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Election Options for 2013

This booklet provides an overview of the Standard and retirement benefit program offered to Research Fellows and Research Associate B employees. It contains a summary of your benefit choices and includes important reminders, changes for 2013, and information about how to enroll online.

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

- Medical Insurance / Pharmacy coverage
- Dental Insurance
- Life Insurance
- Health Savings Account (HSA)
- These benefits are available for Research Associate B employees only:
  - Long-Term Care Insurance (LTC)
  - Defined Contribution Retirement Plan
  - Supplemental Retirement Accounts (SRA)

For More Information
The benefits you elect will remain in effect for the entire calendar year of 2013 unless you have a qualified change (see glossary) in family or employment status. You can find more information about Dartmouth’s benefits at http://www.dartmouth.edu/~hrs/benefits/, or in the summary plan description, or in your Union contract.
How to Enroll

**Enrollment in five easy steps:**

1.) Review this booklet for important plan information.

2.) Go to FlexOnline - Access your benefits page at http://www.dartmouth.edu/~hrs/benefits/access/ and choose the link for Employees.

3.) You will then be prompted to enter your NetID and Password. (HINT: this is the same NetID and password as your email.) Follow the instructions on the Web Authentication Page if you don’t remember your NetID or password.

4.) Enter and confirm your elections.

5.) Once you have completed your benefit elections be sure to click “Finish” to save your elections. For a paper record of your elections, click “I want a confirmation statement and then click “OK”.

**Reminder:** Please disable your pop-up blocker in order for the printable confirmation statement to appear.

**Other important points**

**New Hire:** If you are a new hire, you must elect benefits within thirty (30) days from your date of hire, date of notification, or attendance at New Hire Orientation (whichever is later) or you will be enrolled in default coverage. Default coverage: Open Access Plan 1, 50% coverage for long-term disability, and the Fidelity Freedom Fund for your Defined Contribution Retirement Plan monies. If you have medical coverage elsewhere, you should elect “no coverage” or you will be defaulted into Dartmouth’s medical plan effective your date of hire.

**Address Changes:** Cigna, Northeast Delta Dental, and CVS Caremark receive your address electronically from Dartmouth College. If your address changes, please notify the Dartmouth Payroll Office by calling 603-646-2697 or by email at Dartmouth.payroll@dartmouth.edu.

To change your address with the Investment Companies (Fidelity, TIAA-CREF and/or Calvert), contact each directly at their toll-free numbers. Contact information can be found on page 25 of this booklet.
Your Benefit Options

Levels of Coverage
You may choose individual, two-person, or family coverage for medical and/or dental. Two-person or family coverage includes your spouse/civil union partner, same-sex domestic partner, and dependent children through age 25. Please refer to the Summary Plan Description for further details regarding eligible dependents and the tax implications of domestic partner coverage.

Medical
Dartmouth offers three different health plan choices. Please see page 6, 8 & 10 for health plan summary charts or www.dartmouth.edu/~hrs/docs/cigna_comparison_chart2013.pdf. All plans are administered by Cigna. The customer service line for Cigna is 1-800-244-6224 or you may visit their website at www.cigna.com.

Three Medical Plans
Open Access High Deductible Plan
Open Access Plan 1
Open Access Plan 2

Dental
Northeast Delta Dental offers preventive coverage at 100%, restorative at 80%, and prosthetics at 50%. The maximum annual coverage is $2,000 for each member. The plan does not provide coverage for orthodontia. For a list of providers, visit the Delta website at www.nedelta.com, or contact customer service at 1-800-832-5700.

Life Insurance
You have options of up to 2.5 times your annual salary, not to exceed $1,000,000 of coverage. The College also provides Accidental Death and Dismemberment coverage equal to your life insurance coverage up to $250,000. The first time you elect life insurance at Dartmouth College, you are not required to provide information about your health for any amount of coverage up to 2.5 times pay, unless 2.5 times your salary is $500,000 or greater. If 2.5 times your salary is greater than $500,000, you must complete a Statement of Health and mail it directly to MetLife Insurance Company. The coverage change will become effective when the Benefits Office receives an approval notice from MetLife. The rate for life insurance is a flat group rate of .115 per thousand per month.

Health Savings Account (HSA)
A Health Savings Account, or HSA, is a custodial account established to receive tax-favored contributions on behalf of eligible active employees enrolled only in a qualified high deductible health plan (Open Access High Deductible Plan).

Amounts are contributed to an HSA on a pre-tax basis; earnings on those contributions accumulate tax-free and distributions are not subject to tax if they are used to pay for eligible medical expenses for employees and their dependents. Contributions made in one year do not have to be used to pay expenses in that year and may be carried over to pay eligible medical expenses at any time in the future.

To be eligible to contribute to the HSA, you:
• Must be enrolled in a high-deductible health plan (Open Access High Deductible Health Plan);
• May not be covered by a health plan that is not a High Deductible Health Plan;
• May not be enrolled in benefits under Medicare;
• May not be claimed as a dependent on another person’s tax return; and
• Must not be enrolled in a Medical care Flexible Spending Account (FSA).
The annual HSA contribution limit is the statutory maximum contribution. For calendar year 2013, the maximum contribution for an eligible employee with individual coverage is $3,250, and the maximum contribution for two-person or family coverage is $6,450. Individuals age 55 and older can also make an additional “catch-up” contribution of $1,000.

Employees enrolled in an HSA may only be reimbursed for out-of-pocket health expenses up to the current balance in their account and will need to wait until deposits into the account create a sufficient balance to be fully reimbursed.

If an employee enrolls in the HSA and had a Medical Care FSA in the previous calendar year, they will not be able to begin their HSA contributions until April 1. Also, they will only be able to contribute 9/12ths of the maximum annual limit.

It is also important to keep receipts because the IRS may ask you to substantiate the eligibility of expenses. For those not interested in using the debit card option, you may still request direct reimbursement with Fidelity Investments using the paper form.

**Long-Term Care**
Dartmouth College offers access to a Long-Term Care coverage through CNA Insurance Company. This coverage is available at group rates and is paid for through post-tax payroll deductions. If you are interested in learning more about the plan or wish to apply, please contact CNA at 1-800-528-4582 for an information packet. New hires can enroll without a Medical History Statement within 90 days of hire or notification of eligibility. You may also enroll your spouse/civil union partner, same sex domestic partner, parents, parents-in-law, grandparents, and grandparents-in-law with the required Medical History Statement. This is a portable plan.
Prescription Drugs – You will find additional information about prescription drugs on page 15. Call CVS Caremark toll free at 1-855-465-0032 or visit their website at www.caremark.com/dartmouth.

Vision Benefit - You pay $0 per visit for annual routine eye exam performed by a contracted provider.

Fitness Incentive – Benefits-eligible employees enrolled in any of the Cigna health insurance programs are now eligible to receive up to a $200 reimbursement for the expense of purchasing a membership. To receive this benefit, you must exercise twice a week in a gym for 10 out of 20 weeks. Additionally, you must complete a Fitness Reimbursement Program Log Card and Fitness Reimbursement Form.

Hearing Aid Coverage – Hearing aids will be covered based on medical necessity. Members age 18 or older are eligible for $3000 every three years and members under the age of 18 are eligible for $6000 every three years. Subject to deductible.

Medical Plans

The Open Access High Deductible Plan is one in which subscribers are responsible for paying a deductible for medical and pharmacy 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) – 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 – Those providers who participate in the health benefit plan’s provider network.

