The employee benefits programs described in this Benefits Guide are effective in 2018, unless otherwise noted. 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.
Hello, and welcome to another Open Enrollment period at Dartmouth College.

Our annual benefits Open Enrollment period is fast approaching and will soon provide you with an opportunity to review and make changes to your benefits elections for 2018.

Dartmouth is proud of the competitive and comprehensive package of benefits that we offer to our diverse community. We remain committed to providing quality, affordable health care options to our employees and their families; however, we are not immune to the significant health care trends seen throughout the country. The changes that were made for 2018 will support our commitment to providing you with access, quality, value and choice, while also ensuring that our benefits program is competitive and sustainable for years to come.

It is critical for all of us to be accountable in managing our health care costs, and being an informed consumer is the best way to get the most value from all of Dartmouth’s benefits. Start by carefully reviewing this year’s options. You will notice several changes and improvements, including two new dental plan options, a new partner for Disability administration, wellness program choices and enhanced Faculty/Employee Assistance Program (F/EAP) services. We will also continue to offer options to help reduce your out-of-pocket costs, such as tax-advantage Flexible Spending Accounts (FSAs) or a Health Savings Account (HSA).

Your current dental plan, FSAs and HSA elections will not automatically re-enroll in 2018. Please note: If you do not elect a dental plan, you will be defaulted into no coverage. You will be required to actively enroll in certain benefits for 2018, even if you do not plan to change your elections. Please be sure to make your elections before the end of this year’s Open Enrollment period.

We know your benefits are important to your health and financial success, so we have invested in multiple resources, including this guide, online tools and in-person information sessions, to help you navigate this year’s benefits options. Additional information on these in-person sessions is included within this guide and can be found at dartgo.org/benefits2018. We encourage you to take advantage of all these resources to ensure you get the most from your Dartmouth benefits package.

Sincerely,

Scot R. Bemis
Chief Human Resources Officer
Defaulting of Benefits

Your current dental, Flexible Spending Accounts (FSAs) and Health Savings Account (HSA) elections will not automatically re-enroll in 2018. You must elect or waive coverage online this year, even if you are not making changes to your other benefits. If no action is taken, you will be defaulted to no coverage for dental and will not have elections for your FSAs or HSA in 2018. If no election is made for Wellness, you will be defaulted into the Pulse program for 2018. Please log into FlexOnline during the Open Enrollment period to elect or waive these benefits.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Default Coverage for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Coverage</td>
<td>The same coverage that you had at the end of 2017</td>
</tr>
<tr>
<td>Health Care FSA (HCFSA)</td>
<td>Employer contribution only (if eligible). You will not be able to start a contribution mid-year.</td>
</tr>
<tr>
<td>Health Reimbursement Account (HRA)</td>
<td>Employer contribution (if eligible) plus any carryover remaining from 2017 if you stay in the same plan.</td>
</tr>
<tr>
<td>Health Savings Account (HSA)</td>
<td>Employer contribution only (if eligible). You can elect and make changes to this benefit during the year.</td>
</tr>
<tr>
<td>Dependent Care Flexible Spending Account (DCFSA)</td>
<td>No contribution</td>
</tr>
<tr>
<td>Prescription Drug</td>
<td>The same coverage that you had at the end of 2017</td>
</tr>
<tr>
<td>Vision</td>
<td>The same coverage that you had at the end of 2017</td>
</tr>
<tr>
<td>Dental Coverage</td>
<td>No coverage</td>
</tr>
<tr>
<td>Life Insurance</td>
<td>The same coverage that you had at the end of 2017</td>
</tr>
<tr>
<td>Supplemental Benefits</td>
<td>The same coverage that you had at the end of 2017</td>
</tr>
<tr>
<td>Disability Coverage</td>
<td>The same coverage that you had at the end of 2017</td>
</tr>
<tr>
<td>Wellness</td>
<td>Pulse Program</td>
</tr>
</tbody>
</table>

**IMPORTANT NOTE:** Unless you have a qualifying life status change, you will not have another opportunity to change your benefits coverage election until the next Open Enrollment period held each fall. Please review your elections carefully prior to the close of Open Enrollment (11:59 p.m. on November 6, 2017) and print a copy of your final confirmation page for your records.
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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

Generics: 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-Advantage 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 general-purpose 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.

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 Dartmouth 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 prorated 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: For some benefits, Dartmouth will pay the full plan cost/rate, some you will share the plan cost/rate with Dartmouth, and others you will pay the full plan cost/rate. Your share of the plan cost/rate is deducted from your paycheck. For an estimate on medical plan costs in 2018, 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

Review these key steps before making your benefit elections.

Evaluate

☐ Think about your health history and health care needs.
☐ Review your current FSA and HSA contributions and expenses to determine if you’d like to make an election based on your anticipated expenses for 2018.
☐ 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 your dependent and beneficiary information, including Social Security numbers, dates of birth, addresses and phone numbers.

Engage

☐ Read through this Enrollment Guide to make sure you understand the full spectrum of benefits available to you.
☐ Watch Rick Mills’ Health and Benefits Forum video on benefits and the health care landscape to better understand the decision-making process for annual benefits changes at dartgo.org/benefits2018
☐ Attend a 90-minute Group Education Session to learn about all of your benefits and the upcoming benefits changes for 2018. Sign up at dartgo.org/lets-talk-benefits
☐ Attend the Employee Services Fair on October 31 from 10 a.m.–2 p.m. in Alumni Hall, and meet your representatives from Cigna, Delta Dental, CVS/caremark, WageWorks, MetLife, Fidelity and TIAA.
☐ Review Dartmouth’s Benefits Website at dartgo.org/benefits
☐ Use the online tool, ALEX, to help you evaluate your medical and tax advantage plan options and see what medical plan ALEX suggests for you at dartgo.org/ALEX
☐ Use the Medical Plan Cost Estimator to determine your medical rates for 2018. You will need to know your annual base salary and FTE. Visit dartgo.org/medical-cost-estimator
☐ Need help navigating the FlexOnline system? Sign up for a 30-minute FlexOnline Enrollment Assistance Session and meet one-on-one with a member of the Benefits team between October 23 and November 6 at dartgo.org/lets-talk-benefits

Enroll

☐ Complete and save your 2018 elections during the annual Open Enrollment period (12:00 a.m., Monday, October 23, 2017 through 11:59 p.m., Monday, November 6, 2017) at dartgo.org/Flexonline
☐ Print a confirmation page and keep it for your records as proof of your elections.
☐ Review your retirement plan elections.
☐ Complete your life insurance statement of health (if required).

