

# DARTMOUTH COLLEGE

## *Retiree Benefits 2008*

### **Enrollment Information Booklet**

For  
Retirees and  
Eligible Dependents

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## Election Options for 2008

This booklet provides an overview of the Retiree benefits program offered to eligible retirees and their dependents. It contains a summary of your benefit choices, important reminders, and information about how to use your enrollment worksheet and enroll on FlexOnline.

## Your Benefit Options

**Levels of Coverage.** You may choose individual, two-person, or family coverage for medical 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 (age 26 for dental). Eligible dependents are those who were eligible on your date of retirement.

### Medical (under age 65)

Dartmouth offers three different health plan choices covering medical needs ranging from catastrophic to preventive and routine care. You can elect either the Indemnity plan; Preferred Blue, a Preferred Provider Organization (PPO) plan; or Blue Choice, a Point of Service (POS) managed care plan. All plans are administered by Anthem Blue Cross and Blue Shield of New Hampshire (Anthem BCBSNH). The customer service line for Anthem is 1-800-437-9282, or you can visit their website at [www.anthem.com](http://www.anthem.com).

### Medical (over age 65)

When you become Medicare eligible, Dartmouth offers Medicare supplemental coverage called Medicomp III. More details on page 3.

### Medical Plans

Medicomp III

Indemnity

Preferred Blue (PPO)

Blue Choice (POS)

### Fitness Reimbursement

Staying fit and staying healthy often go hand in hand. All of Dartmouth's health plans offer an annual fitness membership reimbursement of up to \$200. To obtain reimbursement, your fitness club must indicate your attendance two times per week for twelve out of twenty weeks. To learn more about this benefit or to obtain a fitness log card and reimbursement form go to <http://www.dartmouth.edu/~hrs/forms/index.html> and click on the Fitness Reimbursement Form and/or Fitness Reimbursement Program Log Card.

### Death Benefit

Eligible retirees of Dartmouth College have a \$5,000 Death Benefit (family members are not eligible for coverage). Please complete a new Beneficiary Form if you want to update your beneficiaries. Mail the update to: Office of Human Resources, 7 Lebanon St., Hanover, NH 03755.

## Medical Plan (over age 65)

You (or your spouse or domestic partner) become eligible for Medicare on the first of the month of your sixty-fifth birthday or the first of the previous month if your birthday falls on the first of a month. At that time the medical plan you currently have through Dartmouth will automatically change to the Medicomp III plan, a Medicare supplement. Medicare A and B become your primary insurance and Medicomp III is secondary. **You must have both Medicare A and B in order for Medicomp III to pay claims.**

If you have family members on your plan they will remain on your current medical plan. They will receive new cards from Anthem BCBSNH. Those cards will display different identification numbers.

If you have questions about this transition, please feel free to contact the Benefits Office at 1-603-646-3588.

## Medical Plans (under age 65)

### Indemnity Plan

An Indemnity medical plan is a fee-for-service plan in which 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 and substance abuse treatment have a co-insurance of 20% once the deductible is reached. The \$1,500 deductible 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 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 [www.anthem.com](http://www.anthem.com).

**Three Month Carry Over of Deductible** – Medical expenses incurred in the last three months of a calendar year (October, November, December) will be credited against the member’s Indemnity deductible in the following calendar year.

**Mental Health and Substance Abuse Treatment** – Unlike other covered expenses, covered mental health and substance abuse treatment is paid at 20% co-insurance of MAB after members have met their deductible. There is no out-of-pocket maximum for these expenses.

**Prescription Drugs** – Prescription drugs are covered the same as any other eligible expense and are processed by WellPoint NetRx. You pay the full cost for your prescription up front and are reimbursed the MAB 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	Prescription Drug
Indemnity	\$1,500 individual \$3,000 two-person or family	N/A*	\$1,500 individual \$3,000 two-person or family	Must pay up front for prescription drugs at pharmacy and request reimbursement from Anthem
*The coinsurance amount is 20% for mental health and substance abuse treatment 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 a traditional 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 a national network 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 members the ability to see any specialty In-Network physician without a referral from a PCP.