Out-of-Network – Refers to providers who do not participate with the health benefit plan.

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 Cigna at 1-888-244-6224 or visit their website at: www.Cigna.com.

Covered Services

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Open Access High Deductible Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care*</td>
<td>Preventive Care Services are covered in full when provided by a Cigna contracted provider</td>
</tr>
<tr>
<td>Physician Services</td>
<td>PCP and specialist visits for non-preventive care</td>
</tr>
<tr>
<td>Laboratory, X-ray and ultrasound</td>
<td></td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>Physician and professional services, surgery, anesthesia, modernity care</td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td></td>
</tr>
<tr>
<td>Skilled Nursing Facility and Physical Rehabilitation Facility</td>
<td>(100 days per member per calendar year for each)</td>
</tr>
<tr>
<td>Hospice Services</td>
<td>Subject to medical necessity***</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>Subject to medical necessity***</td>
</tr>
<tr>
<td>Physical, Occupational and Speech Therapy</td>
<td>(Combined 80 days per member per calendar year)</td>
</tr>
<tr>
<td>Emergency Room</td>
<td></td>
</tr>
<tr>
<td>Ambulance</td>
<td>Subject to medical necessity***</td>
</tr>
<tr>
<td>Chiropractic Services</td>
<td>(Maximum of 20 days per year)</td>
</tr>
<tr>
<td>Inpatient Mental Health &amp; Substance Abuse Services**</td>
<td>Subject to deductible</td>
</tr>
<tr>
<td>Outpatient Mental Health &amp; Substance Abuse Services**</td>
<td>Coverage provided by CVS Caremark 1-855-465-0032 or <a href="http://www.caremark.com">www.caremark.com</a></td>
</tr>
<tr>
<td>Prescription Drug</td>
<td></td>
</tr>
<tr>
<td>Vision Care</td>
<td>You pay $0 per visit for an annual routine eye exam performed by a contracted provider</td>
</tr>
<tr>
<td>Hearing Aid Coverage</td>
<td>$6,000 every 3 calendar years for children up to age 18 $3,000 every 3 calendar years for adults age 18 and older</td>
</tr>
<tr>
<td>Maximum Lifetime Benefit</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Fitness Reimbursement</td>
<td>Up to $200 per family per year</td>
</tr>
</tbody>
</table>

* For more information on preventive care services please visit: http://www.dartmouth.edu/~hrs/docs/master_prevent_guide2013.pdf
** Care is arranged through Cigna Behavioral Health (CBH) as needed on an individual basis.
*** Medically Necessity: Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standard of medicine.

This chart is intended for summary purposes only. Please refer to your Subscriber Certificate for details.
Open Access Plan 1 provides access to a national network of doctors, hospitals, and other care providers. Participants are not required to get a referral from a primary care physician (PCP) to see a specialist.

**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** – Those providers who participate in the health benefit plan’s provider network.

**Out-of-Network** – Refers to providers who do not participate with the health benefit plan.

**Prescription Drugs** – You will find additional information about prescription drugs on page 13. Call CVS Caremark toll free at 1-855-465-0032 or visit their web site at www.caremark.com/dartmouth.

**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 Cigna at 1-800-244-6224 or visit their website at: www.Cigna.com.

**Vision Benefit** – You pay $0 per visit for annual routine eye exam performed by a contracted provider. Annual hardware (frames, lenses, contacts) reimbursement up to $50.

**Fitness Incentive** – Benefits-eligible employees enrolled in any of the Cigna health insurance programs are now eligible to receive up to a $200 reimbursement for the expense of purchasing a membership. To receive this benefit, you must exercise twice a week in a gym for 10 out of 20 weeks. Additionally, you must complete a Fitness Reimbursement Program Log Card and Fitness Reimbursement Form.

**Hearing Aid Coverage** – Hearing aids will be covered based on medical necessity. Members age 18 or older are eligible for $3000 every three years and members under the age of 18 are eligible for $6000 every three years.
<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Open Access Plan 1</th>
<th>In Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preventive Care</strong></td>
<td>You Pay $0 per visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physician Services</strong></td>
<td>$20 copay per visit to your PCP</td>
<td>$30 copay per Specialist visit</td>
<td></td>
</tr>
<tr>
<td>PCP and specialist visits for non-preventive care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Services</strong></td>
<td>$250 deductible</td>
<td>$500 deductible</td>
<td></td>
</tr>
<tr>
<td>Including physician services rendered outside of the office visit setting, surgical services, diagnostic testing, laboratory, x-ray, maternity care</td>
<td>No more than $750 per family each year then 10% coinsurance to no more than $1,000 per member each year, and no more than $3,000 per family per calendar year.</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Hospital Services</strong></td>
<td>Total Individual out-of-pocket $1,250</td>
<td></td>
<td>Total Family out-of-pocket $3,750</td>
</tr>
<tr>
<td><strong>Skilled Nursing Facility and Rehabilitation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(100 days per member per calendar year)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hospice Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subject to medical necessity***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Home Health Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subject to medical necessity***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physical / Occupational / Speech Therapy</strong></td>
<td>You pay $20 copay per visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Combined 80 days per member per calendar year)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cardiac Therapy</strong></td>
<td>You pay $20 copay per visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(36 days per member per calendar year)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Room</strong></td>
<td>You pay $100 for facility charges (waived if admitted)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td>Subject to deductible and coinsurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Subject to medical necessity***</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Chiropractic Services</strong></td>
<td>You pay $20 copay per visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Maximum of 20 days per year)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Mental Health &amp; Substance Abuse Services</strong></td>
<td>Subject to deductible and coinsurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Mental Health &amp; Substance Abuse Services</strong></td>
<td>You pay $20 copay per visit</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Drug</strong></td>
<td>Coverage provided by CVS Caremark 1-855-465-0032 or <a href="http://www.caremark.com">www.caremark.com</a></td>
<td>Coverage provided by CVS Caremark 1-855-465-0032 or <a href="http://www.caremak.com">www.caremak.com</a></td>
<td></td>
</tr>
<tr>
<td><strong>Vision Care</strong></td>
<td>You pay $0 per visit for an annual exam. $50 reimbursement toward eyewear</td>
<td>$45 reimbursement toward exam $50 reimbursement toward eyewear</td>
<td></td>
</tr>
<tr>
<td><strong>Hearing Aid Coverage</strong></td>
<td>You pay $0</td>
<td></td>
<td>Subject to deductible and coinsurance</td>
</tr>
<tr>
<td>$6,000 every 3 calendar years for children to age 18 $3,000 every 3 calendar years for adults age 18 and older</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Maximum Lifetime Benefit</strong></td>
<td>Unlimited</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fitness Reimbursement</strong></td>
<td>Up to $200 per family, per year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* For more information on preventive care services please visit: [http://www.dartmouth.edu/~hrs/docs/master_prevent_guide2013.pdf](http://www.dartmouth.edu/~hrs/docs/master_prevent_guide2013.pdf)

** Care is arranged through Cigna Behavioral Health (CBH) as needed on an individual basis.

*** Medically Necessary: Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standard of medicine.

This chart is intended for summary purposes only. Please refer to your Subscriber Certificate for details.
OPEN ACCESS PLAN 2

Open Access Plan 2 provides access to a national network of doctors, hospitals, and other care providers. Participants are not required to get a referral from a primary care physician (PCP) to see a specialist.

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 – Those providers who participate in the health benefit plan’s provider network.

