



2024 BENEFITS GUIDE FOR RETIREES UNDER AGE 65

Log in and enroll October 23 – November 6, 2023

DARTMOUTH

Benefits Office, Human Resources

7 Lebanon St., Suite 203
Hanover, New Hampshire 03755

603-646-3588
human.resources.benefits@dartmouth.edu

Table of Contents

2024 Open Enrollment.....	2
How To Enroll.....	3
Important Reminders	4
Medical Plans.....	5
One Medical at Dartmouth..	5
Medical Plan Comparison Chart.....	6
Open Access Plus (OAP) Plan	8
Cigna Choice Fund® (CCF) Plan.....	9
High Deductible Health Plan (HDHP)	10
Health Reimbursement Account (HRA).....	11
Prescription Drug Coverage	12
Emotional Well-Being Resources.....	13
Vision Coverage.....	14
Wellness at Dartmouth	15
Turning Age 65 and Becoming Medicare Eligible	16
Dartmouth College Medicare Supplement (DCMS) Plan.....	17
Annual Required Notices	18
Contacts and Other Resources.....	19
Benefit Terms to Know.....	20



2024 Open Enrollment – Important

Every year, Dartmouth reviews the benefits plans offered to Retirees and their dependents. We continue to work to provide benefits that not only meet the long-term institutional obligations of the Dartmouth plans, but that also encourage a sustainable option for covered members.

The Dartmouth Open Enrollment period is your annual opportunity to evaluate and make any necessary changes to your retiree benefit elections. **If you are not making changes, no action is required. Otherwise, you will need to complete and save any changes to your medical plan for 2024 during the annual benefits Open Enrollment period from 8:00 a.m. Monday, October 23 through 11:59 p.m. Monday, November 6, 2023 at dartgo.org/retirees.** Changes will take effect January 1, 2024.

This Benefits Guide provides an overview of the Retiree Benefits Program offered to eligible retirees and their eligible dependents. You will find a summary of your benefits choices, important reminders, and information about how to enroll or make changes to your Dartmouth Retiree Medical Plan through the FlexOnline benefits enrollment system.

Medical Plan Changes

Due to a continuing trend of rising health care costs, the costs of our medical plans are also rising. **We've worked hard to keep increases to a minimum, and rates will increase approximately 2% across all plan options.** Dartmouth pays the majority of costs for coverage and will share in this increase. In addition, for the High Deductible Health Plan (HDHP), per IRS requirements:

- In-network deductibles will increase to \$3,200 individual/\$6,400 family
- Out-of-pocket maximums will increase to \$4,200 individual/\$8,400 family

If you do not wish to make any changes for 2024, no action is required.

Open Enrollment for Retirees Under Age 65

If you are currently enrolled in the under 65 medical plans, please review your coverage through FlexOnline at dartgo.org/retirees. If no action is taken, you will be defaulted to the same coverage you had at the end of 2023.

One Medical at Dartmouth

In addition to accepting patients enrolled in Dartmouth's pre-65 medical plans, One Medical at Dartmouth also accepts Medicare-eligible patients on the Dartmouth College Medicare Supplement Plan. Please see [page 5](#) for more information.

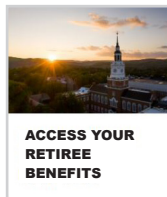
Visit the Dartmouth Retiree Benefits website, dartgo.org/retirees for additional information.





How to Enroll

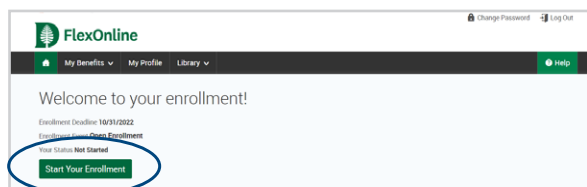
To enroll in or make changes to your benefits elections, access the FlexOnline benefits page:



1. Go to dartgo.org/retirees.
2. Click on **ACCESS YOUR RETIREE BENEFITS**.

3. Enter your Dartmouth ID* (Found on your monthly invoice).
4. Enter your Password (Last four digits of your Social Security Number).
5. Create a new password and security questions.

* If your Dartmouth ID starts with the letter "D", do not enter the "D"



6. Your enrollment window will be at the top of the screen. Click on the green **Start Your Enrollment** button.
7. Review your **ADDRESS INFORMATION**, then click **CONTINUE**.
8. Review and update your **FAMILY INFORMATION**, then click **CONTINUE**.



9. Use the **ASK EMMA** tool to help with the decision making process, and to learn more about each benefit. When finished making all of your changes, click **CONTINUE**.
10. On the **ENROLLMENT** page, you will add/remove coverage, add/remove any previously verified dependents from coverage, and/or change plans.
11. **REVIEW & CONFIRM** your changes, then click the **COMPLETE ENROLLMENT** button. If you do not **COMPLETE** the event, your elections will not be saved.
12. Once you receive the message that your enrollment is complete, your elections will be saved. Please **PRINT** and **SAVE** a copy of the confirmation page for your records.