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

**Out-of-Network** – Refers to providers who do not participate with the health benefit plan. 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 Anthem Behavioral Health at 1-800-228-5975. They will refer you to a network provider. If you choose to receive mental health or substance abuse treatment services from a non-participating Anthem Blue Cross Blue Shield provider, these services are covered as Out-of-Network. You must still call Anthem Behavioral Health for pre-certification of services.

**Prescription Drugs** – The cost of prescription drugs is \$5 for generic, \$15 for formulary brand, or \$30 for non-formulary brand. You may also obtain a 90-day supply by placing a mail order with WellPoint NetRx. Call 1-800-962-8192 or visit [www.anthem.com](http://www.anthem.com).

**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.

**Fitness Incentive** – All members of the Dartmouth College health plan may 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.

Covered Services	Preferred® Blue (PPO)	
	In-Network	Out-of-Network
<b>Physician Services</b> 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 copay per visit	\$500 deductible No more than \$1,500 per family each year  20% coinsurance 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	
<b>Medical Services</b> Medical exam, injections (including allergy injections) Lab, X-ray and ultrasound	\$15 per visit	
	Covered in full	
<b>Outpatient Services</b> Physician and professional services, surgery, anesthesia, delivery of baby  <b>Inpatient Hospital Services</b> 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	
<b>Skilled Nursing Facility and Physical Rehabilitation Facility</b> (100 days per member per calendar year for each**)	You pay \$0	
<b>Hospice Services</b>	You pay \$0	
<b>Home Health Services</b> Subject to medical necessity	You pay \$50	
<b>Physical, Occupational and Speech Therapy</b> (Combined \$5,000 per member per calendar year**)	\$15 copay per visit	
<b>Emergency Room</b>	You pay \$75 (You pay \$0 if admitted)	
<b>Ambulance</b> (subject to medical necessity)	Deductible/Coinsurance	Same as network
<b>Chiropractic Services</b> (Maximum of 20 visits per year**)	You pay \$15	Subject to deductible and coinsurance
<b>Inpatient Mental Health &amp; Substance Abuse Services*</b>	Subject to deductible and coinsurance	Subject to deductible and coinsurance
<b>Outpatient Mental Health &amp; Substance Abuse Services*</b>	You pay \$15 when arranged through ABH	Subject to deductible and coinsurance
<b>Prescription Drug</b>	<b>Mail order benefits available for 90 day supply at co-payment listed below</b>	
	30 Day Supply Co-payment \$5 Generic \$15 Formulary Brand \$30 Non-Formulary Brand	
<b>Vision Care</b>	\$15 copay	\$15 copay
<b>Maximum Lifetime Benefit</b>	unlimited	
<b>Fitness Reimbursement</b>	up to \$200 per family per year	

\* Care is arranged through Anthem Behavioral Health (ABH) by calling 1-800-228-5975

\*\* PPO Only

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

## 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 services available to you in this plan. The network for Blue Choice is comprised of NH and VT based providers.

### Important Features

**Primary Care Physician (PCP)** – If you elect Blue Choice you must call Anthem Blue Cross and Blue Shield within thirty (30) days of enrollment to choose a Primary Care Physician (PCP) for you and any family members under the plan. To choose your PCP or to find out about In-Network physicians, call 1-800-437-9282 or visit [www.anthem.com](http://www.anthem.com).

**Mental Health and Substance Abuse Services** – To receive mental health and substance abuse services, you must call Anthem Behavioral Health at 1-800-228-5975. Anthem Behavioral Health will refer you to a network provider. If you choose to receive mental health services or substance abuse treatment from a non-participating Anthem Behavioral Health provider, these services will be covered Out-of-Network. You are still required to call Anthem Behavioral Health for pre-certification of services. Providers outside the network are subject to Maximum Allowable Benefit (MAB).

**Prescription Drugs** – The cost of prescription drugs is \$5 for generic, \$15 for formulary brand, or \$30 for non-formulary brand. You may also obtain a 90-day supply by placing a mail order with WellPoint NetRx. Call 1-800-962-8192 or visit [www.anthemprescription.com](http://www.anthemprescription.com).

**Annual Eye Exam** – Blue Choice provides for one annual eye exam from a network provider, subject to the \$10 office visit co-payment, and \$40 reimbursement toward the cost of frames, lenses, and contacts prescribed in conjunction with the exam.

**Fitness Incentive** – All members of Dartmouth College health plan may 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.