Out-of-Network – Refers to providers who do not participate with the health benefit plan.

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 Cigna at 1-800-244-6224 or visit their website at: www.Cigna.com.

Prescription Drugs – You will find additional information about prescription drugs on page 13. Call CVS Caremark toll free at 1-855-465-0032 or visit their web site at www.caremark.com/dartmouth.

Vision Benefit - You pay $0 per visit for annual routine eye exam performed by a contracted provider.

Fitness Incentive – Benefits-eligible employees enrolled in any of the Cigna health insurance programs are now eligible to receive up to a $200 reimbursement for the expense of purchasing a membership. To receive this benefit, you must exercise twice a week in a gym for 10 out of 20 weeks. Additionally, you must complete a Fitness Reimbursement Program Log Card and Fitness Reimbursement Form.

Hearing Aid Coverage – Hearing aids will be covered based on medical necessity. Members age 18 or older are eligible for $3000 every three years and members under the age of 18 are eligible for $6000 every three years. Subject to deductible and coinsurance.
## Covered Services

<table>
<thead>
<tr>
<th>In Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>No referral is required when you receive care from a participating Cigna Open Access Plus with Carelink provider. This is a National Network of Providers.</td>
<td></td>
</tr>
</tbody>
</table>

## 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 |
No more than $4,000 per member each year |
No more than $12,000 per family per calendar year |

## Laboratory, 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 |
| Some out-of-network benefits are subject to precertification requirements. Refer to your Subscriber Certificate for details |

## 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*** |
Physical, Occupational and Speech Therapy (Combined 80 days per member per calendar year) |
$20 copay per visit |
| Annual out-of-pocket maximum |
$2,000 per individual |
$6,000 per family |

## Emergency Room |
You pay $100 for facility charges (waived if admitted) |
Same as in network benefits |

## Ambulance |
Subject to deductible and coinsurance |
Same as in network benefits |

## Chiropractic Services (Maximum of 20 days per year) |
You pay $20 copay per visit |
Subject to deductible and coinsurance |

## Inpatient Mental Health & Substance Abuse Services** |
Subject to deductible and coinsurance |

## Outpatient Mental Health & Substance Abuse Services** |
You pay $20 copay per visit |
Subject to deductible and coinsurance |

## Prescription Drug |
Coverage provided by CVS Caremark |
1-855-465-0032 or www.caremark.com |

## Vision Care |
You pay $0 per visit for an annual exam |
$45 reimbursement toward exam |

## Hearing Aid Coverage |
$6,000 every 3 calendar years for children up to age 18 |
$3,000 every 3 calendar years for adults age 18 and older |
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.dartmouth.edu/~hrs/docs/master_prevent_guide2013.pdf](http://www.dartmouth.edu/~hrs/docs/master_prevent_guide2013.pdf) |
** Care is arranged through Cigna Behavioral Health (CBH) as needed on an individual basis |
*** Medically Necessity: Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standard of medicine |

This chart is intended for summary purposes only. Please refer to your Subscriber Certificate for details.
Pharmacy Benefit Manager (PBM)

A Pharmacy Benefit Manager (PBM) is a company that administers the drug benefit program. CVS Caremark is the PBM and is available to you when you enroll in any of the medical plans. The prescription benefit program chart outlines the benefits available to you in this plan.

Important Features

Although the company is CVS Caremark, individuals may still utilize non-CVS retail pharmacies. This means that prescriptions can be filled at one of over 60,000 participating pharmacies nationwide.

A separate CVS Caremark membership card will be issued and will need to be presented when filling a prescription.

Additional information can be found at www.caremark.com/dartmouth.
Your Personal Prescription Benefit Program
For Members in the Open Access Plan 1 or Open Access Plan 2

Welcome to your prescription benefit plan, managed by CVS Caremark. Your plan is designed to bring you quality pharmacy care that can help you save money.

Following is a brief summary of your prescription benefits. On the back side, you will find details about your prescription benefit plan, which offers ways for you to save on your long-term medications. CVS Caremark and Dartmouth College are confident you will find value with your new prescription benefit program.

<table>
<thead>
<tr>
<th>CVS Caremark Retail Pharmacy Network</th>
<th>CVS Caremark Retail-90 Pharmacy</th>
<th>CVS Caremark Mail Service Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>For short-term medications</td>
<td>For short-term and long-term medications</td>
<td>For long-term medications</td>
</tr>
<tr>
<td>(Up to a 30-day supply)</td>
<td></td>
<td>(Up to a 90-day supply)</td>
</tr>
</tbody>
</table>

**Where**

The CVS Caremark Retail Network includes more than 64,000 participating pharmacies nationwide, including independent pharmacies, chain pharmacies, and 7,300 CVS pharmacy locations. To locate a CVS Caremark participating retail network pharmacy in your area, simply click on “Find a Pharmacy” at www.caremark.com or call a Customer Care representative toll-free at 1-855-465-0032.

You can simply mail your original prescription and the mail service order form to CVS Caremark. Your medications will be sent directly to your home, office or a location of your choice. You also have the convenience of getting your long-term medications at one of our more than 51,000 Retail-90 Pharmacy locations. To locate a Retail-90 Pharmacy or to begin mail order service go to www.caremark.com/Dartmouth.

**Generic Medications**

(Tier 1)

Ask your doctor or other prescriber if there is a generic available, as these generally cost less.

- **$5** for a generic prescription
- **$10** for a generic prescription 31-60 day supply
- **$15** for a generic prescription 61-90 day supply
- **$10** for a generic prescription

**Preferred Brand-Name Medications**

(Tier 2)

If a generic is not available or appropriate, ask your doctor or healthcare provider to prescribe from your plan’s preferred drug list.

- **$25** for a preferred brand-name prescription
- **$50** for a preferred brand-name prescription 31-60 day supply
- **$75** for a preferred brand-name prescription 61-90 day supply
- **$50** for a preferred brand-name prescription

**Non-Preferred Brand-Name Medications**

(Tier 3)

You will pay the most for medications not on your plan’s preferred drug list.

- **$40** for a non-preferred brand-name prescription
- **$80** for a non-preferred brand-name prescription 31-60 day supply
- **$120** for a non-preferred brand-name prescription 61-90 day supply
- **$80** for a non-preferred brand-name prescription

**Refill Limit**

None

None

None

**Excluded Medications**

Some medications may be excluded under your new plan. A list of the excluded medications can be found at www.caremark.com

**Preferred Drug List**

You can find a drug list by either visiting www.caremark.com/Dartmouth or by calling Customer Care toll-free at 1-855-465-0032.

**Web Services**

Register at www.caremark.com to access tools that can help you save money and manage your prescription benefit. Have your Prescription Card ready.

**Customer Care**

Visit www.caremark.com or call toll-free at 1-855-465-0032.

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the brand copayment.

Copayment and copay means the amount a plan participant is required to pay for a prescription in accordance with a Plan, which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

NUBAAG
Use This Plan to Fill Your Long-Term Medications

This plan offers you choice and savings when it comes to filling long-term prescriptions.

**CVS Caremark Mail Service Pharmacy:**
- Enjoy convenient home delivery
- Receive your medications in private, tamper-resistant and (when needed) temperature-controlled packaging
- Talk to a pharmacist by phone

**Retail-90 Pharmacy:**
- Pick up your medication at a time that is convenient for you
- Enjoy same-day prescription availability
- Talk with a pharmacist face-to-face

Plus, you can easily order refills and manage your prescriptions anytime at [www.caremark.com](http://www.caremark.com).