Log into dartgo.org/Flexonline
Use your Net ID and Password (Same as Dartmouth email)

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

2
Eligibility

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

Plan Year

Dartmouth’s benefits run on a calendar plan year, from January 1 through December 31. Some benefits are prorated based on your start date or benefits eligibility date.

Eligibility

Employees who regularly work 20 hours per week, 9 months out of the year, are considered eligible for benefits at Dartmouth College. The amount that you pay for coverage may be affected by the amount of hours you work, as well as the amount of annual salary received. This is important to know when you are considering a change in hours or FTE. Temporary employees are not eligible for benefits.

Dartmouth College Medicare Supplement (DCMS) Plan

Employees who have been disabled for more than 24 months are eligible to participate in the DCMS Plan for their health coverage. Eligible dependents can remain in the active medical plan options.

When Benefits Begin

Benefits elected during the Open Enrollment period will begin January 1, 2018. 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

Once you have made your benefits elections, whether as a new hire, or during Open Enrollment, 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 election until the next Open Enrollment period held each fall. This can be a marriage, a divorce, a birth or adoption of a child, or anytime you or a dependent loses or gains coverage. A spouse’s Open Enrollment period may also be 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 a new benefits program or make changes to your current benefits elections during Open Enrollment, here’s how to access your FlexOnline benefits page:

1. Go to dartgo.org/flexonline
2. Choose the link for Active Employees.
3. Enter your NetID and password. (HINT: This is the same ID and password you use for email)
4. If you have forgotten your ID or password, follow the instructions on the Web Authentication page to retrieve them.
5. Click the Open Enrollment tile to make 2018 elections.
6. Once you have made your choices, click “ACCEPT” to complete enrollment.
7. For a printed copy of your confirmation statement, select “PRINT THIS PAGE” then click “OK.”
Changes for 2018

Medical plans
Dartmouth will continue to offer employees the choice between one of three different medical plan options, with a couple of minor changes this year. Details on each of the medical plan options can be found later in this guide. There will be an average increase of 6.6% to medical plan rates in 2018.

› High Deductible Health Plan (HDHP)
   Per IRS guidelines, the minimum deductible for Dartmouth’s HDHP must increase by $100 for individuals and $200 for families for 2018. This will bring the deductible to $2,700/individual and $5,400/family.

› Health Saving Account (HSA)
   Per IRS guidelines, the new limit for individual coverage will increase to $3,450/year, and the family limit will increase to $6,900.

Dental plans
› In 2018, we will be offering two different dental plans to choose from, one of which includes orthodontia coverage.
› If you do not elect a dental plan, you will be defaulted into no coverage. Unless you have a qualifying life status change, you will not have another opportunity to change your benefits coverage election until the next Open Enrollment period held each fall.

Retirement plan
IRS limits are subject to change. IRS limits will not be available until middle to late October. Please refer to dartgo.org/retirement

Wellness
› All benefits-eligible employees, even those who waive medical coverage, will have the choice of one of two Wellness Program options, including:
   - The Pulse Program, a comprehensive well-being program with the opportunity to earn up to $400 per year (up to $800 per family if your spouse is enrolled on your Dartmouth College health plan)
   - Fitness Reimbursement Benefit for eligible expenses limited to fitness facility and exercise class fees (up to $225 per year)
   - All benefits-eligible employees will need to elect a free Wellness Program option for 2018, even if you waive medical coverage. The elections you make will take effect for January 1 and you will not be able to change this election until the next Open Enrollment period for 2019. If you do not elect a Wellness Program option, you will be defaulted to the Pulse Program.
› Beginning October 1, 2017 any rewards earned through the Pulse Program will be taxed when earned instead of redeemed. Any unredeemed rewards in your Pulse account as of 11:59 p.m. on September 30, 2017 will be taxed in a November paycheck, and then moving forward, any rewards earned will be taxed on a monthly basis.
› The Dartmouth Health Connect Primary Care Practice is accepting new patients for those enrolled in the medical plans.
Dartmouth offers a choice of three different medical plans, which also include prescription drug coverage and vision (see pages 18 and 19). 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.

**All three plans offer:**

- 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.
- 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 paycheck pre-tax. Research Fellows pay on a post-tax basis.
- Access to Dartmouth Health Connect (except when contributing to an HSA).
- Each family member pays toward their own individual deductible and out-of-pocket maximum. The family limits are in place to help minimize the total amounts of deductible and out-of-pocket maximums that your family would have to pay in a given year.
- Manage and track claims, order ID cards, find doctors, and track account balances through the [myCigna.com](http://myCigna.com) website.

*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 2018, please use the Medical Plan Cost Estimator at [dartgo.org/medical-cost-estimator](http://dartgo.org/medical-cost-estimator)
Open Access Plus Plan (OAP)

Has the highest plan rates, but lowest deductible, out-of-pocket costs and prescription expenses

Key benefits
• The deductible, medical copays and prescription copays are the lowest of the three plans.
• Employees and employer may contribute to an HCFSA.
• Dartmouth Health Connect is available.

Other considerations
• The OAP has the highest rates of all three plans.
• Medical and prescription copays DO NOT count toward annual deductibles, but DO count toward annual out-of-pocket maximums.
• This is the only plan available to J VISA holders.

