

DARTMOUTH COLLEGE

Retiree Benefits 2011

Enrollment Information Booklet

For
Retirees and
Eligible Dependents

Table of Contents

	Page
YOUR BENEFIT OPTIONS	2
MEDICAL PLAN SUMMARY (OVER AGE 65)	3
MEDICAL PLANS (UNDER AGE 65)	5
INDEMNITY PLAN	5
• PLAN FEATURES	
• TABLE	
PREFERRED BLUE PLAN (PPO)	6-7
• PLAN FEATURES	
• TABLE	
BLUE CHOICE PLAN (POS)	8-9
• PLAN FEATURES	
• TABLE	
INFORMATION ABOUT MEDICARE A, B, D	10
HOW TO ENROLL	11
USING A FORM OR FLEXONLINE	
FOR MORE INFORMATION	12

Election Options for 2011

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 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 dependent children through age 25. 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.

Medical (over age 65)

When you or your spouse or same-sex domestic partner become Medicare eligible, Dartmouth offers Medicare supplemental coverage called The Dartmouth College Medicare Supplemental Plan. More details on page 3.

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 per family. 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

Retirees of Dartmouth College who retire on or prior to December 31, 2010 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, which can be found at www.dartmouth.edu/~hrs/forms/. Mail the update to: Office of Human Resources, 7 Lebanon St. Suite 203, Hanover, NH 03755.

Medical Plan (over age 65)

You (or your spouse or same sex 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 Dartmouth College Medicare Supplemental Plan, a Medicare supplement. You must contact Social Security to enroll in Medicare A and B. Medicare A and B become your primary insurance and the Dartmouth College Medicare Supplemental Plan is secondary. **You must have both Medicare A and B in order for the Dartmouth College Medicare Supplemental Plan to pay claims.**

If you have family members on your plan they will remain on your current medical plan. You and your family 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 high deductible health 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). The \$2,500 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.

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

Fitness Incentive – All members of the Dartmouth College health plan may receive up to \$200 reimbursement per family for the cost of joining a participating health club. Proof of exercise is required. For details call 1-800-437-9282.

Hearing Aid Coverage – Hearing aids will be covered based on medical necessity. The coverage will be one hearing aid per ear each time a prescription changes or for a hearing aid which is no longer functional.

INDEMNITY MEDICAL PLAN

Medical Plan	Amount of Deductible	Co-insurance (% paid by subscriber)	Annual Out-of-Pocket Maximum	Prescription Drug
Indemnity	\$2,500 individual \$5,000 two-person or family	N/A	\$2,500 individual \$5,000 two-person or family	Must pay up front for prescription drugs at pharmacy and request reimbursement from Anthem
Preventive Care Services are covered in full when provided by a Anthem BCBS contracted provider.				

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.

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. You will be required to call Anthem Behavioral Health for precertification of services after 12 visits. If you choose to receive mental health or substance abuse treatment services from a non-participating Anthem Behavioral Health network provider, those services will be Out-of-Network.

Prescription Drugs – The cost of prescription drugs is \$5 for tier 1, \$25 for tier 2, or \$40 for tier 3. You may also obtain a 90-day supply by placing a mail order with Express Scripts. Call 1-866-679-0926 or visit www.express-scripts.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 per family for the cost of joining a participating health club. Proof of exercise is required. For details call 1-800-437-9282.

Hearing Aid Coverage – Hearing aids will be covered based on medical necessity. The coverage will be one hearing aid per ear each time a prescription changes or for a hearing aid which is no longer functional.

Covered Services	Preferred Blue® (PPO)	
	Network	Out-of-Network
Preventive Care*	You pay \$0 per visit	
Physician Services PCP and specialist visits for non-preventive care	\$20 copay per PCP type visit \$30 copay per Specialist visit	\$1,000 deductible No more than \$3,000 per family each year and 30% coinsurance No more than \$4,000 per member each year, no more than \$12,000 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 \$5,000 per individual \$15,000 per family
Lab, X-ray and ultrasound	Covered in full	
Outpatient Services Physician and professional services, surgery, anesthesia, maternity care	Subject to: \$500 deductible per member, no more than \$1,500 per family per calendar year and 10% coinsurance No more than \$1,500 per member each year, no more than \$4,500 per family per calendar year	
Inpatient Hospital Services		
Skilled Nursing Facility and Physical Rehabilitation Facility (100 days per member per calendar year for each**)		
Hospice Services Subject to medical necessity		
Home Health Services Subject to medical necessity	Annual out-of-pocket maximum \$2,000 per individual \$6,000 per family	
Physical, Occupational and Speech Therapy (Combined 80 visits per member per calendar year**)	\$30 copay per visit	
Emergency Room	You pay \$100 for facility charges (waived if admitted) You pay deductible and coinsurance for professional services	Same as network
Ambulance (subject to medical necessity)	Subject to deductible and coinsurance	Same as network
Chiropractic Services (Maximum of 20 visits per year**)	You pay \$30 copay per visit	Subject to deductible and coinsurance
Inpatient Mental Health & Substance Abuse Services***	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Outpatient Mental Health & Substance Abuse Services***	You pay \$20 copay per visit	Subject to deductible and coinsurance
Prescription Drug	<u>30 Day Retail Supply Co-payment</u> \$5 Tier 1 \$25 Tier 2 \$40 Tier 3 <u>90 Day Mail Order Supply Co-payment</u> \$10 Tier 1 \$50 Tier 2 \$80 Tier 3	
Vision Care	You pay \$0 per visit for an annual exam for children / biennial exam for adults	Subject to deductible and coinsurance
Hearing Aid Coverage	Subject to deductible and coinsurance	Subject to deductible and coinsurance
Maximum Lifetime Benefit	Unlimited	
Fitness Reimbursement	up to \$200 per family per year	

* For more information on preventive care services please visit: <http://www.healthcare.gov/law/about/provisions/services/lists.html>

** Does not apply to Indemnity

*** Care is arranged through Anthem Behavioral Health Network by calling 1-800-228-5975. In network services require a treatment plan after 12 outpatient visits.