**To Get Started**

The following chart provides detailed steps to help you start enjoying all the benefits of your prescription benefit plan.

<table>
<thead>
<tr>
<th>IF YOU WOULD LIKE...</th>
<th>THEN...</th>
</tr>
</thead>
<tbody>
<tr>
<td>To continue with mail service</td>
<td>You don't have to do anything. We'll continue to send your medications to your location of choice.</td>
</tr>
<tr>
<td>To pick up at Retail-90 Pharmacy</td>
<td>Please let us know. You can do so quickly and easily. Choose the option that works best for you: • Visit your local Retail-90 Pharmacy and talk to the pharmacist • Call us toll-free using the number on the back of your Prescription Card, and we'll handle the rest</td>
</tr>
<tr>
<td>To sign up for mail service for the first time</td>
<td>You can do so easily online or by phone. • Register or log into <a href="http://www.caremark.com">www.caremark.com</a>, select “Start a New Prescription,” then click on “FastStart®” • Call FastStart toll-free at 1-800-875-0867. We'll handle the rest</td>
</tr>
<tr>
<td>More information</td>
<td>Use the phone number on the back of your Prescription Card to call us toll-free.</td>
</tr>
</tbody>
</table>
Welcome to your new prescription benefit administered by CVS Caremark. Your prescription benefit is designed to bring you quality pharmacy care that will help you save money.

The information below is a brief summary of your prescription benefits as well as some frequently asked questions about the CVS Caremark prescription benefit program. CVS Caremark and Dartmouth College are confident you will find value with your new prescription benefit program.

Your plan is based on a combined deductible of medical and prescription claims. The deductible is the total "out of pocket" spending required by you before prescription benefits are paid. Your annual deductible is $2,500 for an individual or $5,000 for a family. Until this deductible amount is met, you will pay 100 percent for your prescriptions.

The CVS Caremark Retail Network includes more than 64,000 participating pharmacies nationwide, including independent pharmacies, chain pharmacies, and 7,100 CVS/pharmacy locations. To locate a CVS Caremark participating retail network pharmacy in your area, simply click on “Find a Pharmacy” at www.caremark.com or call a Customer Care representative toll-free at 1-855-465-0032.

Simply mail your original prescription and the mail service order form to CVS Caremark. Your medications will be sent directly to your home, office or a location of your choice.

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the brand copayment.

---

### Table of Prescription Costs

<table>
<thead>
<tr>
<th>Tier</th>
<th>Medications</th>
<th>CVS Caremark Retail Pharmacy Network</th>
<th>CVS Caremark Mail Service Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Generic</td>
<td>$0 for a generic prescription after the annual deductible is met</td>
<td>$0 for a generic prescription after the annual deductible is met</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Preferred Brand-Name</td>
<td>$0 for a preferred brand-name prescription after the annual deductible is met</td>
<td>$0 for a preferred brand-name prescription after the annual deductible is met</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Non-Preferred Brand-Name</td>
<td>$0 for a non-preferred brand-name prescription after the annual deductible is met</td>
<td>$0 for a non-preferred brand-name prescription after the annual deductible is met</td>
</tr>
</tbody>
</table>

### Plan Details

- **Refill Limit**: None
- **Annual Deductible**: $2,500 for an individual/ $5,000 for a family per calendar year
- **Preferred Drug List**: You can find a drug list by either visiting www.caremark.com/Dartmouth or by calling Customer Care toll-free at 1-855-465-0032.
- **Web Services**: Once you receive your Prescription Card in December, register at www.caremark.com to access tools that can help you save money and manage your prescription benefit. Have your Prescription Card ready.
- **Customer Care**: Visit www.caremark.com or call toll-free at 1-855-465-0032.

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the brand copayment.
How The High Deductible Plan Works

The High Deductible Plan includes is designed to help you get more out of your prescription benefit dollars. This plan allows you to meet your deductible by combining medical and pharmacy claims.

What is a deductible?
A deductible is the amount of money you pay “out-of-pocket” during each year before your benefits begin. Example: Using $2,500 as your plan deductible: **As soon as you spend $2,500 on any combination of prescription drugs, doctor visits, hospital care, etc., your plan benefits will begin.** The Plan will then start paying for your covered medical and pharmaceutical costs.

What do you mean by “combined medical/prescription deductible”? The money you spend towards your medical care and prescriptions both count toward meeting your annual deductible. Example: If you paid for an $80 office visit and a $60 prescription, you would have contributed $140 toward your combined medical/prescription deductible.

What happens after I meet my deductible? After the deductible is met, you (and your dependents, if applicable) will begin receiving prescription benefits. At that point your payment will be at $0 cost to you.

My spouse and children are covered under my prescription benefit. How is the deductible met in this scenario? The money you spend towards your medical care and prescriptions both count toward meeting your annual deductible. If you have a family of four with a family deductible of $5,000, and you spend $1,000, your spouse spends $2,000 and your children spend $2,000 in combined medical/prescription services, your family would have met the $5,000 family deductible and all four family members would begin receiving prescription benefits for the remainder of the plan year at $0 cost.

Are there other ways I can stretch my prescription dollars?
Yes, you will generally save money by ordering those prescriptions you take regularly (i.e. for blood pressure, heart disease, diabetes) in 90-day supplies through CVS Caremark Mail Service Pharmacy. Ordering 90-day supplies of your long-term medications through mail typically costs less than three 30-day refills at retail.

CVS Caremark Mail Service Pharmacy:
- Enjoy convenient home delivery
- Receive your medications in private, tamper-resistant and (when needed) temperature-controlled packaging
- Talk to a pharmacist by phone

To Get Started
The following chart provides detailed steps to help you start enjoying all the benefits of your prescription benefit plan.

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<thead>
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<th>IF YOU WOULD LIKE...</th>
<th>THEN...</th>
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<tbody>
<tr>
<td>To continue with mail service</td>
<td>You don’t have to do anything. We’ll continue to send your medications to your location of choice.</td>
</tr>
<tr>
<td>To pick up at CVS/pharmacy or Retail-90 Pharmacy</td>
<td>Please let us know. You can do so quickly and easily. Choose the option that works best for you:</td>
</tr>
<tr>
<td></td>
<td>• Visit your local Retail-90 Pharmacy and talk to the pharmacist</td>
</tr>
<tr>
<td></td>
<td>• Call us toll-free using the number on the back of your Prescription Card, and we’ll handle the rest</td>
</tr>
<tr>
<td>To sign up for mail service for the first time</td>
<td>You can do so easily online or by phone.</td>
</tr>
<tr>
<td></td>
<td>• Register or log into <a href="http://www.caremark.com">www.caremark.com</a>, select “Start a New Prescription,” then click on “FastStart”</td>
</tr>
<tr>
<td></td>
<td>• Call FastStart toll-free at 1-800-875-0867. We’ll handle the rest</td>
</tr>
<tr>
<td>More information</td>
<td>Give us a call. Use the phone number on the back of your Prescription Card to call us toll-free.</td>
</tr>
</tbody>
</table>

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Dental Plan

Northeast Delta Dental offers preventive coverage at 100%, restorative at 80%, and prosthodontics at 50%. Annual coverage is up to $2,000 for each member. The plan does not provide coverage for orthodontia.

Important Features

This plan does not have a deductible. There is no waiting period for coverage. Benefits are paid at a co-insurance amount, based on the “Usual, Customary, and Reasonable” (UCR) charge established by Northeast Delta Dental.