For more information, 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 13 of this guide for eligibility</td>
<td></td>
</tr>
<tr>
<td>Medical deductible</td>
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<tr>
<td>Individual</td>
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<td>Out-of-pocket maximum</td>
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<td>Coinsurance</td>
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<tr>
<td>Individual</td>
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<td>30%</td>
</tr>
<tr>
<td>Family</td>
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<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>
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<tr>
<td>Specialist visit</td>
<td>$30</td>
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<tr>
<td>Emergency room</td>
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<td>Urgent care</td>
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<td>Prescription drugs – Generic/Preferred/Non-Preferred</td>
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<tr>
<td>30-Day retail pharmacy</td>
<td>$5/$25/$40</td>
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</tr>
<tr>
<td>90-Day mail order</td>
<td>$10/$50/$80</td>
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</tr>
<tr>
<td>90-Day CVS retail</td>
<td>$10/$50/$80</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Sample of how an individual OAP plan works (In-network)

YOU OR A DEPENDENT RECEIVES MEDICAL CARE

FOR DOCTORS VISITS, AS WELL AS EMERGENCY ROOM AND URGENT CARE VISITS

YOU PAY A FIXED DOLLAR AMOUNT (COPAY) PER VISIT + MEDICAL PLAN PAYS THE REST

UNTIL YOU REACH THE $2,500 ANNUAL OUT-OF-POCKET MAXIMUM

THEN YOU PAY 10% COINSURANCE + MEDICAL PLAN PAYS 90% OF THE REMAINDER OF THE PLAN YEAR
Cigna Choice Fund Plan (CCF)

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

Key benefits
- The deductible, copays and prescription copays are mid-level, but generic prescriptions are still $5.
- Employer contributes to an HRA.
- Employee may contribute to an HCFSA.
- Dartmouth Health Connect is available.

Other considerations
- Medical and prescription copays DO NOT count toward annual deductibles, but DO count toward annual out-of-pocket maximums.

For more information visit dartgo.org/medical

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### Key Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>In-network</th>
<th>Out-of-network</th>
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</thead>
<tbody>
<tr>
<td>HRA contribution from employer*</td>
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</tr>
<tr>
<td>Medical deductible</td>
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<td>Out-of-pocket maximum</td>
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<td>Individual</td>
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</table>

* Your HRA contribution from Dartmouth will help pay up to the first $500 or $1,000 in deductibles for you and your family.
High Deductible Health Plan (HDHP)

Has the lowest plan rates, but also has the potential for the highest out-of-pocket costs

Key benefits
- The plan has the lowest rates of all three plans.
- Employer may contribute to an HRA or HSA – this is the only plan that allows HSA contributions.
- Employees may contribute to an HCFSA when electing HDHP with HRA.
  - You should only choose the HDHP with HRA plan if you are not eligible for an HSA but would still like to participate in the HDHP. To see if you are eligible for an HSA, please see page 15.
- Dartmouth Health Connect is available for employees with an HRA.

Other considerations
- This plan has the highest deductible of the three plans.
- You pay 100% of all medical and prescription costs until your annual deductible has been met.

For more information, visit dartgo.org/medical

### In-network

<table>
<thead>
<tr>
<th></th>
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<th>Out-of-network</th>
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</tr>
<tr>
<td>Emergency room</td>
<td>Deductible/Coinsurance</td>
<td>In-Network Deductible/Coinsurance</td>
</tr>
<tr>
<td>Urgent care</td>
<td>Deductible/Coinsurance</td>
<td>In-Network Deductible/Coinsurance</td>
</tr>
</tbody>
</table>

### Prescription Drugs

<table>
<thead>
<tr>
<th></th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-Day retail pharmacy</td>
<td>Deductible/Coinsurance</td>
<td>N/A</td>
</tr>
<tr>
<td>90-Day mail order</td>
<td>Deductible/Coinsurance</td>
<td>N/A</td>
</tr>
<tr>
<td>90-Day CVS retail</td>
<td>Deductible/Coinsurance</td>
<td>N/A</td>
</tr>
</tbody>
</table>

* Your HRA or HSA contribution from Dartmouth will help pay up to the first $500 or $1,000 in deductibles for you and your family.
## 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><strong>Medical deductible</strong></td>
<td>In-network</td>
<td>Out-of-network</td>
<td>In-network</td>
</tr>
<tr>
<td>Individual</td>
<td>$500</td>
<td>$1,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>Family</td>
<td>$1,000</td>
<td>$2,000</td>
<td>$3,000</td>
</tr>
<tr>
<td><strong>Out-of-pocket maximum</strong></td>
<td>In-network</td>
<td>Out-of-network</td>
<td>In-network</td>
</tr>
<tr>
<td>Individual</td>
<td>$2,500</td>
<td>$5,000</td>
<td>$4,000</td>
</tr>
<tr>
<td>Family</td>
<td>$5,000</td>
<td>$10,000</td>
<td>$8,000</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>In-network</td>
<td>Out-of-network</td>
<td>In-network</td>
</tr>
<tr>
<td>Individual</td>
<td>10%</td>
<td>30%</td>
<td>10%</td>
</tr>
<tr>
<td>Family</td>
<td>10%</td>
<td>30%</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Contribution from employer</strong></td>
<td>FSA</td>
<td>HRA</td>
<td>HSA/HRA</td>
</tr>
<tr>
<td>Individual</td>
<td>$2,500</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>Family</td>
<td>$5,000</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Office/Routine care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult preventive care</td>
<td>Covered at 100%¹</td>
<td>Deductible/Coinsurance</td>
<td>Covered at 100%¹</td>
</tr>
<tr>
<td>Office visit</td>
<td>$20</td>
<td>Deductible/Coinsurance</td>
<td>$30</td>
</tr>
<tr>
<td>Specialist visits</td>
<td>$30</td>
<td>Deductible/Coinsurance</td>
<td>$45</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>$20</td>
<td>Deductible/Coinsurance</td>
<td>$30</td>
</tr>
<tr>
<td>Physical, occupational and speech therapies</td>
<td>$20</td>
<td>Deductible/Coinsurance</td>
<td>$30</td>
</tr>
<tr>
<td>Well-childcare</td>
<td>Covered at 100%¹</td>
<td>Deductible/Coinsurance</td>
<td>Covered at 100%¹</td>
</tr>
<tr>
<td>Lab, X-ray, diagnostic tests</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Hearing aid coverage. Maximum 1 devices for 36 months</td>
<td>Covered at 100%¹</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>
</tr>
</tbody>
</table>
## Open Access Plus Plan (OAP) vs. Cigna Choice Fund Plan (CCF) vs. High Deductible Health Plan (HDHP)

