DARTMOUTH COLLEGE

Dartflex/Retirement Benefits
2006

Enrollment Information Booklet

For

Faculty, Exempt and Non-Exempt Staff,
and IATSE Union Employees

Table of Contents

Election Options for 2006

This booklet will provide an overview of the DartFlex and Retirement programs, a comprehensive benefit plan offered to eligible employees of Dartmouth College. It contains a summary of your benefit choices and includes important reminders, changes for 2006, and information about how to enroll online.

Your Choices

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

- Medical Insurance
- Dental Insurance
- Long-Term Disability
- Life Insurance
- Dependent Life Insurance
- Health Care Flexible Spending Account
- Dependent Care Flexible Spending Account
- Long-Term Care
- Defined Contribution Retirement Plan
- Defined Benefit Retirement Plan
- Supplemental Retirement Account (SRA)

For More Information

The benefits you elect will remain in effect for the entire calendar year of 2006 unless you have a qualified change in family or employment status. You can find more information about your benefits and links to Dartmouth's benefits at http://www.dartmouth.edu/~hrs/benefits/, http://benefits.dartmouth.edu or in the Summary Plan Description.

What's New in 2006?

Benefits Enrollment on the Web

For Open Enrollment 2006, the Benefits Office is pleased to announce that we have implemented FlexOnline, an online benefits enrollment system, to replace the paper forms that were used in previous years.

This robust Web-based system, which has been designed especially for Dartmouth College, lets you review your current elections, view your benefit options, and enroll electronically from any computer with Internet access. FlexOnline also features an online cost calculator and links to medical, dental, life insurance, and retirement plan providers. You'll have the option of printing out an instant confirmation statement of your benefit elections. What's more, you'll be able to check your dependents and beneficiaries, updating them as needed. If you have a qualifying life or job status change (such as marriage or the birth of a child) during the year, you can revise your elections online as well.

FlexOnline is easy to use, and a training guide will be provided to help you get started. You will also receive a personal Benefits Worksheet so that you can review your options and prepare your information before you go online to enroll. For your security, a unique User ID and initial personal identification number (PIN) will be provided to you. You can then change your PIN at any time throughout the year.

There will be sessions for anyone needing computer access and assistance enrolling.

FlexOnline first went "live" in August, 2005, and has been used by newly hired faculty and staff since then.

Medical and Dental Rates

For the second year the Medical and Dental rates, while increasing, will continue to be below national and regional averages. Both the College, and the faculty and staff, share in the rising cost for health care coverage. The College continues evaluating benefit plans and factors which impact rising health care costs for Dartmouth College faculty and staff.

Health Care Flexible Spending Account Extension

Under a recent IRS change, the Health Care Flexible Spending Account (HCFSA) may reimburse qualifying expenses incurred during the year or during the first 2½ months of the following year. In other words, your 2005 HCFSA (that you signed up for last year) may be used to reimburse expenses incurred at any time during 2005 or during the first 2½ months of 2006. If you expect to reimburse any 2006 expenses from your 2005 HCFSA be sure to take this into account in deciding how much you want to contribute to your 2006 HCFSA.

This same new rule applies going forward. For example, your 2006 HCFSA may reimburse expenses incurred during 2006 or during the first 2½ months of 2007.

An expense may be reimbursed only once. For example if you incur an expense in January 2006 and reimburse that from leftover amounts in your 2005 HCFSA, the same expense cannot be reimbursed from your 2006 HCFSA.

Dependent Care Flexible Spending Account

The Dependent Care Flexible Spending Account (DCFSA) reimbursement schedule will remain in effect for expenses incurred between January 1 through December 31.

New Health Risk Assessment Available on Anthem.com

Beginning in mid-October, Health Risk Assessments will be available on Anthem's Web site at www. Anthem.com. A Health Risk Assessment is an online personal health questionnaire that identifies risks for six conditions:

- Heart Disease
- Stroke
- Depression
- Colon cancer
- Prostate cancer
- Diabetes

All members will have the ability to get personalized reports that detail:

- Current health status;
- Ways to lower personal health risks; and
- How to track progress over time.

The Health Risk Assessment helps you monitor current health practices that may relate to your future health. Additionally, it provides a report that you can share with your physician for behavioral health counseling. The Health Risk Assessment is strictly confidential—only *you* have access to your online information.

Dependent Student Certification

If you have an unmarried dependent child between the ages of 19 and 25 who is enrolled in a full time accredited secondary school, college or university and you would like to include them on your medical, dental, or dependent life insurance plan, you need to certify their student status each year during Open Enrollment. You will no longer be certifying through the insurance carriers, but will be completing the certification on FlexOnline during Open Enrollment. If you have a dependent student, you will need to re-enroll each year, since they will not automatically be covered under the insurance plans, unless you complete the student certification. If you do not re-enroll by completing the student certification during open enrollment, their coverage will end on December 31, 2005.

If your dependent graduates or discontinues their student status, you will need to go on-line to make the appropriate changes. An extension of coverage through COBRA will be available at that time.

Benefit Credit Change

In the past, your Dartflex medical credit was established on your hire date or January 1st of the current year and was set for the full calendar year, even if you had a change in part-time or full-time status. With the FlexOnline system, we will recalculate your Dartflex credit if you have such a change. Your long-term disability and life insurance coverage and cost will also be affected by this change. Therefore, if you move from full-time to part-time or vice versa, your benefit credit will change immediately.

Taxation of Benefits

Dependent life insurance premiums will be deducted on a post tax basis. You will see this change on your pay statement. Since the employee premium for dependent life insurance coverage is in effect a blended rate, there will be imputed income ramifications for some employees who elect coverage. The imputed income will be subject to income tax and FICA withholding and reported on your W2 form. More information can be found on the IRS Web site at www.irs.gov.

Domestic partners with dependent children enrolled in benefits will be asked to declare whether the children are tax dependents of the employee. If the children are not the tax dependents of the employee, there will be imputed income reported for the value of the coverage, per IRS regulations.