Covered Services	BlueChoice <sup>®</sup> † (POS)			
	In-Network		Out-of Network	
	What you pay when your PCP provides/arranges your care	What you pay when you receive care from a BlueChoice Specialist without a referral from your PCP		
<b>Physician Services</b> Office visit, specialist visit, physical exam, well child office visit (2 years and older) Well baby office visit (under 2 years old)	\$10 copay per visit	\$25 copay per visit	\$300 deductible No more than \$900 per family each year  20% coinsurance No more than \$1,200 per member each year  Some self referred benefits are subject to precertification requirements. Refer to your Subscriber Certificate for details. Individual out-of-pocket \$1,500 Family out-of-pocket, per year \$4,500	
Routine Gyn Visit**	You pay \$0	You pay \$10		
Childhood immunizations	You pay \$0			
Other physician services, surgical services, inpatient medical care, diagnostic testing, lab, x-ray, maternity care	You pay \$0			
<b>Outpatient Services</b>	You pay \$0			
<b>Inpatient Hospital Services</b>	You pay \$0	\$150 deductible No more than \$450 per family each year		
<b>Skilled Nursing Facility and Rehabilitation</b> (100 days per member per calendar year)	You pay \$0	20% coinsurance No more than \$900 per member each year		
<b>Hospice Services</b>	You pay \$0	Individual out-of-pocket \$1,050 Family out-of-pocket, per year \$3,150		
<b>Home Health Services</b> Subject to medical necessity	You pay \$0			
<b>Physical and Occupational Therapy</b> (Combined \$5,000 per member per calendar year)	You pay \$0			
<b>Speech Therapy</b> (\$5,000 per member per calendar year)	You pay \$0			
<b>Emergency Room</b>	You pay \$50 (\$0 if admitted)	\$50 copay — (\$0 if admitted)		\$75 copay — (\$0 if admitted) \$50 copay — life threatening illness/injury
<b>Ambulance</b> (subject to medical necessity)	You pay \$0	You pay \$0		You pay \$0
<b>Chiropractic Services**</b> (Maximum of 20 visits per year)	N/A	You pay \$10		Subject to deductible and coinsurance
<b>Inpatient Mental Health &amp; Substance Abuse Services*</b>	You pay \$0 when arranged through ABH	N/A	Subject to deductible and coinsurance	
<b>Outpatient Mental Health &amp; Substance Abuse Services*</b>	You pay \$10 when arranged through ABH		Subject to deductible and coinsurance	
<b>Prescription Drug</b>	<b>Mail order benefits available for 90 day supply at co-payment listed below</b>			
	30 Day Supply Co-Payment \$5 Generic \$15 Formulary Brand \$30 Non-Formulary Brand			
<b>Vision Care**</b>	Annual exam for adults and children. \$40 reimbursement toward eyewear.			
<b>Maximum Lifetime Benefit</b>	Unlimited			
<b>Fitness Reimbursement</b>	Up to \$200 per family, per year			

\* Care is arranged through Anthem Behavioral Health (ABH) by calling 1-800-228-5975

\*\* No Primary Care Physician referral needed.

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

## Questions and Answers

### How do I apply for Medicare?

You may qualify for Medicare at age 65. Or you may qualify on a spouse's record if you have been receiving Social Security disability benefits. Medicare enrollment period rules are very strict. Therefore, three months prior to turning 65 you should call or visit a Social Security office for help determining whether you should sign up for Medicare. You can also apply for Medicare and other Social Security benefits online at <http://www.socialsecurity.gov/applyforbenefits/>.

### What is the difference between Medicare Part A and Medicare Part B?

There are two parts to Medicare: Part A (Hospital Coverage) and Part B (Physician Coverage).

Part A is paid for by a portion of the Social Security tax of people still working. It helps pay for inpatient hospital care, skilled nursing care, and other hospital services. Part B is paid for by monthly premiums of those who are enrolled and by transfers from the general fund of the U.S. Treasury. Part B pays for doctor's fees, outpatient hospital visits, and other medical services and supplies.

### What is Medicare Part D?

In addition, Medicare Part D is a cost-share drug benefit designed to help seniors pay for prescription medications. The program is part of the Medicare Prescription Drug Improvement and Modernization Act of 2003. On Jan. 1, 2006, Medicare Part D replaced the Medicare-approved drug discount card program.