### Hospital Care

<table>
<thead>
<tr>
<th>Service</th>
<th>OAP</th>
<th>CCF</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient hospitalization</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>
</tr>
<tr>
<td>Emergency room</td>
<td>$100</td>
<td>$150</td>
<td>In-Network Deductible/Coinsurance</td>
</tr>
<tr>
<td>Urgent care center</td>
<td>$50</td>
<td>$50</td>
<td>In-Network Deductible/Coinsurance</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
</tr>
</tbody>
</table>

### Mental Health and Substance Abuse

<table>
<thead>
<tr>
<th>Service</th>
<th>OAP</th>
<th>CCF</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$20</td>
<td>$30</td>
<td>Deductible/Coinsurance</td>
</tr>
</tbody>
</table>

### Pharmacy

<table>
<thead>
<tr>
<th>Service</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>Deductible/Coinsurance</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 HCFSAs and HRAs 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 2018 maximums for both employer and employee contributions are $3,450 for an individual and $6,900 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.
“ALEX” Decision Support Tool

Picking the right benefit plans can be a challenge. Which medical plan is best for me? How much should I save in my FSAs? Does an HSA 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 offers 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. New in 2018 – the desktop and mobile applications will offer identical features. 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 on September 25, to assist you with your enrollment planning. Visit dartgo.org/ALEX to review your benefits with ALEX.

**Note:** ALEX provides a summary of your benefits and every attempt has been made to ensure its accuracy. Cost estimates are based on national averages and may not directly reflect medical costs in your geographic area. It is important to fully utilize all of the educational tools provided to you, prior to enrolling in benefits, including but not limited to ALEX. 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.

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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 enrolled in any active Dartmouth medical plan 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. Effective October 1, 2017 Dartmouth Health Connect will begin accepting Medicare-eligible patients on the Dartmouth College Medicare Supplement Plan, as well as traditional Medicare with or without other supplemental plans.

For more information, please visit dartmouthhealthconnect.com or call 603.738.1164 to learn more about becoming a patient at Dartmouth Health Connect.
Tax-Advantage Accounts*

Participating in a tax-advantage 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-advantage 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 17 of this guide.

NOTE: Spouses who work at the college must maintain their own individual tax-advantage 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 an HCFSA for 2018. Mary elects to put $500 into an HCFSA for 2018.

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 WageWorks, if Tom submits $3,100 (more than his annual election), WageWorks will only pay back up to the maximum amount of his annual election. In this case $2,600. WageWorks will not automatically use any of the $500 remaining in Mary’s account because the accounts are not tied together, and WageWorks 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.
Eligibility
• All benefits-eligible Faculty, Exempt, Non-Exempt and SEIU employees are eligible to contribute.
• You may be eligible for a Dartmouth contribution if you:
  – Are Faculty, Exempt, Non-Exempt, or SEIU.
  – Make $60,000/year or less.
  – Select the OAP medical plan or elect no medical coverage.

Key benefits
• Set aside guaranteed pre-tax dollars that you can use during the year to pay for eligible medical expenses.
• You can use your WageWorks debit card to pay for eligible expenses on day one, and even spend leftover HCFSA dollars at [http://thefsa-store.com](http://thefsa-store.com) without substantiation.
• The account can be used in conjunction with an HRA to help pay vision and dental expenses, copays and additional deductible and coinsurance amounts not paid by the HRA.

Other considerations
• Some expenses will require substantiation as you spend. Keep your receipts for any expense that is paid by your HCFSA.
• HCFSAs have strict year-end deadlines regulated by the IRS. All funds in excess of the $500 carryover will be forfeited.
• Unused HCFSA funds are forfeited if you leave Dartmouth.

Sample of how your HCFSA works

If you do not provide proper substantiation in a timely manner, your WageWorks debit card will be suspended, and you could forfeit funds.
Eligibility
- All employees who elect either the Cigna Choice Fund (CCF) Plan or the High Deductible Health Plan (HDHP) with HRA will receive an employer contribution in an HRA.

Key benefits
- Your HRA dollars are solely funded by Dartmouth to help reduce the amount you pay toward medical care during the year.
- When you receive care, HRA dollars are automatically deducted to cover deductible and coinsurance costs – they even count toward your out-of-pocket maximum.
- Your HRA account is front loaded so you can use the funds immediately.
- No paperwork or IRS reporting is required.
- Your HRA may be used in conjunction with an HCFSA account to help pay vision and dental expenses, copays and additional deductible and coinsurance amounts not paid by the HRA.

Other considerations
- Your unused 2017 balance will only be available to you in 2018 if you re-enroll in the same medical plan.
- If you choose the CCF plan, your HRA dollars cannot be used to pay for prescription drugs or medical copays.
- If you are using Dartmouth Health Connect and choose the HDHP with HRA plan, your HRA dollars can be used to pay for prescription drugs.
- Unused HRA balances are forfeited if you leave Dartmouth.
- Your employer contribution can change mid-year if you add or remove dependents.