Your Benefit Options

Levels of Coverage. You may choose individual, two-person, or family coverage for medical, dental, or dependent life insurance. Two-person or family coverage includes your spouse, same-sex domestic partner, and unmarried dependent children up to age 19 or up to age 25 if full-time students. 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 covering medical needs ranging from catastrophic expenses to preventive and routine care. You can elect either the Indemnity plan; Preferred Blue, a Preferred Provider Organization (PPO) plan; or Blue Choice (POS), a Point of Service managed care plan. All plans are administered by Anthem Blue Cross and Blue Shield of New Hampshire. The customer service line for Anthem is 1-800-437-9282, or you can visit their Web site at www.anthem.com.

Three Medical Plans

Indemnity

Preferred Blue (PPO)

Blue Choice (POS)

Dental

Premier Dental plan is with Northeast Delta Dental. It offers preventative coverage at 100%, restorative at 80%, and prosthodontics at 50%. The maximum annual coverage is $1500 for each member. The plan does not provide coverage for orthodontia. For a list of providers, visit the Delta Web site at www.nedelta.com, or contact the customer service line for Northeast Delta Dental at 1-800-832-5700 .

Long-Term Disability

Dartmouth College covers 50% of pay replacement protection at no cost to you. You may also choose additional coverage in the amounts of 60% or 70%. Initially, you may elect any level, and increase your coverage one level per year during open enrollment.

Life Insurance

The College automatically provides you with $5000 of life insurance coverage. You have additional options of up to five times your annual salary, not to exceed $1,000,000. The College will also provide Accidental Death and Dismemberment coverage equal to your life insurance coverage up to $250,000. The first time you elect life insurance at Dartmouth College, you are not required to provide information about your health for any amount of coverage up to 2.5 x pay, unless 2.5 times your salary is $500,000 or greater. If you elect more than 2.5 times your annual salary or if you wish to increase your coverage amount during open enrollment, you must complete a Statement of Health and mail it directly to MetLife Insurance Company. The change in coverage will become effective after we receive an approval from MetLife.

The rates for life insurance are listed below. Up to 2.5 times annual salary are based on a flat group rate of .16 per thousand per month. Optional life rates for amounts above 2.5 times salary are shown on the following table.

Age	Mo. Rate/$1K
Less than age 45	$0.043
45-49	$0.064
50-54	$0.115
55-59	$0.175
60-64	$0.279
65-69	$0.927
70+	$1.500

Dependent Life

A Statement of Health is not required for dependent coverage. The coverage amounts are $25,000 for spouse or same-sex domestic partner and $10,000 for each child. Note that there are imputed income tax implications for this election. Please refer to the Summary Plan Description for details.

Flexible Spending Accounts For Health Care or Dependent Care

A tax-deferred account can be established for up to $5000 for either or both accounts in the calendar year. You can submit claims for eligible health services not covered by medical or dental insurance for the health account. Or you can submit eligible day care expenses for children younger than age 13 or elderly parents who are your dependents for tax purposes. You will be reimbursed for up to the amount accumulated in your account at the time of the dependent care claim or up front for the health care claim up to your elected amount. Certain over-the-counter drugs can be reimbursed. Services and purchases must occur during the time period that the account is in effect. But due to a new tax ruling, the health care flexible spending account may reimburse qualifying expenses incurred during the year or during the first 2½ months of the following year (March 15, 2006). If you have an account in effect in 2005, you may submit expenses incurred at any time during 2005 or during the first 2½ months of 2006. If you expect to obtain reimbursement in 2006 from your 2005 HCFSA be sure to take this into account in deciding how much you want to contribute to your 2006 account. An expense may be reimbursed only once.

This is a "use it or lose it" plan. For more details in setting up either of these accounts, please refer to the Summary Plan Description or to the Crosby Benefits Web site at www.crosbybenefits.com for a list of eligible claims. Our plan is administered by Crosby Benefits Inc. and claims are submitted directly to them. Claims for 2006 must be received by Crosby no later than March 31, 2007.

Additional Benefit for Non-Exempt Staff

Non-Exempt staff are automatically given $250 in a Flexible Spending Account whether you make a voluntary election or not. Part-time and new hires amounts are prorated. The same rules apply for this account as in the voluntary Flexible Spending Account.

Long-Term Care

Additionally, Dartmouth College offers a Long-Term Care plan through CNA Insurance Company, at group rates through post-tax payroll deductions. It is not included as part of the Dartflex plan. If you are interested in learning more about the plan or wish to apply, please contact the CNA at 1-800-528-4582 for an information packet or you can access the information when you enroll online. New hires can enroll without a Medical History Statement within 30 days of hire or notification of eligibilty. You can also enroll your spouse, parents, parents-in-law, grandparents, and grandparents-in-law. A Medical History Statement is required for family members and for employees enrolling past the initial 30 days. This is a portable plan, so if you leave Dartmouth in the future, CNA will continue your plan on a home billing basis.

Medical Plans

Indemnity Plan

An Indemnity Medical Plan is a fee-for-service plan where subscribers are responsible for paying a deductible for medical expenses. When the out-of-pocket maximum is reached, this plan pays covered expenses at 100% up to the Maximum Allowable Benefit (MAB). Please note that mental health, alcohol, and drug treatment have a coinsurance amount of 20% once the deductible is reached. The $1,500 is an accumulation of the MAB for eligible expenses.

Important Features

Maximum Allowable Benefit (MAB) – Medical claims covered by the plan are paid according to the Maximum Allowable Benefit, determined by Anthem Blue Cross and Blue Shield of NH (Anthem BCBSNH). When services are received outside the state of New Hampshire Network, Anthem BCBSNH will use the Maximum Allowable Benefit of that state's Blue Cross organization to determine the appropriate payment.

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 Anthem BCBSNH at 1-800-437-9282 or visit their Web site at: www.anthem.com.

3-Month Carry-Over of Deductible – Medical expenses incurred in the last three months of a calendar year (October, November, December) which were applied toward the covered member's deductible, will also count toward that member's Indemnity deductible in the following calendar year.