When members go to a dentist in the Northeast Delta Dental network, they are protected from paying any amount over and above the “Usual, Customary, and Reasonable” charge. To find out if a dentist is in the Northeast Delta Dental network, call 1-800-832-5700 or visit www.nedelta.com or call your dentist’s office.

<table>
<thead>
<tr>
<th>Dental Services</th>
<th>Amount Covered by Insurance</th>
<th>Your Cost</th>
<th>Annual Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic/Preventative care</td>
<td>100%</td>
<td>0%</td>
<td>$2,000 total per person per calendar year</td>
</tr>
<tr>
<td>Basic Restorative care</td>
<td>80%</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Major Restorative/ Prosthodontics</td>
<td>50%</td>
<td>50%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dental Cost</th>
<th>Single</th>
<th>Two Person</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual</td>
<td>$627.24</td>
<td>$1,115.52</td>
<td>$1,920.96</td>
</tr>
<tr>
<td>Monthly</td>
<td>$52.27</td>
<td>$92.96</td>
<td>$160.08</td>
</tr>
<tr>
<td>Bi-Weekly</td>
<td>$26.14</td>
<td>$46.48</td>
<td>$80.04</td>
</tr>
</tbody>
</table>
**PURCHASING YOUR BENEFITS**

**College contribution:** Your Standard Dollar Allowance is the College’s contribution toward your insurance benefits. This amount is based on your medical election and your full-time equivalent (FTE). Your allowance is shown on your online worksheet. Your Dollar Allowance depends on the level of coverage you are electing (i.e., single, two-person, or family).

**Calculate your costs:**
Subtract your Dollar Allowance from the price of the health insurance premium.

**Your final costs:**
This is your out-of-pocket cost. If the cost exceeds the credit, you will have a payroll deduction from your salary, which is pre-tax for Research Associate B, but post-tax for Research Fellows.

---

**MEDICAL PLAN MONTHLY PRICES**

<table>
<thead>
<tr>
<th>Medical Plans</th>
<th>One-Person</th>
<th>Two-Person</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Coverage</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Open Access Plan 1</td>
<td>$648.22</td>
<td>$1,296.40</td>
<td>$1,750.15</td>
</tr>
<tr>
<td>Open Access Plan 2</td>
<td>$642.02</td>
<td>$1,283.98</td>
<td>$1,733.40</td>
</tr>
<tr>
<td>Open Access HDHP</td>
<td>$619.01</td>
<td>$1,238.01</td>
<td>$1,671.31</td>
</tr>
</tbody>
</table>
RETIREMENT PLANS
(For Research Associate B's Only)

Introduction

Dartmouth contributes to either a Defined Contribution or Defined Benefit plan on your behalf. Only the College may make contributions to this account. In addition, you may voluntarily contribute to a Supplemental Retirement Account (SRA).

Participants in the Defined Contribution and SRA direct where the contributions are invested from among three Investment Companies: Calvert, Fidelity, and TIAA-CREF. Each of these companies offers a variety of investment options designed to meet your individual investment needs.

Contributions

Dartmouth makes regular contributions on the participant’s behalf. The contribution amount is based on base salary and increases with age.

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage of Base Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 through 29</td>
<td>3%</td>
</tr>
<tr>
<td>30 through 34</td>
<td>5%</td>
</tr>
<tr>
<td>35 through 39</td>
<td>7%</td>
</tr>
<tr>
<td>40 and older</td>
<td>9%</td>
</tr>
</tbody>
</table>

Increases are effective the first pay period after your birthday.

Defined Benefit Retirement Plan

The Defined Benefit Retirement Plan was designed to provide you with monthly benefits. Dartmouth makes contributions based on your earnings.

Eligibility

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

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

Vesting

Vesting means ownership of the monies Dartmouth contributed to your retirement plan. Participants become fully vested after three years of regular employment at Dartmouth. Participants terminating employment with less than three years of service will forfeit the balance in the Plan. If a participant is re-employed before six years have elapsed, the amount forfeited will be reinstated.

In addition, a participant is fully vested at all times on or after attaining age 65, or upon permanent disability, regardless of years of employment.

Defined Contribution Retirement Plan

Eligibility

• 403(b) Defined Contribution Plan for Dartmouth College Faculty and Staff: Employees who are classified as faculty members and exempt staff, hired before January 1, 1989. Employees participating in this plan were grandfathered when the 401(a) Defined Contribution Plan was established in 1989.

• 401(a) Defined Contribution Plan for Dartmouth College Faculty and Staff: Employees who are classified as benefits eligible, with the exception of employees grandfathered in the 403(b) plan, grandfathered in the Defined Benefit Retirement Plan, or employees classified as Research Fellows.

Refer to the Summary Plan Description for further information on eligibility.
Supplemental Retirement Account (SRA)

Most employees are eligible to participate in this tax-deferred retirement plan. You do not pay income taxes on the contributions or earnings until you begin withdrawing money from your account. Participation in this plan is voluntary and highly recommended.

401(a) Employer Matching Contribution

Benefits-eligible employees hired on or after July 1, 2009 who contribute to a SRA will receive a matching contribution to their 401(a) Defined Contribution Retirement Plan that will be proportionately distributed consistent with the employee’s designated 401(a) investment directions.

Dartmouth will match voluntary contributions during the first six years of benefits-eligible employment, up to a lifetime maximum of $3,000.

Contribution Amounts

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

- **Maximum Voluntary Pre-Tax Contributions.** You may contribute the lesser of 100% of pay or a fixed amount determined by the IRS each year. Your 2013 contribution limit is reflected on your personal enrollment page on the FlexOnline system found under “Retirement Elections”.

- **Age 50+ Catch-Up Contributions.** If you are age 50 or older before the end of 2013, you may make an additional “catch-up” contribution to your SRA. The “catch-up” amount is determined by the IRS each year.

- **15-Year Special Catch-Up.** You may be eligible to make an additional contribution called a “15 Year Special Catch-Up” if you have 15 or more years of service at Dartmouth. If you are eligible, this Special Catch-Up amount will be displayed on your Retirement Plan Elections page on the FlexOnline enrollment.
Contributions Outside the Dartmouth Plan

The contribution limits described here consider only your pay and contributions related to your employment at Dartmouth. If you actively contribute to retirement accounts of another employer, please be aware that the legal contribution limits remain the same regardless of how many plans you aggregate. It is your responsibility to ensure your own legal compliance. It is also your responsibility to notify the Benefits Office if you have additional retirement account(s) contributions with which your Dartmouth SRA contributions must aggregate.

Investing Your Contributions

You may invest your retirement funds in annuities and custodial accounts issued or maintained by one or more of the following investment companies:

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

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

TIAA-CREF
P.O. Box 1259
Charlotte, NC 28201
1-800-842-2776
www.tiaa-cref.org/dartmouth

You decide where to invest from among fund options offered by each of these companies. Dartmouth and the Plan Administrator are not responsible for your investment choices or the investment results achieved. For guidance on investment options, contact the investment companies directly.

You may also schedule a private on-campus consultation with an investment company representative during one of their regular visits. To schedule a meeting with the Calvert representative, call 1-800-327-2109 ext. 3, with the Fidelity representative, call 1-800-642-7131 or visit www.fidelity.com/atwork/reservations; or with the TIAA-CREF representative, call 1-800-732-8353 or log on to www.tiaa-cref.org/moc.
Changing Investments

You may reallocate your investments within the same company or transfer them to one of the other two investment companies.