Sample of how your HRA works

You or a dependent incurs an eligible health care expense

Cigna processes the claim and determines if any deductible or coinsurance are owed

If copay is owed, you pay at time of visit, or receive a bill for the copay amount

If deductible or coinsurance is owed, Cigna pays directly from your HRA until the fund is exhausted

You receive bill for remaining deductible or coinsurance owed

For more information, visit dartgo.org/hra
Eligibility
- All benefits-eligible Faculty, Exempt, Non-Exempt, SEIU and RAB employees who elect the High Deductible Health Plan and who are:
  - NOT a Research Fellow or a J-VISA holder.
  - NOT enrolled in Medicare, Medicaid or any other type health insurance that is not a qualified HDHP.
  - NOT a patient of Dartmouth Health Connect.
  - NOT being claimed as a dependent on another person’s tax return.
  - NOT eligible to receive medical-expense reimbursement under a general-purpose health care FSA of a spouse or a parent.

Key benefits of an HSA
- You can increase or decrease your annual contribution amount any time during the plan year.
- You never pay taxes on your HSA contributions – the account even earns tax-free interest. Tax reporting is minimal.
- You have the option of using a Fidelity provided debit card, checkbook, or you may submit claims manually.
- When you use the account, your HSA dollars will count toward your annual deductible and out-of-pocket maximums.
- You can take your HSA with you when you leave the plan, change jobs or retire.
- Administration is easier with no stressful submission or substantiation deadlines.
- The Dartmouth contribution to your HSA account is front loaded and can be used once your account has been activated. Your contribution is eligible for withdrawal as soon as it is contributed.

Other Considerations
- Payments are not automatic. You decide when and how to use the money in your HSA account. Spend it during the year, save it for the future or open an investment account.
- Consider consulting a tax professional when contributing to an HSA.
- If you will be Medicare eligible in 2018, please see the HSA & Medicare enrollment section on page 26 of this guide.

Health Savings Account (HSA)
A tax-free, individually owned savings account you use to pay for qualified medical expenses

<table>
<thead>
<tr>
<th>AT A GLANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which medical plan must I elect to participate?</td>
</tr>
<tr>
<td>Who can contribute to the account?</td>
</tr>
<tr>
<td>What is the annual Dartmouth contribution?</td>
</tr>
<tr>
<td>What is the maximum I can contribute?</td>
</tr>
<tr>
<td>How are contributions taxed?</td>
</tr>
<tr>
<td>Can funds be carried over from one year to the next?</td>
</tr>
</tbody>
</table>

For more information, visit dartgo.org/hsa

Sample of how your HSA works

YOU OR A DEPENDENT INCURS AN ELIGIBLE HEALTH CARE EXPENSE

YOU RECEIVE BILL FOR DEDUCTIBLE OR COINSURANCE OWED

YOU PAY OUT OF POCKET OR

YOU PAY WITH YOUR HSA UNTIL THE FUND IS EXHAUSTED

THEN YOU PAY OUT OF POCKET

1. 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 and earnings. Contact your tax advisor for details on your specific location.
Eligibility

- All benefits-eligible Faculty, Exempt, Non-Exempt, and SEIU Employees may contribute.
- Research Associate Bs and Research Fellows are not eligible to participate in the DCFSA.
- You may NOT contribute to a DCFSA while you or a spouse is not working (i.e., leave of absence, hiatus, unemployed, etc).

Key benefits

- Funds can be used tax-free to pay qualified dependent care expenses, including:
  - Child care services
  - Nannies
  - After-school programs
  - Summer day camps
  - Adult day centers for aging parents
  - Nursing care for dependents with handicaps
- Funds are available as they are deposited.

Other considerations

- Qualifying dependents may be defined as children under age 13, or a child or relative who is physically or mentally incapable of self-care.
- Claims are submitted manually, using the form found at dartgo.org/hrforms
- DCFSAs have strict year-end deadlines regulated by the IRS. All funds not used by the end of the grace period of March 15th will be forfeited.

**AT A GLANCE**

<table>
<thead>
<tr>
<th>Who can contribute to the account?</th>
<th>You</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the annual Dartmouth contribution?</td>
<td>$0 – Dartmouth does not contribute</td>
</tr>
<tr>
<td>What is the maximum I can contribute?</td>
<td>$5,000 per year per household</td>
</tr>
<tr>
<td>How are contributions taxed?</td>
<td>You pay no federal, state or social security taxes</td>
</tr>
<tr>
<td>Can funds be carried over from one year to the next?</td>
<td>No. All funds must be used by March 15th of the following year.</td>
</tr>
</tbody>
</table>

For more information, visit dartgo.org/fsa

---

Sample of how your DCFSA works

- **YOU UTILIZE A DEPENDENT CARE SERVICE**
- **PAY EXPENSE OUT-OF-POCKET**
- **OBTAIN COPY OF RECEIPT**
- **FILL OUT COPY OF REIMBURSEMENT FORM**
- **CREATE CLAIM ONLINE, THEN SCAN AND UPLOAD RECEIPT OR**
- **FILL OUT YOUR CLAIM AND FAX OR MAIL IT TO WAGeworks**
- **WAGeworks WILL EITHER MAIL A CHECK OR MAKE A DEPOSIT INTO YOUR BANK ACCOUNT**
<table>
<thead>
<tr>
<th>Feature</th>
<th>HSA</th>
<th>HRA</th>
<th>DCFS</th>
<th>HCFSA</th>
<th>WageWorks (formerly Canvas Benefits)</th>
<th>N/A - Dartmouth does not contribute to this plan.</th>
<th>N/A - not affiliated with a medical plan.</th>
<th>N/A - plan is not a tax-advantaged account for benefits.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who administers the plan?</td>
<td>You, Dartmouth or both.</td>
<td>Your employer.</td>
<td>N/A</td>
<td>N/A</td>
<td>WageWorks (formerly Canvas Benefits)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Who may contribute to the account?</td>
<td>You, Dartmouth or both.</td>
<td>Your employer.</td>
<td>N/A</td>
<td>N/A</td>
<td>Your employer.</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Can I use Dartmouth Health Connect?</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>What is the maximum annual Dartmouth contribution?</td>
<td>Up to $3,500</td>
<td>Up to $5,200</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>What is the tax treatment of the contributions?</td>
<td>Your contributions are tax deductible. Dartmouth contributions are excluded from your gross income.</td>
<td>Dartmouth contributions are excluded from your gross income.</td>
<td>N/A</td>
<td>N/A</td>
<td>You pay no federal, Social Security or state taxes. Dartmouth pays no FICA, Federal or state unemployment taxes.</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Can funds be carried over from one year to the next?</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Can I take funds with me if I leave Dartmouth?</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Which expenses are eligible?</td>
<td>Those allowed by section 213(d) of the Internal Revenue Code.</td>
<td>Only those which require you to pay a deductible or coinsurance. The HRA does not cover copays, dental or vision expenses.</td>
<td>N/A</td>
<td>N/A</td>
<td>Only those which require you to pay a deductible or coinsurance. The HRA does not cover copays, dental or vision expenses.</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