Mental Health, Alcohol, and Drug Treatment Unlike other covered expenses, covered mental health, alcohol, and drug treatment are paid at 20% coinsurance of the MAB after the member has met their deductible.There is no out-of-pocket maximum for these expenses.

Prescription Drugs – Prescription drugs are covered the same way as any other eligible expense and are processed by Anthem Prescription Management. You pay the full cost of your prescription up front and are reimbursed by Anthem BCBSNH after you have met your deductible.

Indemnity Medical Plan			
Medical Plan	**Amount of Deductible**	**Co-insurance (% paid by subscriber)**	**Annual Out-of-Pocket Maximum**
Indemnity	$1,500 individual $3,000 two-person or family	N/A*	$1,500 individual $3,000 two-person or family
*The co-insurance amount is 20% for mental health, alcohol, and drug treatment claims after you have met your annual out-of-pocket maximum.			

Preferred Blue (PPO)

Preferred Blue is a Preferred Provider Organization (PPO). The PPO is similar to an Indemnity plan in that participants coordinate their own care and are not required to get a referral from a primary care physician (PCP). The PPO allows access to national networks of doctors, hospitals, and other care providers.

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.

Referrals – The PPO plan offers PPO members the ability to see any specialty physician without referral from a PCP.

In-Network – Refers to the use of providers who participate in the health benefit plan's provider network. A PPO requires members to use participating providers to receive the highest reimbursement.

Out-of-Network – Refers to the use of providers who are out of the network. PPO members can go out of network but may pay some additional costs.

Mental Health and Substance Abuse Services – To receive in-network benefits for these services, you must call the Behavioral Health Network (BHN) at 1-800-228-5975. They will refer you to a network provider. You are not required to consult your PCP for these services. If you choose to receive alcohol, drug, or mental health services from a non-BHN network provider, these services would be covered as out of network. You will still need to call BHN to notify them that you are receiving care from an out-of-network provider so that Anthem can process your claims correctly.

Prescription Drugs – The cost of prescription drugs is $5 for generic, $15 for formulary brand, or $30 for non-formulary brand. You can also obtain a 90-day supply at these rates by placing a mail order with Anthem Prescription Management. Call 1-800-962-8192 or visit the www.anthem.com Web site for member services.

Routine Eye Exam– Preferred Blue provides coverage for one routine eye exam per year for each member 18 years old or younger and one exam every two years for members 19 years old or older.

Covered Services	*Preferred Blue® (PPO)*	
	Network	**Out-of-Network**
Physician Services Office visit, specialist visit, physical exam, routine GYN visit, well child office visit- (2 years and older) Well baby office visit (under 2 years old)	$15 co-pay per visit	$500 deductible No more than $1,500 per family each year 20% co-insurance No more than $1,000 per member each year, no more than $3,000 per family per calendar year Some out-of-network benefits are subject to precertification requirements. Refer to your Subscriber Certificate for details. Annual out-of-pocket, maximum $1,500 per individual $4,500 per family
Childhood Immunizations	You pay $0	
Outpatient Services Medical exam, injections (including allergy injections), office surgery and anesthesia	$15 per visit	
Lab, X-ray and ultrasound	Covered in full	
Inpatient Hospital Services Semi-private room and board Physician in-hospital care, maternity care, surgery, anesthesia, lab, X-ray, CT scan, MRI, medical supplies, medication and physical, occupational and speech therapy	Subject to: $250 deductible per member, no more than $750 per family per calendar year Covered at 100% after the deductible is met	
Skilled Nursing Facility and Physical Rehabilitation Facility (100 days per member per calendar year for each)	You pay $0	
Hospice Services	You pay $0	
Home Health Services (Subject to medical necessity)	You pay $50	
Physical and Occupational Therapy, Speech Therapy (Combined $5,000 per member per calendar year)	$15 co-pay per visit	
Emergency Room (ER services subject to deductible)	You pay $75 ($0 if admitted)	
Ambulance (Subject to medical necessity)	Deductible/co-insurance	Same as network
Chiropractic Services (Maximum of 20 visits per year)	You pay $15	Subject to deductible/co-insurance
Inpatient Mental Health & Substance Abuse Services*	Subject to deductible/co-insurance	Subject to deductible/co-insurance
Outpatient Mental Health & Substance Abuse Services*	You pay $15 when arranged through BHN	Subject to deductible/co-insurance
Prescription Drug	$5 co-pay / generic $15 co-pay / formulary brand $30 co-pay / non-formulary brand Co-payment applies to each fill, up to a 31-day supply for retail. A 90-day supply through mail order requires one (1) co-payment.	

*Care is arranged through Behavioral Health Network (BHN) by calling 1-800-228-5975.

Blue Choice

Blue Choice is a managed care, Point of Service (POS) plan. If you elect Blue Choice, you must have a Primary Care Physician for you and your dependent(s) in order to receive network benefits. The Blue Choice chart outlines the three options available to you in this plan. The network for Blue Choice refers to NH-based and some VT providers.

Important Features

Primary Care Physician (PCP) – If you elect Blue Choice, you should call Anthem Blue Cross and Blue Shield within thirty (30) days of enrollment to choose a Primary Care Physician (PCP) from the Blue Choice network of providers, for yourself and any family members you are covering under the plan. To choose your PCP or to find out about physicians in the network, call 1-800-437-9282 or visit the Anthem Web site at www.anthem.com.

Option 1 Benefits – What you receive when you go to your PCP or to a provider you are referred to by your PCP.

Option 2 Benefits – What you receive when you use a Blue Choice network provider but are not referred by your PCP.

Option 3 Benefits – What you receive when you go out of network. You will need to call Blue Choice Managed Care at 1-800-531-4450 to precertify certain services.

Mental Health and Substance Abuse Services – To receive Option 1 benefits for these services, you must call the Behavioral Health Network (BHN) at 1-800-228-5975. They will refer you to a network provider. You are not required to consult your PCP for these services. If you choose to receive alcohol, drug, or mental health services from a non-BHN network provider, these services would be covered under Option 3. You will still need to call BHN to notify them that you are receiving care from an out-of-network provider so that Anthem can process your claims correctly.