If you qualify, you may enroll in a Medicare prescription drug plan during your initial Medicare enrollment period or between Nov. 15 and Dec. 31 each year. If you or your Medicare eligible spouse decide to enroll in a Medicare Prescription Drug plan, you will not be eligible to participate in any of the Dartmouth medical plans.

# How to Enroll

## Enrollment

1. Review this booklet for important plan information.
2. For members under age 65, review and complete your benefits worksheet and return it in the enclosed mailing envelope.
3. Go to the Benefits home page at <http://www.dartmouth.edu/~hrs/benefits>, then link to the FlexOnline page at <http://benefits.dartmouth.edu> or <https://secure10.aliquantsservice.net/dart/>.
4. Enter the User ID (located on your worksheet) and PIN (the last four numbers of your Social Security number if you are a new user).
5. Enter and confirm your elections.

## Important Notes:

1. **If you will turn 65 during 2008**, enroll as usual and your medical insurance will change automatically when you become Medicare eligible.
2. **Change of Address or Other Information.** You must notify the Benefits Office if you change your address or if any of the information about your spouse, domestic partner, or other eligible dependents changes.
3. **Premium Payments.** You must pay the premium for any plan coverage in effect. Dartmouth may change the premium charged for any coverage(s) under the plan. This includes Dartmouth's ability to require a premium for individual coverage even though there was no premium for individual coverage at the time you retired. If you fail to pay any premium when due, you (and any eligible dependents) will lose coverage and become ineligible to participate in this plan.

4. **Spouse, Domestic Partner, Dependent(s).** Coverage under this Plan is available only for a person who is your spouse, domestic partner or legal dependent at the time of your retirement. If you die after retirement, such spouse or domestic partner (if he or she survives you) may make coverage elections, but only during the periods specified in Item 5 below.

## 5. Changing Coverage.

(a) **Dropping or Reducing Coverage.** If you have coverage under this Plan, you may at anytime (i) drop coverage, (ii) change family coverage to two-person or single coverage, or (iii) change two-person coverage to single coverage.

(b) **Adding or Increasing Coverage.** You may (i) add coverage, (ii) change single coverage to two-person or family coverage, or (iii) change two-person coverage to family coverage. Such a change may be made only (i) during the normal annual Open Enrollment period, or (ii) within 30 days of the date the person you want to cover (either yourself or an eligible dependent) lost other coverage. Dartmouth may require evidence of the loss of other coverage.

(c) **Procedures.** Any coverage change is made by filing the appropriate form with the Benefits Office. Changes made during a normal Open Enrollment period will be effective on the first day of the next plan year. When adding or increasing coverage outside of a normal Open Enrollment period, the new coverage will be retroactive to the date of loss of other coverage (and you will be required to pay any applicable retroactive premiums). When dropping or reducing coverage outside a normal Open Enrollment period, the change will be effective on the first day of the month following the month in which the Benefits Office received the form.

## For More Information

### **Anthem Blue Cross and Blue Shield of NH**

1-800-437-9282  
website: [www.anthem.com](http://www.anthem.com)

### **Anthem Behavioral Health**

1-800-228-5975

### **Social Security Administration**

177 Main Street  
Littleton, NH 03561  
1-800-772-1213  
1-603-444-2945

330 ASA Bloomer Bldg.  
88 Merchants Row  
Rutland, VT 05701  
1-800-772-1213  
1-802-775-0893

Suite 100  
70 Commercial Street  
Concord, NH 03301  
1-800-772-1213  
1-603-224-1939

### **Benefits Office**

Phone Number:  
1-603-646-3588  
Email:  
[Human.Resources.Benefits@Dartmouth.EDU](mailto:Human.Resources.Benefits@Dartmouth.EDU)  
website: [www.dartmouth.edu/~hrs](http://www.dartmouth.edu/~hrs)

Or to find the nearest office,  
visit the Office Locator at  
[www.ssa.gov/locator/](http://www.ssa.gov/locator/)  
or call 1-800-772-1213

### **Note:**

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

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

The College has a right to change these benefits at its discretion. Changes can affect both new retirees and eligible retirees who retired before adoption of the change. Changes may be approved by the Board of Trustees (or its Executive Committee), the President of the College, the Executive Vice President of the College, or by another official to whom one of these has delegated the amendment power.



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