** Feature**: Which medical plan must I elect to participate?  
- **HCFSA**: Individuals on the OAP plan or no coverage. SEIU Employees should refer to their union contract. Amount is prorated based on hire date.  
- **HRA**: Employees do not contribute to this plan.  
- **HSA**: Eligible employees may receive a contribution of up to $250. Amount is pro-rated based on date of hire and FTE. Individuals maximum: $500, Family of two or more: $1,000. Amounts are prorated based on date of hire.  
- **DCFSA**: N/A - this benefit does not affect your ability to use Dartmouth Health Connect.

*** If you elect HSA with HRA for the 2018 plan year, you may only access carryover dollars for expenses incurred in the 2017 plan year.
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 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. 90-day supply maintenance medications are available at a reduced cost and may be filled through CVS/caremark’s mail-order pharmacy or at any CVS pharmacy location.

› **Certain preventive prescriptions offered at no cost to members enrolled in the HDHP medical plan.**

A comprehensive list of these prescriptions can be found at [dartgo.org/preventive-drug-list](http://dartgo.org/preventive-drug-list)

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

<table>
<thead>
<tr>
<th></th>
<th>OAP</th>
<th>CCF</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retail pharmacy network (up to a 30-day supply)</strong></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><strong>Caremark mail service or CVS Pharmacy (up to 90-day supply)</strong></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>

CVS/caremark uses the following services to ensure you are receiving the best care:

› **The Advanced Control Formulary** provides you and your prescriber with a guide to help you choose the most clinically appropriate and cost-effective medications available. It is recommended that you and your prescriber refer to the Formulary in determining which medication may be best for you. *Should your medication be excluded starting January 1, you will receive a notification from CVS/caremark in December identifying your alternatives.*

› **Prior Authorization** reviews certain specialty medications, as determined by the Specialty Guideline Management Program, to check for more appropriate options. If a medication you are taking requires prior authorization, your prescriber will need to contact Caremark Connect – your pharmacist will let you know.

› **The Drug Savings Review Program** reviews your prescription history to ensure your prescribed medications are right for you. If CVS/caremark identifies an opportunity to simplify your prescription regimen or finds a more cost-effective medication, they will work with your prescriber to update your prescriptions, if appropriate. No changes will be made to your prescriptions without your prescriber’s consent.

To view the Formulary or additional details about the CVS /caremark pharmacy plan, visit [dartgo.org/pharmacy](http://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></th>
<th>OAP and CCF Plans</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-network</td>
<td>Out-of-network</td>
</tr>
<tr>
<td>Exam copay</td>
<td>$0</td>
<td>N/A</td>
</tr>
<tr>
<td>Exam coinsurance (once per frequency period)</td>
<td>Covered 100%</td>
<td>Covered 70%</td>
</tr>
<tr>
<td>Materials allowance**</td>
<td>Up to $50</td>
<td>Up to $50</td>
</tr>
</tbody>
</table>

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.org/benefits2018

* 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.
*** 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 benefits-eligible employees can enroll in one of two dental plans, offered through Northeast Delta Dental

The Low Plan
A lower-cost option that provides coverage for preventative and basic restorative care.

The High Plan
A higher-cost option that provides coverage for basic and major care, as well as orthodontia.

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>LOW PLAN</th>
<th>HIGH PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td>$50 Individual $150 Family</td>
<td>No Deductible</td>
</tr>
<tr>
<td>Diagnostic and Preventative Services (e.g., exams, cleanings, X-rays)</td>
<td>100% No Deductible</td>
<td>100%</td>
</tr>
<tr>
<td>Basic Restorative Services (e.g., fillings, extractions, root canals)</td>
<td>80% After Deductible</td>
<td>80%</td>
</tr>
<tr>
<td>Major Restorative Services (e.g., crowns, bridges, implants)</td>
<td>N/A</td>
<td>50%</td>
</tr>
<tr>
<td>Annual Plan Max (per person)</td>
<td>$750</td>
<td>$5,000</td>
</tr>
<tr>
<td>Orthodontia Coverage</td>
<td>N/A</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontia Lifetime Max</td>
<td>N/A</td>
<td>$2,000**</td>
</tr>
</tbody>
</table>

Monthly Rates*

<table>
<thead>
<tr>
<th>MONTHLY RATES*</th>
<th>LOW PLAN</th>
<th>HIGH PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$33.75</td>
<td>$57.56</td>
</tr>
<tr>
<td>2-Person</td>
<td>$60.07</td>
<td>$102.47</td>
</tr>
<tr>
<td>Family</td>
<td>$103.26</td>
<td>$176.15</td>
</tr>
</tbody>
</table>

* Amount paid by employee

› $2,000** Orthodontia Lifetime Max is separate from $5,000 Annual Plan Max.