Providers outside the network are subject to Maximum Allowable Benefit (MAB). See page 7 for definition of MAB.

Prescription Drugs – The cost of prescription drugs is $5 for generic, $15 for formulary brand, or $30 for non-formulary brand. You can also obtain a 90-day supply at these rates by placing a mail order with Anthem Prescription Management. Call 1-800-962-8192 or visit the www.anthem.com Web site for member services.

Annual Eye Exam – Blue Choice provides for one annual eye exam from a network provider, subject to the $10 office visit co-payment, and a $40 reimbursement toward the cost of frames, lenses, and contacts in conjunction with the exam. This is also available under Option 3, subject to the deductible.

Fitness Incentive – A Blue Choice subscriber can receive up to $200 reimbursement for the cost of joining a participating health club. Proof of exercise is required. For details call 1-800-437-9282, or refer to the "Your Lifestyle" directory.

BLUE CHOICE COVERED SERVICES	WHAT YOU PAY WHEN YOUR PCP PROVIDES OR ARRANGES YOUR CARE Option 1	WHAT YOU PAY WHEN YOU SEEK CARE DIRECTLY FROM ANY BLUE CHOICE NETWORK PROVIDER Option 2	WHAT YOU PAY WHEN YOU SEEK CARE FROM ANY OUT-OF-NETWORK PROVIDER Option 3
Physician Services Office visit, Specialist visit, Physical exam, Well child office visit (2 years and older)	$10 per visit	$25 per visit	$300 deductible No more than $900 per family each year 20% co-insurance No more than $1,200 per member/$3,600 per family each year
Routine GYN visit	N/A	$10 per visit	
Well baby office visit (under 2 years old)	You pay $0	You pay $0	
Childhood Immunizations		$150 deductible No more than $450 per family each year 20% co-insurance No more than $900 per member/ $2,700 per family each year	
Surgical Services, Inpatient medical care, Diagnostic testing, Maternity care			
Outpatient Services			
Inpatient Hospital Services			
Skilled Nursing Facility and Rehabilitation Facility (100 day maximum)			
Home Health Services (Subject to medical necessity)			
Hospice Services			
Physical Therapy, Speech Therapy, and Occupational Therapy ($5,000 maximum per member per year)			
Ambulance (Subject to medical necessity)		You pay $0	You pay $0
Chiropractic Office Visits (20 visits - no PCP referral required)	N/A	$10 per visit	Subject to deductible and co-insurance
Inpatient Mental Health and Substance Abuse Services (Care is arranged through Behavioral Health Network)	You pay $0	N/A	
Outpatient Mental Health and Substance Abuse Services (Care is arranged through Behavioral Health Network)	$10 per visit		
Emergency Room (Additional charges like lab and x-rays subject to deductible and co-insurance if PCP is not called within 48 hours.)	$50 co-payment ($0 if admitted)	$50 co-payment ($0 if admitted)	$75 co-payment ($0 if admitted; Option 1 co-payment if condition is life threatening)
Prescription Drugs	$5 co-pay / generic $15 co-pay / formulary brand $30 co-pay / non-formulary brand Co-payment applies to each fill, up to a 31-day supply for retail. A 90-day supply through mail order requires one (1) co-payment.		
Routine Vision Care (no PCP referral required)	Annual exam for adults and children. $40 reimbursement toward eyewear.		
Maximum Lifetime Benefit	Unlimited		
Fitness Reimbursement	Up to $200 per family, per year		

Dental Plan

Northeast Delta Dental is the dental insurance carrier. The Premier Dental plan offers preventive coverage at 100%, restorative at 80%, and prosthodontics at 50%. The annual coverage is up to $1500 for each member. The plan does not provide coverage for orthodontia. For a list of providers, visit the Web site at www.nedelta.com or call the customer service department (1-800-832-5700).

Important Features

This plan does not have a deductible. Benefits are paid at a coinsurance amount, based on the Usual, Reasonable, and Customary 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 Usual, Reasonable, and Customary charge. To find out if a dentist is in the Northeast Delta Dental network, call the Customer Service Department (1-800-832-5700), visit the Web site (www.nedelta.com), or call the dentist's office.

There is no waiting period for coverage.

Premier Dental Plan			
Dental Services	**Amount of Coverage by Insurance**	**Amount of Cost to You**	**Annual Maximum of Combined Services**
Diagnostic/Preventative care	100%	0%	$1500 per person per calendar year
Basic Restorative care	80%	20%	
Major Restorative/ Prosthodontics	50%	50%	
Orthodontia	no coverage		

Dental Cost			
	Single	**Two Person**	**Family**
Annual	$451.32	$803.40	$1386.84
Monthly	$37.61	$66.95	$115.57
Bi-Weekly	$18.81	$33.48	$57.79

PURCHASING YOUR BENEFITS

College Contribution: Your Dollar Allowance is the College's contribution toward your medical and life insurance benefits. This amount is based on your medical election, your full-time equivalent, and your annual salary. Your allowance has been calculated and is shown on your worksheet form. Use the Dartflex Dollar Allowance according to the number of dependents you are covering on medical insurance (i.e., no coverage, single, two-person, or family).

Calculate your costs: Subtract your Dollar Allowance from your total costs.

Your final costs: This is your out-of-pocket cost (or refund, if applicable). If the cost exceeds the credit, you will have a payroll deduction from your salary. If the credit exceeds the cost, you could have a refund of up to $800 post-tax annually. This will be issued on a per pay period basis of $66.67 monthly or $33.33 bi-weekly. New hires, part-time employees and employees with less than 12 months of service receive a pro-rated amount.

MEDICAL OPT OUT

If you elect no medical coverage, write the information of your current plan in the space provided on the on-line enrollment.