- **New Contributions.** Once you have enrolled in a retirement plan, you may redirect contributions to each of the different investment companies at any time. You’ll need to complete a new online election at http://benefits.dartmouth.edu. The change will be effective the next appropriate pay cycle.

- **Transferring Investments Among Options in the Same Investment Company.** To reallocate existing contributions, you must contact the investment company directly.

- **Transferring to a Different Investment Company.** Contact the Benefits Office for information on how to transfer existing contributions to one of the other investment companies.

Your Elections

Log on to FlexOnline at http://benefits.dartmouth.edu and click on “Retirement Elections” to complete your election. If you are opening a new account with a different investment company, make sure you complete the appropriate online new account application.
Dartmouth College’s Defined Contribution Plan Comparison Summary

<table>
<thead>
<tr>
<th>Questions</th>
<th>Calvert</th>
<th>Fidelity</th>
<th>TIAA-CREF</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the investment options?</td>
<td>Offers socially responsible portfolios, plus two non-screened funds consisting of: Calvert Equity Funds • Calvert Equity Fund • Calvert Capital Accumulation Fund • Calvert Large Cap Value Fund • Calvert Social Investment Fund-Enhanced Equity • Calvert Social Index Fund • Calvert Small Cap Fund</td>
<td>For a complete list of funds available, call Fidelity. Some of Fidelity’s most popular funds are: Growth and Income Funds • Fidelity Partian Fund • Fidelity Equity-Income Fund Growth Funds • Fidelity Retirement Growth Fund • Fidelity Magellan Fund • Fidelity Capital Appreciation Fund Fixed Income (Bond) Funds • Fidelity Capital &amp; Income Fund • Fidelity Intermediate Bond Fund Specialty Funds • Fidelity Select Funds</td>
<td>Access <a href="http://www.tiaa-cref.org/dartmouth">www.tiaa-cref.org/dartmouth</a> using their path.</td>
</tr>
<tr>
<td>Are there any front-end load charges?</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Are there any maintenance charges?</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Are there any management fees?</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Can I transfer money to another company in the Dartmouth Retirement Plan?</td>
<td>Yes, if transferee (receiving company) will accept transfer.</td>
<td>Yes, subject to federal requirements.</td>
<td>Yes, subject to certain limitations, and if transferee (receiving company) will accept the transfer.</td>
</tr>
<tr>
<td>• Is there a minimum amount for such a transfer?</td>
<td>Yes, subject to limitations, and if transferee (receiving company) will accept the transfer.</td>
<td>Yes, if transferee (receiving company) will accept transfer.</td>
<td>Yes, subject to certain limitations, and if transferee (receiving company) will accept the transfer.</td>
</tr>
<tr>
<td>• Is there a maximum amount for such a transfer?</td>
<td>Yes, via internet or phoning Calvert.</td>
<td>Yes, please refer to the prospectus.</td>
<td>Yes, subject to certain limitations, and if transferee (receiving company) will accept the transfer.</td>
</tr>
<tr>
<td>• Are there any charges or fees for such a transfer?</td>
<td>No</td>
<td>No</td>
<td>Yes, please refer to the prospectus.</td>
</tr>
<tr>
<td>Can I transfer funds within this company?</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>• Is there a minimum amount for such a transfer?</td>
<td>No</td>
<td>No</td>
<td>Yes, subject to certain limitations, and if transferee (receiving company) will accept the transfer.</td>
</tr>
<tr>
<td>• Is there a maximum amount for such a transfer?</td>
<td>No</td>
<td>No</td>
<td>Yes, subject to certain limitations, and if transferee (receiving company) will accept the transfer.</td>
</tr>
<tr>
<td>• Are there any charges/fees etc.?</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>When can I start an annuity?</td>
<td>Quarterly</td>
<td>Quarterly</td>
<td>Quarterly</td>
</tr>
<tr>
<td>When do I receive a statement of my account?</td>
<td>Anytime</td>
<td>Anytime</td>
<td>Anytime</td>
</tr>
<tr>
<td>What happens to my investment if I leave Dartmouth?</td>
<td>Yes, subject to limitations, certain withdrawals will be subject to an additional tax.</td>
<td>Yes, subject to limitations, certain withdrawals will be subject to an additional tax.</td>
<td>Yes, subject to limitations, certain withdrawals will be subject to an additional tax.</td>
</tr>
<tr>
<td>• Can I cash in and pay applicable taxes?</td>
<td>Yes, subject to federal requirements.</td>
<td>Yes, subject to federal requirements.</td>
<td>Yes, subject to federal requirements.</td>
</tr>
<tr>
<td>• Can I leave the money on deposit?</td>
<td>Yes, for further information, contact your tax advisor.</td>
<td>Yes, for further information, contact your tax advisor.</td>
<td>Yes, for further information, contact your tax advisor.</td>
</tr>
<tr>
<td>• Can I roll over the money to another retirement investment?</td>
<td>Yes, if transferee (receiving company) will accept transfer.</td>
<td>Yes, if transferee (receiving company) will accept transfer.</td>
<td>Yes, if transferee (receiving company) will accept transfer.</td>
</tr>
<tr>
<td>• Can I transfer money to another company in the SRA program?</td>
<td>Yes, if transferee (receiving company) will accept transfer.</td>
<td>Yes, if transferee (receiving company) will accept transfer.</td>
<td>Yes, if transferee (receiving company) will accept transfer.</td>
</tr>
</tbody>
</table>

This chart summarizes certain administrative facts about the funds available, but it is not a prospectus or official statement about any fund. You should read the fund prospectus before making your selection.
## Dartmouth Supplemental Retirement Accounts (SRA) Comparison Summary

<table>
<thead>
<tr>
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<th>Fidelity</th>
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<tbody>
<tr>
<td>What are the investment options?</td>
<td>Offers socially responsible portfolios, plus two non-screened funds consisting of: Calvert Equity Funds • Calvert Equity Fund • Calvert Capital Accumulation Fund • Calvert Large Cap Value Fund • Calvert Social Investment Fund - Enhanced Equity • Calvert Social Index Fund • Calvert Small Cap Fund International Funds • Calvert World Values Equity Fund • Calvert Global Alternative Energy Fund • Calvert Global Water Fund • Calvert International Opportunities Fund Balance and Allocation Funds • Calvert Balanced Fund • Calvert Conservative Allocation Fund • Calvert Moderate Allocation Fund • Calvert Aggressive Allocation Fund Fixed Income (Bond) Funds • Calvert Bond Fund • Calvert Income Fund • Calvert High Yield Bond Fund • Calvert Long Term Bond Fund • Calvert Short Duration Income Fund • Calvert Ultra Short Income Fund • Calvert Government Fund Money Market Funds • Calvert Social Investment Fund - Market Portfolio • Calvert First Government Money Market Fund</td>
<td>For a complete list of funds available, call 1-800-343-8565. Some of Fidelity's most popular funds are: Growth and Income Funds • Fidelity Puritan Fund • Fidelity Equity-Income Fund Growth Funds • Fidelity Retirement Growth Fund • Fidelity Magellan Fund • Fidelity Capital Appreciation Fund Fixed Income (Bond) Funds • Fidelity Capital &amp; Income Fund • Fidelity Intermediate Bond Fund Specialty Funds • Fidelity Select Funds • Fidelity National Funds</td>
<td>Access <a href="http://www.tiaa-cref.org/dartmouth">www.tiaa-cref.org/dartmouth</a> using their path. Investment choices for a complete listing of available investment options.</td>
</tr>
</tbody>
</table>