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 select a Primary Care Physician for you and your dependent(s). The Blue Choice chart outlines the services available to you in this plan. The network for Blue Choice is comprised of New England-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.

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. You will be required to call Anthem Behavioral Health for precertification of services after 12 visits. If you choose to receive mental health or substance abuse treatment services from a non-participating Anthem Behavioral Health network provider, those services will be Out-of-Network.

Prescription Drugs – The cost of prescription drugs is \$5 for tier 1, \$25 for tier 2, or \$40 for tier 3. You may also obtain a 90-day supply by placing a mail order with Express Scripts. Call 1-866-679-0926 or visit www.express-scripts.com.

Annual Eye Exam – Blue Choice provides for one annual eye exam from a network provider, subject to the specialist 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 a Dartmouth College health plan may receive up to \$200 reimbursement per family for the cost of joining a participating health club. Proof of exercise is required. For details call 1-800-437-9282.

Hearing Aid Coverage – Hearing aids will be covered based on medical necessity. The coverage will be one hearing aid per ear each time a prescription changes or for a hearing aid which is no longer functional.

Covered Services	BlueChoice® New England (POS)	
	In Network	Out-of-Network
	No referral is required when you receive care from a participating Anthem BCBS Specialist within New England (NH, VT, MA, ME, CT, RI)	
Preventive Care*	You Pay \$0 per visit	\$500 deductible No more than \$1,500 per family each year then 30% coinsurance to no more than \$4,000 per member and no more than \$12,000 per family each year Some self referred benefits are subject to precertification requirements. Refer to your Subscriber Certificate for details. Total Individual out-of-pocket \$4,500 Family out-of-pocket \$13,500
Physician Services PCP and specialist visits for non-preventive care	\$20 copay per visit to your PCP \$30 copay per Specialist visit	
Outpatient Services Including physician services rendered outside of the office visit setting, surgical services, diagnostic testing, lab, x-ray, maternity care	\$250 deductible No more than \$750 per family each year then 10% coinsurance to no more than \$1,000 per member each year	
Inpatient Hospital Services	Total Individual out-of-pocket \$1,250 Total Family out-of-pocket \$3,750	
Skilled Nursing Facility and Rehabilitation (100 days per member per calendar year)		
Hospice Services		
Home Health Services		
Physical / Occupational Therapy (Combined 80 visits per member per calendar year)	You pay \$30 copay per visit	
Speech Therapy (80 visits per member per calendar year)	You pay \$30 copay per visit	
Emergency Room	You pay \$100 for facility charges (waived if admitted) You pay deductible and coinsurance for professional services	
Ambulance (subject to medical necessity)	Subject to deductible and coinsurance	
Chiropractic Services (Maximum of 20 visits per year)	You pay \$30 copay per visit	
Inpatient Mental Health & Substance Abuse Services**	Subject to deductible and coinsurance	
Outpatient Mental Health & Substance Abuse Services**	You pay \$20 copay per visit	
Prescription Drug	<u>30 Day Retail Supply Co-payment</u> \$5 Tier 1 \$25 Tier 2 \$40 Tier 3 <u>90 Day Mail Order Supply Co-payment</u> \$10 Tier 1 \$50 Tier 2 \$80 Tier 3	Not Covered
Vision Care	You pay \$0 per visit for an annual exam for adults and children. \$40 reimbursement toward eyewear	Subject to deductible and coinsurance
Hearing Aid Coverage	You pay \$0	Subject to deductible and coinsurance
Maximum Lifetime Benefit	Unlimited	
Fitness Reimbursement	Up to \$200 per family, per year	

* For more information on preventive care services please visit: <http://www.healthcare.gov/law/about/provisions/services/lists.html>

** Care is arranged through Anthem Behavioral Health Network by calling 1-800-228-5975. In network services require a treatment plan after 12 outpatient visits.

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

In New Hampshire, Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of New Hampshire, Inc., an independent licensee of the Blue Cross and Blue Shield Association.
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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/applyonline/>.

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. (a) Go to the Benefits home page at <http://www.dartmouth.edu/~hrs/benefits> then link to the FlexOnline page at <http://benefits.dartmouth.edu>

(b) Enter the User ID and PIN (the last four numbers of your Social Security number).

(c) Enter and confirm your elections.

Important Notes:

1. **If you will turn 65 during 2011**, enroll as usual and your medical insurance will change automatically when you become Medicare eligible. You must contact Social Security to enroll in Medicare Parts A and B.
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, same sex 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, Same Sex Domestic Partner, Dependent(s).** Coverage under this Plan is available only for a person who is your spouse, same sex domestic partner or legal dependent at the time of your retirement. If you die after retirement, such spouse or same sex 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

Anthem Behavioral Health

1-800-228-5975

Express Scripts

1-866-679-0926
website: www.express-scripts.com

Benefits Office

Phone Number:
1-603-646-3588
Email:
Human.Resources.Benefits@Dartmouth.EDU
website: www.dartmouth.edu/~hrs/benefits

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

Or to find the nearest office,
visit the Office Locator at
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.



HR The Office of Human Resources
at Dartmouth College
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