Annual Medical Plan Prices

	$1500/$3000 Deductible	Preferred Blue	Blue Choice
Single	$4,925.34	$5,233.27	$5,116.20
Two-person	$9,850.56	$10,466.17	$10,261.09
Family	$13,298.25	$14,129.50	$13,852.63

Monthly Medical Plan Prices

	$1500/$3000 Deductible	Preferred Blue	Blue Choice
Single	$410.45	$436.11	$426.35
Two-person	$820.88	$872.18	$855.09
Family	$1,108.19	$1,177.46	$1,154.39

Bi-Weekly Medical Plan Prices

	$1500/$3000 Deductible	Preferred Blue	Blue Choice
Single	$205.22	$218.05	$213.18
Two-person	$410.44	$436.09	$427.55
Family	$554.09	$588.73	$577.19

College Contribution Formula

Annual Salary	No Coverage	One-Person Coverage	Two-Person Coverage	Family Coverage
$20,000 or Less	$800.00	$5,001.10	$9,850.65	$13,298.52
$21,000 to $59,000	$800.00	$5,001.10 minus $14.33 per $1,000 over $20,000	$9,850.65 minus $69.78 per $1,000 over $20,000	$13,298.52 minus $94.20 per $1,000 over $20,000
$60,000 or More	$800.00	$4,428.08	$7,059.63	$9,530.61

RETIREMENT PLANS

Introduction

The Dartmouth College retirement program consists of two parts: Dartmouth contributions made on your behalf under the Defined Contribution Retirement Plan or the Defined Benefit Plan and voluntary contributions by you under a Supplemental Retirement Account. For technical reasons under the tax laws, these three programs are separate.

- *Defined Contribution Retirement Plan.* Dartmouth makes regular contributions on your behalf, with no contributions required from you. All eligible new hires enter this plan.
- *Defined Benefit Retirement Plan.* This plan is designed to provide you with a monthly benefit when you retire after a career at Dartmouth College.
- *Supplemental Retirement Account (SRA).* You can voluntarily contribute to an SRA to increase retirement savings.

Participants in the Defined Contribution and Supplemental Retirement Accounts (SRA) direct where the contributions are invested from among three Investment Companies: Calvert, Fidelity, and TIAA-CREF. Each of these companies offers numerous investment options with different investment goals, strategies, and degrees of risk. Contributions accumulate with interest, earnings, and investment gains or losses.

Defined Contribution Retirement Plan

Eligibility

• *403(b) Defined Contribution Plan for Dartmouth College Faculty and Staff.* This covers eligible regular employees who are classified as faculty members and exempt staff employees, who were 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.* This plan covers eligible regular employees who are classified as benefits eligible, with the exception of employees grandfathered in the 403(b), grandfathered in the defined benefit retirement plan, or employees classified as Research Fellow.

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

Contributions

Dartmouth makes regular per pay period contributions on the participant's behalf. The amount is based on a percentage of base salary and increases with age.

Age	Percentage of Base Salary
21 – 29	3%
30 – 34	5%
35 and older	10%

Increases are effective with the first pay period starting after your birthday.

Defined Benefit Retirement Plan

The Defined Benefit Retirement Plan for Dartmouth College Staff is designed to provide you with monthly benefits. Dartmouth pays the full cost of the plan, which is based on your earnings at Dartmouth.

Eligibility

Effective January 1, 2006, this plan only covers eligible grandfathered employees.

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

Vesting

Vesting means ownership of the amount that Dartmouth has contributed to your retirement account. Participants become fully vested after three (3) years of regular employment at Dartmouth. Participants terminating employment with fewer than three (3) years will forfeit the Dartmouth contribution to their plan accounts. If a participant is re-employed before 6 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)

All employees are eligible to participate in this tax-deferred retirement plan, which lets you put money aside before you pay taxes. You do not pay federal income taxes on the contributions, or the interest the contributions earn, until you receive the money from your account. Participation in this plan is voluntary.

The Advantages of Pre-Tax Investments

Saving on a before-tax basis reduces the federal income taxes you pay each year. Also, by starting to save early, you can increase the amount you may have at retirement. For example, by investing $1,000 a year starting at age 25, you could earn $165,000 by the time you retire at age 65 (assuming an average return of 6%). If you wait until age 35 to begin saving the same amount (assuming the same return) you'll have $84,000. And if you don't start saving until age 45, you'll have earned only $39,000 by the time you retire.

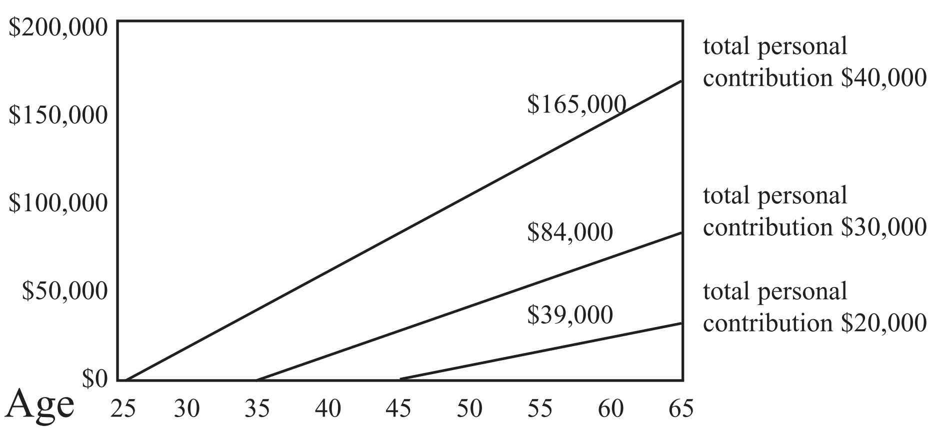
Contribution Amounts

- **Minimum Amount.** The minimum amount you can contribute to an SRA is $16 per month, or $192 per year, per Investment Company.

- **Maximum Voluntary Pre-Tax Contributions.** Due to recent changes in the tax laws, the pre-tax voluntary contribution limits for SRA plans have been simplified. You may contribute the lesser of 100% of pay or a fixed amount of $15,000.

- **Age 50+ Catch-Up Contributions.** If you are age 50 or older before the end of 2006, you may make an additional "catch-up" contribution to your SRA of $5,000 per year.