| Are there any front-end load charges? | No | No | No |
| Are there any management fees? | No | No | No |
| Can I transfer my money to another company in the SRA program? | Yes, if transferee (receiving company) will accept the transfer. | Yes, please refer to the prospectus. | Yes, if transferee (receiving company) will accept the transfer. |

| Is there a minimum amount for such a transfer? | Yes, subject to limitations, certain withdrawals will be subject to an additional tax. | Yes, subject to limitations, certain withdrawals will be subject to an additional tax. | Yes, subject to limitations, certain withdrawals will be subject to an additional tax. |
| Is there a maximum amount for such a transfer? | Yes, subject to limitations, certain withdrawals will be subject to an additional tax. | Yes, subject to limitations, certain withdrawals will be subject to an additional tax. | Yes, subject to limitations, certain withdrawals will be subject to an additional tax. |
| Are there any charges/fees for such a transfer? | Yes, subject to limitations, certain withdrawals will be subject to an additional tax. | Yes, subject to limitations, certain withdrawals will be subject to an additional tax. | Yes, subject to limitations, certain withdrawals will be subject to an additional tax. |
| Can I transfer funds within this company? | Yes, via internet or phoning Calvert. | Yes, please refer to the prospectus. | Yes, please refer to the prospectus. |

| Is there a minimum amount for such a transfer? | Yes, subject to limitations, certain withdrawals will be subject to an additional tax. | Yes, subject to limitations, certain withdrawals will be subject to an additional tax. | Yes, subject to limitations, certain withdrawals will be subject to an additional tax. |
| Is there a maximum amount for such a transfer? | Yes, subject to limitations, certain withdrawals will be subject to an additional tax. | Yes, subject to limitations, certain withdrawals will be subject to an additional tax. | Yes, subject to limitations, certain withdrawals will be subject to an additional tax. |
| Are there any charges/fees etc.? | Yes, subject to limitations, certain withdrawals will be subject to an additional tax. | Yes, subject to limitations, certain withdrawals will be subject to an additional tax. | Yes, subject to limitations, certain withdrawals will be subject to an additional tax. |
| Can I take a loan from my SRA accumulation? | No | No | No |
| Can I withdraw money at any time other than at retirement or when I begin to draw an annuity? | Subject to federal restrictions, some withdrawals incur additional tax: see a tax advisor. | Subject to federal restrictions, some withdrawals incur additional tax: see a tax advisor. | Subject to federal restrictions, some withdrawals incur additional tax: see a tax advisor. |

| When can I start an annuity? | Quarterly | Quarterly | Quarterly |
| How do I make contributions to the funds? | Quarterly | Quarterly | Quarterly |
| When do I receive a statement of my account? | Quarterly | Quarterly | Quarterly |
| What happens to my investment if I leave Dartmouth? | Yes, subject to limitations, certain withdrawals will be subject to an additional tax. | Yes, subject to limitations, certain withdrawals will be subject to an additional tax. | Yes, subject to limitations, certain withdrawals will be subject to an additional tax. |

| Are there any front-end load charges? | No | No | No |
| Are there any management fees? | No | No | No |
| Can I transfer my money to another company? | Yes, subject to limitations, certain withdrawals will be subject to an additional tax. | Yes, subject to limitations, certain withdrawals will be subject to an additional tax. | Yes, subject to limitations, certain withdrawals will be subject to an additional tax. |

| Is there a minimum amount for such a transfer? | No | No | No |
| Is there a maximum amount for such a transfer? | No | No | No |
| Are there any charges/fees for such a transfer? | No | No | No |
| Can I transfer funds within this company? | No | No | No |

| Is there a minimum amount for such a transfer? | No | No | No |
| Is there a maximum amount for such a transfer? | No | No | No |
| Are there any charges/fees etc.? | No | No | No |
| Can I take a loan from my SRA accumulation? | No | No | No |
| Can I withdraw money at any time other than at retirement or when I begin to draw an annuity? | No | No | No |

| When can I start an annuity? | No | No | No |
| How do I make contributions to the funds? | No | No | No |
| When do I receive a statement of my account? | No | No | No |
| What happens to my investment if I leave Dartmouth? | No | No | No |
Glossary of Benefit Terms

**BENEFICIARY**
An individual designated by the employee to receive proceeds from the employee’s life insurance or retirement plans.

**CHANGE IN STATUS**
A life event such as marital status change, birth or death of a dependent, dependent eligibility change, or job status change, that allows an employee to change benefit elections at a time other than Open Enrollment.

**COBRA (CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT)**
A federal law that allows employees and their dependents to continue insurance coverage after a qualifying event such as a loss of eligibility or termination of employment. Cost is total premium rate plus an administration fee.

**CO-IN-SURANCE**
After the deductible has been paid, this is your share of the costs of a covered health care service, calculated as a percent.

**CO-PAYMENT**
A fixed dollar amount you pay for a covered health care service, including doctor’s visits and prescriptions.

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

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

**IMPUTED INCOME**
If the employer provides a medical and/or dental benefit to someone other than a legal dependent as defined by federal law, the value of the benefit provided is taxable income. Additionally, the value of group term life insurance in excess of $50,000 and dependent life insurance is taxable.

**IN NETWORK**
Hospitals, providers and suppliers having a contracted agreement with a health plan company to make covered services available to members.

**OUT-OF-NETWORK**
Services received from a non-participating provider. These services require deductible and co-insurance payments.

**OUT-OF-POCKET MAXIMUM**
The deductible amount added to your co-insurance maximum. Once the out-of-pocket maximum is met, covered services are paid at 100% of the allowed charge for the rest of the calendar year. Co-payment requirements will continue to apply.

**PHARMACY BENEFIT MANAGER (PBM)**
A PBM is a company that administers the drug benefit program.

**PRIMARY CARE PROVIDER (PCP)**
A physician who coordinates health services (including referrals) for an employee or covered dependent. Also known as a Primary Care Physician.

**REFERRAL**
The approved authorization or recommendation from your Primary Care Provider for medical services.

**SINGLE COVERAGE**
Coverage for an employee only.

**TWO-PERSON COVERAGE**
Coverage for an employee and a qualified dependent.

**FAMILY COVERAGE**
Coverage for an employee and two or more qualified dependents.
For More Information

Cigna
1-800-564-7642 (Until 12/31/2012)
1-800-244-6224 (After 1/1/2013)
website: www.cigna.com

CNA
1-800-528-4582
website: www.cna.com

Crosby Benefit Systems
1-800-462-2235
website: www.CrosbyBenefits.com

CVS Caremark
1-855-465-0032
website: www.caremark.com/dartmouth

Northeast Delta Dental
1-800-832-5700
website: www.nedelta.com

MetLife
1-800-638-6420
website: www.metlife.com

Calvert
1-800-368-2745
website: www.calvert.com/dartmouth

Fidelity Investments
1-800-343-0860
website: www.fidelity.com/atwork

TIAA-CREF
1-800-842-2776
website: www.tiaa-cref.org/dartmouth

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

Note:
• Summary Plan Descriptions and Life Insurance Certificates are located online at www.dartmouth.edu/~hrs/benefits/index.html or you may contact the Benefits Office to request a printed version.

• 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 Notice Describes How Medical Information About You May Be Used and Disclosed and How You Can Get Access To This Information. Please Review It Carefully.