› Both plans offer in-network discounts through the PPO and Premier networks.

› 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.

Please note: If you do not elect a dental plan, you will be defaulted into no coverage. Unless you have a qualifying life status change, you will not have another opportunity to change your benefits coverage election until the next Open Enrollment period held each fall.
Wellness at Dartmouth

Wellness at Dartmouth supports employees and family members on their path to well-being through a variety of campus-wide programs.

**New for 2018!** All benefits-eligible employees will need to elect a free Wellness Program option for 2018, even if you waive medical coverage. The elections you make will take effect for January 1 and you will not be able to change this election until the next Open Enrollment period for 2019. If you do not elect a Wellness Program option, you will be defaulted to the Pulse Program.

See below for an overview of your options, as well as a comparison chart.

- **Option 1: The Pulse Program**
  - This comprehensive well-being program provides cash rewards as well as one free activity and sleep-tracking device (or a credit toward the purchase of another device). Program participants can take advantage of:
  - Fun, step-based team MOVE IT challenges twice per year
  - Monthly individual healthy habit challenges on topics such as sustainability, financial well-being, mindfulness, and nutrition
  - Daily health tips tailored to your interests, including eating healthy, sleeping well, reducing stress, being productive and more
  - Eight onsite Health Stations to monitor blood pressure and weight
  - Activity, sleep, and nutrition trackers, a personal health assessment, and more!

- **Option 2: The Fitness Reimbursement Benefit**
  - The Fitness Reimbursement Benefit provides a reimbursement for expenses limited to fitness facility and exercise class (including online/DVD exercise classes) fees.

<table>
<thead>
<tr>
<th>How much money can I receive per year?</th>
<th>How much additional money can my spouse receive?</th>
<th>What can I use the rewards/reimbursement for?</th>
<th>What do I have to do to receive my reward/reimbursement?</th>
<th>Will I be taxed on the money I receive?</th>
<th>Who do I contact if I have questions about the program?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to $400 per year of cash rewards (up to $800 per family per year if spouse is eligible).</td>
<td>None. (spouse must be enrolled in the employee's Dartmouth College health plan to be eligible).</td>
<td>Pulse rewards are cash that can be transferred to a bank account of your choice, redeemed for a gift card or Visa cash card, used toward a purchase in the Pulse store or donated to a charity.</td>
<td>Engage with the Pulse program to earn points that translate into cash for activities, such as participating in step-based challenges, tracking your healthy habits, reading health tips, or visiting an onsite Health Station – as soon as rewards are earned they can be redeemed immediately.</td>
<td>Yes, applicable taxes will be withheld from your paycheck as you earn any rewards. If you have a spouse earning rewards, their applicable taxes will also be withheld from your paycheck.</td>
<td>Wellness at Dartmouth can assist with general Pulse questions, as well as how to order or sync your device, how to earn points, redeem rewards, use a Health Station or use the mobile app.</td>
</tr>
<tr>
<td>Up to $225 per year as a reimbursement.</td>
<td>None. However, a spouse may share the $225 with the employee (spouse must be enrolled in the employee's Dartmouth College health plan to be eligible).</td>
<td>The reimbursement is for expenses you incurred for fitness facility and/or exercise class fees only (includes online/DVD exercise classes).</td>
<td>Make an eligible purchase and mail your completed form and receipt(s) to Cigna. Reimbursements will be provided in your paycheck.</td>
<td>Yes, applicable taxes will be withheld from your paycheck when you receive your reimbursement.</td>
<td>Wellness at Dartmouth can assist with questions regarding the submission process and the status of your reimbursement.</td>
</tr>
</tbody>
</table>

For additional information on your Wellness Program options for 2018, as well as other Wellness at Dartmouth programs and resources, please visit [dartmouth.edu/wellness](http://dartmouth.edu/wellness)
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, FAQ, 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 8x 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 Bs 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 through Liberty Mutual 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. Paid Time Off will be used to cover the elimination period. The plan replaces salary at 100% for the first eight weeks and 60% for weeks nine through 26.

› **Exempt employees** and **Research Associate Bs** have an elimination period of 10 work 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.

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

› **For SEIU employees**, the duration of benefits depends on 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.

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 50% pay replacement plan at no cost, and may purchase additional coverage up to 70% during annual Open Enrollment for 2018.

› **Research Associate Bs 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)
Medical Coverage for Long Term Disabled Employees

If you have been out of work and on Long Term Disability (LTD) for more than two years, you may be eligible for Social Security benefits with the option to enroll in Medicare parts A and B as your primary medical insurance coverage. Dartmouth College offers a robust Medicare gap plan through Cigna Health to help supplement your Medicare plans. The Dartmouth College Medicare Supplement (DCMS) plan is available to most disabled employees, who have been on LTD for 24 months or longer, at no cost.

Your family members under age 65 will continue to be eligible to participate in the QAP, CCF and HDHP plans, while any dependents enrolled in Medicare parts A and B may also participate in the DCMS plan. While on LTD, you will continue to receive a medical credit toward the cost of your eligible dependents.

How do I apply for Medicare?
Three months prior to reaching your two-year disability date, you should call or visit a Social Security office to help determine whether or not you should sign up for Medicare. You can apply for Medicare and other Social Security benefits online at [www.socialsecurity.gov/applyonline](http://www.socialsecurity.gov/applyonline)

IMPORTANT: Medicare may charge a late-enrollment penalty if you are not enrolled in “creditable coverage” by your effective date, so it is important that you contact Social Security/Medicare three months before.

“Creditable Coverage” is coverage that is as good or better coverage than what Medicare Offers, such as the DCMS plan.

What is the difference between Medicare Part A and Medicare Part B?
Medicare Part A helps pay for inpatient hospital care, skilled nursing care, and other hospital services. It is paid for by a portion of the Social Security tax paid by people who are still working.