- **15-Year Special Catch-Up.** You may be eligible to make an additional contribution called a "15-Year Special Catch-Up". This is in addition to your Voluntary Pre-Tax Contributions and Age 50+ Catch-Up Contributions (if eligible). This applies if you have 15 or more years of service at Dartmouth. If you are eligible, this Special Catch-Up amount will be reflected on your personal benefits worksheet and on the 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 more than one SRA (also known as Section 403(b) or tax-sheltered annuities) or to a Section 401(k) plan of another employer, you should be aware that the limit must be reduced by your elective contributions to these other plans. In addition, if you have self-employment income and contribute from it to a qualified (or "Keogh") plan, or if you own a corporation, such plan contributions made on your behalf must be taken into account when determining your contribution limit. It is your responsibility to notify the Benefits Office if any of these circumstances apply to you and to obtain any necessary tax advice from your own advisors to avoid over-contributions and possible related tax penalties.

Investing Your Contributions

Investment Companies. You can invest your SRA account in annuities and custodial accounts issued or maintained by one or more of the following Investment Companies:

Calvert
4550 Montgomery Avenue
Suite 1000N
Bethesda, MD 20814
1-800-368-2745
www.calvert.com

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

TIAA-CREF
730 Third Avenue
New York, NY 10017
1-800-842-2776
www.tiaa-cref.org

You decide where to invest your account from among investment fund options offered by each of these Investment Companies. Since you choose the investments for your account, you are responsible for the investment results achieved. Dartmouth and the Plan Administrator are not responsible for your investment choices or the investment results achieved. Before making any decisions, you should familiarize yourself with the investment policies, goals, and historical performances of the investment options that you are considering by reading their prospectuses. For guidance on investment options, contact the Investment Companies directly at their toll-free telephone numbers.

You may also schedule one-on-one consultations with an Investment Company representative during their regular visits to Dartmouth. To schedule a meeting with the Calvert representative, call (800) 327-2109 ext. 8; with the Fidelity representative, call (800) 642-7131; or with the TIAA-CREF representative, call (800) 842-2004 or log on to www.tiaa-cref.org/moc.

Changing Investments

You can transfer investments to different investment options inside the same Investment Company or to investment options in one of the other two Investment Companies.

- **New Contributions.** Once you have enrolled in your retirement plan, you can change the Investment Company for future contributions at any time. You'll need to complete a new enrollment form, available online at http://benefits.dartmouth.edu. The change will be effective for the next appropriate payroll.

- **Transferring Investments Among Options in the Same Investment Company.** To transfer contributions already invested from one investment option to another within the same Investment Company, you will need to contact the Investment Company directly.

- **Transferring to a Different Investment Company.** Contact the Benefits Office for the forms you will need to transfer contributions you have invested with one Investment Company to another.

Your Elections

1. Review this booklet for important plan information and changes.
2. Log on to FlexOnline at http://benefits.dartmouth.edu and follow the links to retirement to complete your election amount. If you are changing investment companies, make sure to complete the appropriate on-line application if this is a new account.

Dartmouth College's Defined Contribution Plan Comparison Summary

Questions	Calvert	Fidelity	TIAA-CREF
What are the investment options?	Offers socially responsible portfolios, plus two non-screened funds consisting of: **Growth & Income Fund** • Calvert Social Investment Fund -Balanced Portfolio **Growth Funds** • Calvert Large Cap Growth Fund • Calvert Social Investment Fund -Equity Portfolio • Calvert Capital Accumulation Fund • Calvert New Vision Small Cap **International Funds** • Calvert World Values Equity Fund **Fixed Income (Bond) Funds** • Calvert Social Investment Fund -Bond Portfolio • Calvert Income Fund **Money Market Funds** • Calvert Social Investment Fund -Market Portfolio • Calvert First Government Money Market Fund **Indexed Fund** • Calvert Social Investment Fund (CSIF) • Calvert Social Index Fund	For a complete list of funds available, call Fidelity. Some of Fidelity's most popular funds are: **Growth and Income Funds** • Fidelity Puritan Fund • Fidelity Equity-Income Fund **Growth Funds** • Fidelity Retirement Growth Fund • Fidelity Magellan Fund • Fidelity Capital Appreciation Fund **Fixed Income (Bond) Funds** • 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	**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, which have been declared for the last 45 years. **Equity Funds (including:)** **Total Stock Market Funds** • CREF Stock (80% US/20% Foreign) • Equity Index (Russell 3000) **Large Cap** • Large Cap Value • CREF Growth **Mid Cap** • Mid Cap Value • Mid Cap Growth **Small Cap** • Small Cap Equity **International** • CREF Global • International Equity **Socially Responsible** • CREF Social Choice (Balanced Fund) • Social Choice Equity **Real Estate** • TIAA Real Estate Fund (primarily real estate) • TIAA Real Estate Securities (real estate equities) **Fixed Income** • CREF Bond Market • CREF Inflation Linked Bond (TIPS)
Are there any front-end load charges?	No	No	No
Are there any maintenance charges?	No	Yes, varies subject to plan assets.	No
Are there any management fees?	Yes, please refer to the prospectus.	Yes, please refer to the prospectus.	Yes, please refer to the prospectus.
Can I transfer money to another company in the Dartmouth Retirement Plan?	Yes, subject to certain limitations, and if transferee (receiving company) will accept the transfer.	Yes, subject to certain limitations, and if transferee (receiving company) will accept the transfer.	Yes, subject to certain limitations, and if transferee (receiving company) will accept the transfer.
• Is there a minimum amount for such a transfer?	No	No	Yes, $1,000 or account balance, if less (restrictions apply to TIAA Traditional).
• Is there a maximum amount for such a transfer?	No	No	No
• Are there any charges or fees for such a transfer?	No	No	No
Can I transfer funds within this company?	Yes, via internet or phoning Calvert.	Yes, via internet or phoning Fidelity.	Yes, via internet or phoning TIAA-CREF.
• Is there a minimum amount for such a transfer?	No	Yes, $250 or account balance, if less.	Yes, $1,000 or account balance, if less (restrictions only apply to TIAA Traditional).
• Is there a maximum amount for such a transfer?	No	No	No
• Are there any charges/fees etc.?	No	Yes, for exchanges between select portfolios and some short-term redemptions.	No
When can I start an annuity?	Anytime	Anytime	Anytime
When do I receive a statement of my account?	Quarterly	Quarterly	Quarterly
What happens to my investment if I leave Dartmouth?			
• Can I cash in and pay applicable taxes?	Yes, subject to limitations, certain withdrawals will be subject to an additional tax.	Yes, subject to limitations, certain withdrawals will be subject to an additional tax.	Yes, subject to limitations, certain withdrawals will be subject to an additional tax.
• Can I leave the money on deposit?	Yes, subject to federal requirements.	Yes, subject to federal requirements.	Yes, subject to federal requirements.
• Can I roll over the money to another retirement investment?	Yes, for further information, contact your tax advisor.	Yes, for further information, contact your tax advisor.	Yes, for further information, contact your tax advisor.
• Can I transfer money to another company in the SRA program?	Yes, if transferee (receiving company) will accept transfer.	Yes, if transferee (receiving company) will accept transfer.	Yes, if transferee (receiving company) will accept transfer.