If you have any questions about this notice, please contact, the Privacy Official, at the Office of Human Resources, 7 Lebanon St., Hanover, NH 03755 (603) 646-3411.

Protected Health Information (PHI) is information, including demographic information, that may identify you and that relates to health care services provided to you, payment for health care services provided to you, or your physical or mental health or condition, in the past, present or future. This Notice of Privacy Practices describes how the Dartmouth College Employee Health Plan (“Plan”) may use and disclose your PHI. It also describes your rights to access and control your PHI.

As a group health plan we are required by Federal law to maintain the privacy of PHI and to provide you with this notice of our legal duties and privacy practices.

We are required to abide by the terms of this Notice of Privacy Practices, but reserve the right to change the Notice at any time. Any change in the terms of this Notice will be effective for all PHI that we are maintaining at that time. If a change is made to this Notice, a copy of the revised Notice will be mailed (or with permission e-mailed) to all individuals covered under the Plan at that time.

PERMITTED USES AND DISCLOSURES

Treatment, Payment and Health Care Operations

Federal law allows a group health plan to use and disclose PHI for the purposes of treatment, payment and health care operations, without your consent or authorization. Examples of the uses and disclosures that we, as a group health plan, may make under each section are listed below:
• Treatment. Treatment refers to the provision and coordination of health care by a doctor, hospital or other health care provider. As a group health plan we do not provide treatment.

• Payment. Payment refers to the activities of a group health plan in collecting premiums and paying claims under the Plan for health care services you receive. Examples of uses and disclosures under this section include the sending of PHI; sharing PHI with other insurers to determine coordination of benefits or settle subrogation claims; providing PHI to a plan vendor for pre-certification, case management, or reimbursement account services; providing PHI in the billing, collection, and payment of premiums and fees to plan vendors such as a reinsurance carriers; and sending PHI to a reinsurance carrier to obtain reimbursement of claims paid under the Plan.

• Health Care Operations. Health Care Operations refers to the basic business functions necessary to operate a group health plan. Examples of uses and disclosures under this section include conducting quality assessment studies to evaluate the Plan’s performance or the performance of a particular network or vendor; the use of PHI in determining the cost impact of benefit design changes; the disclosure of PHI to underwriters for the purpose of calculating premium rates and providing reinsurance quotes to the Plan; the disclosure of PHI to stop-loss or reinsurance carriers to obtain claim reimbursements to the Plan; disclosure of PHI to Plan consultants who provide legal, actuarial and auditing services to the Plan; and use of PHI in general data analysis used in the long term management and planning for the Plan and the College.

Other Uses and Disclosures Allowed Without Authorization

Federal law also allows a group health plan to use and disclose PHI, without your consent or authorization, in the following ways:

• To you, as the covered individual.
• To a personal representative designated by you to receive PHI or a personal representative designated by law such as the parent or legal guardian of child, or the surviving family members or representative of the estate of a deceased individual.
• To the Secretary of Health and Human Services (HHS) or any employee of HHS as part of an investigation to determine our compliance with the HIPAA Privacy Rules.
• To a Business Associate as part of a contracted agreement to perform services for the Plan.
• To a health oversight agency, such as the Department of Labor (DOL), the Internal Revenue Service (IRS) and the Insurance Commissioner’s Office, to respond to inquiries or investigations of the Plan, requests to audit the Plan, or to obtain necessary licenses.
• In response to a court order, subpoena, discovery request or other lawful judicial or administrative proceeding.
• As required for law enforcement purposes. For example to notify authorities of a criminal act.
• As required to comply with Workers’ Compensation or other similar programs established by law.
• To the Plan Sponsor (Dartmouth College), as necessary to carry out administrative functions of the Plan such as evaluating renewal quotes for reinsurance of the Plan, funding check registers, reviewing claim appeals, approving subrogation settlements, and evaluating the performance of the Plan.
The examples of permitted uses and disclosures listed above are not provided as an all-inclusive list of the ways in which PHI may be used. They are provided to describe in general the types of uses and disclosures that may be made.

**OTHER USES AND DISCLOSURES**

Other uses and disclosures of your PHI will only be made upon receiving your written authorization. You may revoke an authorization at any time by providing written notice to us that you wish to revoke an authorization. We will honor a request to revoke as of the day it is received and to the extent that we have not already used or disclosed your PHI in good faith with the authorization.

**YOUR RIGHTS IN RELATION TO PROTECTED HEALTH INFORMATION**

**Right to Request Restrictions on Uses and Disclosures**
You have the right to request that the Plan limit its uses and disclosures of PHI in relation to treatment, payment and health care operations or not use or disclose your PHI for these reasons at all. You also have the right to request that the Plan restrict the use or disclosure of your PHI to family members or personal representatives. Any such request must be made in writing to the Privacy Official listed in this Notice and must state the specific restriction requested and to whom that restriction would apply. The Plan is not required to agree to a restriction that you request. However, if it does agree to the requested restriction, it may not violate that restriction except as necessary to allow the provision of emergency medical care to you.

**Right to Receive Confidential Communications**
You have the right to request that communications involving PHI be provided to you at an alternative location or by an alternative means of communication. The Plan is required to accommodate any reasonable request if the normal method of disclosure would endanger you and that danger is stated in your request. Any such request must be made in writing to the Privacy Official listed in this Notice.

**Right to Access to Your Protected Health Information**
You have the right to request that communications involving PHI be provided to you at an alternative location or by an alternative means of communication. The Plan is required to accommodate any reasonable request if the normal method of disclosure would endanger you and that danger is stated in your request. Any such request must be made in writing to the Privacy Official listed in this Notice.

**Right to Amend Protected Health Information**
You have the right to request that PHI in a designated record set be amended for as long as the Plan maintains the PHI. The Plan may deny your request for amendment if it determines that the PHI was not created by the Plan, is not part of a designated record set, is not information that is available for inspection, or that the PHI is accurate and complete. If your request for amendment is denied, you have the right to have a statement of disagreement included with the PHI and the Plan has a right to include a rebuttal to your statement, a copy of which will be provided to you. Requests for amendment of your PHI should be directed to the Privacy Official listed in this Notice.

**Right to Receive an Accounting of Disclosures**
You have the right to receive an accounting of all disclosures of your PHI that the Plan has made, if any, other than disclosures for treatment, payment and health care operations, as described above, disclosures made to you or your personal representative, and disclosures we are not legally permitted to provide you in the accounting. Your right to an accounting of disclosures applies only to PHI created by the Plan after April 14, 2003 and cannot exceed a period of six years prior to the date of the accounting. Requests for an accounting of disclosures of your PHI should be directed to the Privacy Official listed in this Notice.

**Right to Receive a Paper Copy of this Notice**
You have the right to receive a paper copy of this Notice upon request. This right applies even if you have previously agreed to accept this Notice electronically. Requests for a paper copy of this Notice should be directed to the Privacy Official listed in this Notice.

**COMPLAINTS**
If you believe your privacy rights have been violated, you may file a complaint with the Plan or the Secretary of Health and Human Services. Complaints should be filed in writing with the Privacy Official listed in this Notice. The Plan will not retaliate against you for filing a complaint.

**PRIVACY OFFICIAL**
You may contact the Privacy Official for the Plan through your employer’s Human Resources Department at (603) 646-3411.

**EFFECTIVE DATE OF NOTICE**
This Notice becomes effective on April 14, 2003.