Medicare Part B pays for doctor’s fees, outpatient hospital visits, and other medical services and supplies. It is paid for with monthly premiums of those who are enrolled in the plan, and by transfers from the general fund of the U.S. Treasury.

What is Medicare Part D?
Medicare Part D is a cost-share designed to help Medicare recipients pay for prescription medications. The program is part of the Medicare Prescription Drug Improvement and Modernization Act of 2003. You will be automatically enrolled in a Medicare Part D plan through SilverScript Prescription Drug Provider (PDP), when you enroll in the DCMS plan.
Dartmouth College Medicare Supplement Plan (DCMS)

What will my out-of-pocket costs be on the DCMS plan?

<table>
<thead>
<tr>
<th>Medical Coverage</th>
<th>Administered by Cigna</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$250</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>20% (up to $200)</td>
</tr>
<tr>
<td>Annual out-of-pocket medical maximum</td>
<td>$450</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prescription drug coverage</th>
<th>Generic</th>
<th>Preferred brand</th>
<th>Non-preferred brand</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-30 day supply</td>
<td>$5</td>
<td>$25</td>
<td>$40</td>
</tr>
<tr>
<td>31-60 day supply</td>
<td>$10</td>
<td>$50</td>
<td>$80</td>
</tr>
<tr>
<td>61-90 day supply</td>
<td>$15</td>
<td>$75</td>
<td>$120</td>
</tr>
<tr>
<td>Home delivery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>90-day supply</td>
<td>$10</td>
<td>$50</td>
<td>$80</td>
</tr>
<tr>
<td>Annual prescription out-of-pocket maximum</td>
<td>$450</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total annual out-of-pocket maximum</td>
<td>$900</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Who Pays What?

- Medicare Part A (Federal Hospital Coverage) (premium-free)
- Medicare Part B (Federal Medical Coverage) (You pay a premium to Social Security*)
- Medicare Part D (SilverScript) Prescription Drug Plan
  - Dartmouth College Medicare Supplement (DCMS) Plan (Administered by Cigna)
  - Dartmouth pays the base premium

coverage administered through Federal Government

* If you are considered to be a Higher Income Beneficiary, according to Social Security income tables, you will pay more for Medicare Part B and an additional premium for your Medicare Part D (drug) plan — even if you are on the DCMS plan. However, if you are on the DCMS plan, the College will reimburse you for additional Part D drug premiums you pay to, Social Security.

Turning Age 65 and Becoming Medicare Eligible

If you are turning age 65 in 2018 but will continue 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).

If you are turning age 65 or older in 2018 and you are considering retiring in 2018, please contact Medicare three months before your retirement date to set up your Medicare coverage to begin the first of the month following the date you retire. For additional information on Medicare eligibility and enrollment periods, please visit www.Medicare.gov

If you qualify for the Dartmouth College retiree program and are Medicare eligible, you must be enrolled in Medicare Part A and Part B effective the first of the month following your final day of active employment. You must also provide a copy of your Medicare ID card, showing coverage in Medicare A & B, to the Benefits Office within 45 days before your retirement date in order to be effectively enrolled in the Dartmouth College Medicare Supplement (DCMS) plan.

Employees will have access to the Dartmouth College Retiree Health program upon meeting the minimum eligibility requirements. You must be at least age 55 and have at least 10* consecutive years of benefits-eligible service to qualify.

* When an employee has one or more breaks in benefits-eligible service and each break is one year or less, the break(s) will not prevent eligibility for retiree benefits. The breaks will be ignored when determining “consecutive” years of service, but the length of each break will not be counted as service.
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 30 days of eligibility will be defaulted to an age-appropriate Vanguard Target Date Fund at Fidelity.
- 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

403(b) Supplemental Retirement Accounts (SRA)

- 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>2018 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>

- You may make pre-tax contributions from your paycheck.
- Contributions may be changed at any time.

- For more information visit dartgo.org/sra

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 lifetime 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 representatives will be on-site, visit dartgo.org/retirement-counseling

Health Savings Accounts (HSAs) and Medicare enrollment

If you contribute to an HSA as an active employee, you will no longer be able to once you enroll in Medicare. Please note: Premium-free Medicare Part A coverage begins 6 months back from the date you apply for Medicare (or Social Security/RRB benefits), but no earlier than the first month you were eligible for Medicare. To avoid a tax penalty, you should stop contributing to your HSA at least 6 months before you apply for Medicare.

For additional information regarding the Dartmouth College retiree medical plans, please visit the retiree benefits website at dartgo.org/retirees

Dartmouth’s Medicare Supplement plan is a self-insured group retiree medical plan. It is NOT a standardized Medicare Supplement (Medigap) plan and is NOT offered under a contract with the federal government. Cigna Health and Life Insurance Company is not connected with or endorsed by the U.S. government or the federal Medicare program.
Additional Benefits

Information regarding loans, adoption, 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. SEIU employees, please refer to your union contract. 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 qualified expenses associated with the cost of adopting a child. For more information and submission deadlines visit dartgo.org/adoption

› 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 F/EAP 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.

Throughout the fall of 2017 Dartmouth will begin introducing enhanced F/EAP services. More details will be shared in the coming months.

For more information please visit dartmouth.edu/-eap
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!

Open Enrollment is October 23 through November 6, 2017.
Your current dental, FSA and HSA elections will not automatically re-enroll in 2018. Please log into FlexOnline during the Open Enrollment period to elect or waive these benefits for 2018.

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: 603.646.1108

ALEX – Decision Support 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/ALEX

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

WAGEWORKS - Flexible Spending Accounts
Phone: 877.WageWorks (877.924.3967)
Website: www.wageworks.com
Employee Site: login.wageworks.com

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

DARTMOUTH HEALTH CONNECT – Primary Care
Phone: 603.738.1164
Website: 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: dartmouth.edu/wellness
Email: wellness@dartmouth.edu

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

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

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

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