This chart summarizes certain administrative facts about the funds available, but it is not a prospectus or other official statement about any fund. You should read the fund prospectus before choosing to invest in it.

Dartmouth Supplemental Retirement Accounts (SRA) Comparison Summary

Questions	Calvert	Fidelity	TIAA-CREF
What are the investment options?	Offers socially responsible portfolios, plus two non-screened funds consisting of: **Growth & Income Fund** • Calvert Social Investment Fund -Balanced Portfolio **Growth Funds** • Calvert Large Cap Growth Fund • Calvert Social Investment Fund -Equity Portfolio • Calvert Capital Accumulation Fund • Calvert New Vision Small Cap **International Funds** • Calvert World Values Equity Fund **Fixed Income (Bond) Funds** • Calvert Social Investment Fund -Bond Portfolio • Calvert Income Fund **Money Market Funds** • Calvert Social Investment Fund -Market Portfolio • Calvert First Government Money Market Fund **Indexed Fund** • Calvert Social Investment Fund (CSIF) • Calvert Social Index Fund	For a complete list of funds available, call Fidelity. Some of Fidelity's most popular funds are: **Growth and Income Funds** • Fidelity Puritan Fund • Fidelity Equity-Income Fund **Growth Funds** • Fidelity Retirement Growth Fund • Fidelity Magellan Fund • Fidelity Capital Appreciation Fund **Fixed Income (Bond) Funds** • 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	**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, which have been declared for the last 45 years. **Equity Funds (including:)** **Total Stock Market Funds** • CREF Stock (80% US/20% Foreign) • Equity Index (Russell 3000) **Large Cap** • Large Cap Value • CREF Growth **Mid Cap** • Mid Cap Value • Mid Cap Growth **Small Cap** • Small Cap Equity **International** • CREF Global • International Equity **Socially Responsible** • CREF Social Choice (Balanced Fund) • Social Choice Equity **Real Estate** • TIAA Real Estate Fund (primarily real estate) • TIAA Real Estate Securities (real estate equities) **Fixed Income** • CREF Bond Market • CREF Inflation Linked Bond (TIPS)
Are there any front-end load charges?	No	No	No
Are there any maintenance fees?	No	Yes, varies subject to plan assets.	No
Are there any management fees?	Yes, please refer to the prospectus.	Yes, please refer to the prospectus.	Yes, please refer to the prospectus.
Can I transfer my money to another company in the SRA program?	Yes, if transferee (receiving company) will accept the transfer.	Yes, if transferee (receiving company) will accept the transfer.	Yes, if transferee (receiving company) will accept the transfer.
• Is there a minimum amount for such a transfer?	No	Yes, $250 or account balance, if less.	Yes, $1,000 or account balance, if less (restrictions apply to TIAA Traditional).
• Is there a maximum amount for such a transfer?	No	No.	No
• Are there any charges or fees for such a transfer?	No	No	No
Can I transfer funds within this company?	Yes, via internet or phoning Calvert.	Yes, via internet or phoning Fidelity.	Yes, via internet or phoning TIAA-CREF.
• Is there a minimum amount for such a transfer?	No	Yes, $250 or account balance, if less.	No
• Is there a maximum amount for such a transfer?	No	No	No
• Are there any charges/fees etc.?	No	Yes, for exchanges between select portfolios and some short-term redemptions.	No
Can I take a loan from my SRA accumulation?	No	Yes, call Fidelity for more information.	Yes, call TIAA-CREF for more information.
Can I withdraw money at any time other than at retirement or when I begin to draw an annuity?	Subject to federal restrictions, some withdrawals incur additional tax: see a tax advisor.	Subject to federal restrictions, some withdrawals incur additional tax: see a tax advisor.	Subject to federal restrictions, some withdrawals incur additional tax: see a tax advisor. Partial withdraw minimum: $1,000 each month.
When can I start an annuity?	Anytime	Anytime	Anytime
How do I make contributions to the funds?	Salary Reduction Agreement	Salary Reduction Agreement	Salary Reduction Agreement
When do I receive a statement of my account?	Quarterly	Quarterly	Quarterly
What happens to my investment if I leave Dartmouth?			
• Can I cash in and pay applicable taxes?	Yes, subject to limitations, certain withdrawals will be subject to an additional tax.	Yes, subject to limitations, certain withdrawals will be subject to an additional tax.	Yes, subject to limitations, certain withdrawals will be subject to an additional tax.
• Can I leave the money on deposit?	Yes, subject to federal requirements.	Yes, subject to federal requirements.	Yes, subject to federal requirements.
• Can I roll over the money to another retirement investment?	Yes, for further information, contact your tax advisor.	Yes, for further information, contact your tax advisor.	Yes, for further information, contact your tax advisor.
• Can I transfer money to another company in the SRA program?	Yes, if transferee (receiving company) will accept transfer.	Yes, if transferee (receiving company) will accept transfer.	Yes, if transferee (receiving company) will accept transfer.

