, confidential assessment, counseling and referral services in a professional setting.
  - Offers up to eight (8) counseling sessions per year.
  - Family members (spouse, partner, children, etc.) all receive the same eight-visit benefit.

However, because we all can experience a wide array of difficulties, we will offer additional sessions for other problems that may arise. For more information or to schedule an appointment, please call 603.646.1165.
Annual Required Notices

Here is important information you should read before you enroll.

Women’s Health and Cancer Rights Act (WHCRA)

The Women's Health and Cancer Rights Act of 1998 requires all group health plans that provide medical and surgical benefits for mastectomy to provide coverage for reconstruction of the breast on which the mastectomy was performed; surgery reconstruction of the other breast to produce a symmetrical appearance; and prostheses and treatment of physical complications of all stages of mastectomy, including lymphedema. These services must be provided in a manner determined in consultation with the attending physician and the patient. This coverage may be subject to annual deductibles and coinsurance provisions applicable to other such medical and surgical benefits provided under the plan. Please refer to your Summary Plan Description for deductibles and coinsurance information applicable to the plan in which you choose to enroll. For more information visit dartgo.org/whcra

Medicare Part D – Notice of Creditable Coverage (NOCC)

The Medicare Modernization Act (MMA) requires entities (whose policies include prescription drug coverage) to notify Medicare-eligible policyholders whether their prescription drug coverage is creditable coverage, which means that the coverage is expected to pay on average as much as the standard Medicare prescription drug coverage. For more information visit dartgo.org/creditable_coverage

Children’s Health Insurance Program Reauthorization Act (CHIPRA)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office, or call 877.KIDSNOW (877.543.7669); or visit www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. For more information visit dartgo.org/chip

Patient Protection Disclosure

Dartmouth College generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in your plan’s network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit myCigna.com or contact Cigna customer service at 855.869.8619.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Cigna or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit myCigna.com or contact Cigna customer service at 855.869.8619.
Contacts and Other Resources

Don’t forget!
If you do not make your elections within 45 days, you will be defaulted into the CCF medical plan option and other benefits as defined by your employment category.

DARTMOUTH BENEFITS OFFICE
For questions on enrolling in your benefits.
Phone: 603.646.3588
Website: dartgo.org/benefits
Email: human.resources.benefits@dartmouth.edu
Fax: 604.646.1108

ASK ALEX – Plan Election Tool
An easy-to-use online tool, by responding to questions ALEX will help you figure out what to choose based on your responses. Learn more about your plan options or get help choosing your benefits.
Website: dartgo.org/AskALEX

HEALTH AND WELFARE BENEFITS
CIGNA – Medical
Phone: 855.869.8619
Website: www.Cigna.com
Account login: www.myCigna.com

CROSSBAY BENEFIT SYSTEMS, INC. – Flexible Spending Accounts
Phone: 800.462.2235
Website: www.crosbybenefits.com/Default.aspx
Email: servicecenter@crosbybenefits.com
Account login: www.mycrosbybenefits.com

CVS/CAREMARK – Pharmacy
Phone: 855.465.0032
Website: www.caremark.com

DARTMOUTH HEALTH CONNECT
Phone: 603.738.1164
Website: www.dartmouthhealthconnect.com
Email: info@.dartmouthhealthconnect.com

NORTHEAST DELTA DENTAL – Dental
Phone: 800.832.5700
Website: www.nedelta.com

FIDELITY – Health Savings Account
Phone: 800.544.3716
Website: www.fidelity.com
Account login: www.netbenefits.com

METLIFE – Life and Travel & Accident Plans, Estate Resolution and Will Preparation
Phone: 800.638.6420
Website: www.metlife.com

WELLNESS AT DARTMOUTH
Contact the Wellness at Dartmouth Office with questions.
Phone: 603.646.3706
Website: www.dartmouth.edu/wellness
Email: wellness@dartmouth.edu

WINSTON BENEFITS
These benefits are managed through Winston Benefits and cannot be found on the FlexOnline system.
To learn more or to enroll, please call or visit.
Phone: 855.805.5840
Website: www.voluntaryinsuranceprogram.com/DARTMOUTH

RETIREMENT BENEFITS
TIAA – Retirement
Phone: 800.842.2252
Website: www.tiaa.org/dartmouth

CALVERT – Retirement
Phone: 866.305.8846, plan code 272
Website: www.calvert.com/dartmouth

FIDELITY – Retirement
Phone: 800.343.0860
Website: www.netbenefits.com/dartmouth

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