How to Enroll

Enrollment in seven easy steps:

1. Review this booklet for important plan information.
2. Review and complete your benefits worksheet.
3. Review the FlexOnline Guide.
4. Log on to FlexOnline via a link on the Benefits home page
   http://www.dartmouth.edu/~hrs/benefits/
   or Directly at the FlexOnline home page
   http://benefits.dartmouth.edu
5. Enter the User ID (which is located on your worksheet) and password which is the last four numbers of Social Security number.
6. Enter and confirm your elections.
7. Print your confirmation statement.

Other important points

Deadline: During open enrollment, you must go on-line and complete your enrollment by November 4, 2005. You will remain in the same plan which you are presently enrolled with the exception of the Flexible Spending Accounts because this must be elected on an annual basis.

New Hire: If you are a new hire, you must elect benefits within thirty (30) days from your date of hire or attendance at Orientation, or you will be enrolled in the default coverage. Default coverage is the Indemnity medical plan, 50% coverage for long-term disability, $5000 of life insurance coverage and Fidelity Freedom Fund for the Defined Contribution Retirement Plan. If you have medical coverage elsewhere, you should elect "no coverage" by the due date or you will be defaulted into Dartmouth's medical plan.

Address Changes: Anthem Blue Cross and Blue Shield of New Hampshire and Northeast Delta Dental receive your address electronically from Dartmouth College. If your address changes, please notify the Dartmouth Payroll Office by email at Dartmouth.payroll@dartmouth.edu and request a change to your benefits address or complete an Employee Information Change Form.

To change your address with the retirement company, contact them at their toll-free number.

Dependent Student: If you have a dependent who has reached the age of 19 and is enrolled full-time in an accredited college (twelve credits per semester), you must complete a Student Certification Form on-line each year during open enrollment. If you do not certify them as students, the coverage will automatically end effective December 31, 2005.

If your dependent graduates or discontinues their student status, you will need to go on-line to make the appropriate changes. An extension of coverage through COBRA will be available at that time.

Retirement Enrollment

Please keep in mind that if you are currently contributing your 2005 contribution limit and would like to contribute your new 2006 contribution limit, you MUST complete the on-line election requesting the change. Your per pay period contribution amount will NOT automatically change simply because your limit has increased. *Note: No changes will be made until you have completed the FlexOnline election process.* If you are making no changes to your per pay period contribution amount or to the Investment Company in which your retirement account is invested, you do not need to do anything at this time.

Glossary of Benefit Terms

BENEFICIARY
An individual designated by the employee to receive proceeds or benefits 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 eligibilty or termination of employment resulting in a loss of coverage. Cost is at the total premium rate, plus an administration fee.

CO-INSURANCE
After the deductible has been paid, this is a percentage the member pays for covered services.

CO-PAYMENT
A fixed dollar amount you pay for certain services under a managed care plan or Preferred Provider Organization.

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

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

IMPUTED INCOME
If the employer provides a medical and/or dental benefit to someone other than a tax dependent, the value of the benefit provided is includable in the gross income of the employee for tax purposes. Aditionally, the value of group term life in excess of $50,000, and dependent life, is taxable and reported on the employees W-2 form.

INDEMNITY PLAN
This plan requires subscribers to pay a set deductible before the plan pays any of the cost of health care. Participants also pay a co-insurance amount for some ongoing services.

MANAGED CARE/POINT-OF-SERVICE PLAN (BLUE CHOICE)
A plan that has a fixed co-payment amount for medical expenses, if using a Primary Care Provider. It has a network of preferred providers, and options with deductibles for out-of network services.

NETWORK
Hospitals and providers having an agreement with a health plan company to make covered services available to members.

OUT-OF-NETWORK
Services that you receive from a non-participating provider. 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 amounts will continue to apply.

PREFERRED PROVIDER ORGANIZATION (PPO)
A PPO health insurance plan has a network of participating providers who are local, national and international. This plan has a fixed co-payment amount for medical expenses in the network and deductible and co-insurance for expenses incurrred outside the network.

PRIMARY CARE PROVIDER (PCP)
A physician who coordinates health services and issues referrals for an employee or covered dependents. 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.

For More Information

Anthem Blue Cross and Blue Shield of NH
Toll-free Phone Number:
1-800-437-9282
Web site: *www.anthem.com*

Anthem Prescription Management (APM)
Toll-free Phone Number:
1-800-962-8192
Web site: *www.anthem.com*

Behavorial Health Network
Toll-free Phone Number:
1-800-228-5975

CNA
Toll-free Phone Number:
1-800-528-4582
Web site: *www.cna.com*

Crosby Benefit Systems
Toll-free Phone Number:
1-800-462-2235
Web site: *www.CrosbyBenefits.com*

Northeast Delta Dental
Toll-free Phone Number:
1-800-832-5700
Web site: *www.nedelta.com*

MetLife
Toll-free Phone Number:
1-800-638-6420 (effective 1/1/05)
Web site: *www.metlifeiseasier.net*

Calvert
Toll-free Phone Number:
1-800-368-2745
Web site: *www.calvert.com*

Fidelity Retirement Investments
Toll-free Phone Number:
1-800-343-0860
Web site: *www.fidelity.com/atwork*

TIAA-CREF
Toll-free Phone Number:
1-800-842-2776
Web site: *www.tiaa-cref.org*

Benefits Office
Phone Number:
(603) 646-3588
Email: Human.Resources.Benefits@Dartmouth.EDU
Web site: *www.dartmouth.edu/~hrs*

Note:
Summary Plan Descriptions are located on-line at www.dartmouth.edu/~hrs/benefits/index.html or you may contact the Benefits Office to receive a printed version.

DARTMOUTH

VOX CLAMANTIS IN DESERTO

1769

HR The Office of Human Resources
at Dartmouth College
7 Lebanon Street • Suite 203 • Hanover • New Hampshire • 03755-2112

October 2005