You may continue to log in and make changes to your 2024 elections until 11:59 p.m. on Monday, November 6, 2023. **Changes cannot be made after November 6, 2023.**



Important Reminders

If you will turn 65 during 2024, enroll as usual for the beginning of the year. Contact Social Security three months prior to your Medicare effective date to enroll in Medicare Part A and Part B. Return a completed Retiree Health Election form and a copy of your Medicare ID card, showing coverage in Medicare Part A and Part B, to the Dartmouth Benefits Office at least 45 days prior to your Medicare effective date.

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 or other eligible dependents changes.

If your mailing address is a P.O. Box, Medicare requires a physical address on file as well. Please make sure the Benefits Office has your current mailing and physical address.

Billing Information

If you owe Dartmouth for the cost of your retiree medical plan for either yourself or your covered dependent(s), you will receive a monthly invoice from the Dartmouth Accounts Receivable Office for the portion you are responsible for. This invoice will arrive on or around the 15th of each month, for the current month's coverage, and is due by the end of that month. Failure to remit your payment within the allotted period will result in a cancellation of your coverage, without the ability to re-enroll. **If you do not owe Dartmouth for the cost of your retiree medical plan, you will not receive an invoice.**

Death Benefit

Retirees of Dartmouth who retired 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. This form can be obtained by calling the Benefits Office at **603.646.3588**, or online at dartgo.org/hrforms. Mail the completed form to Office of Human Resources, 7 Lebanon St., Suite 203, Hanover, NH 03755.

Spouse and Dependent(s) Eligibility

Coverage under the Dartmouth Retiree Medical Plan is available only for a person who is your spouse or legal dependent at the time of your retirement. If you die after retirement, your eligible spouse (if he or she survives you) may continue their Dartmouth retiree benefits coverage elections, and can make changes according to the procedures below. If you are married after you have retired, your new spouse will not be eligible for coverage through the Dartmouth retiree medical plans.

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 31 days of the date the person you want to cover (either you or an eligible dependent) lost other coverage. Dartmouth may require evidence of the loss of other coverage.

Changes can be made during Open Enrollment of any year, or within the year if you have a qualifying life status change. You can do so either online at dartgo.org/retirees or by contacting the Dartmouth Benefits Office at human.resources.benefits@dartmouth.edu. Any changes made during a normal Open Enrollment period will be effective on the first day of the next plan year.





Medical Plans

All benefit eligible employees may choose to enroll in one of the following three Cigna medical plans:

- + Open Access Plan (OAP)**
- + Cigna Choice Fund (CCF)** – includes a Dartmouth-funded HRA
- + High Deductible Health Plan (HDHP)**

All three medical plans offer:

- › A national network of providers (Open Access Plus/ Carelink), as well as emergency coverage when traveling abroad for personal travel.
- › No referral needed to see a specialist, although precertification may be required.
- › In-network preventive care* services covered at no cost to you. See your plan materials for a list of covered preventive care services.
- › Access to One Medical at Dartmouth.
- › One routine eye exam per covered family member at no cost when using an EyeMed provider.
- › Prescription drug coverage through Express Scripts.

CIGNA TELEHEALTH MDLIVE - A LOWER-COST, CONVENIENT OPTION

This 24/7 service allows you to connect with a board-certified physician via video chat or phone for common acute conditions such as cold/flu, headaches, earaches, etc. For urgent care, there is no office visit copay under the OAP or CCF plan, and for the HDHP, you are covered with no cost-share after you meet the deductible. Log into [myCigna.com](https://mycigna.com) and select "Find Care and Costs," then "Talk to a Doctor via Phone or Video," and then "Medical."***

* Some preventive services may not be covered. For example, immunizations for travel, any service or device that is not medically necessary, or services/supplies that are unproven (experimental or investigational).

** Telehealth services are provided by third party telehealth providers and not by Cigna. Providers are solely responsible for any treatment provided. These services are separate from your health plan's provider network and services (including video chat) may not be available in all areas.

One Medical at Dartmouth

One Medical at Dartmouth is a primary care practice for eligible retirees and their dependents. Located at 7 Allen Street in Hanover, the One Medical practice is built on a mission to make getting quality care more affordable, accessible, and enjoyable through a blend of human-centered design, technology, and an exceptional team.

Eligibility

- › All retirees under age 65 and their adult family members (age 18+) enrolled in the OAP, CCF or HDHP medical plan are eligible to use One Medical at Dartmouth if you wish.
- › One Medical at Dartmouth also accepts Medicare-eligible patients on the Dartmouth College Medicare Supplement Plan.
- › One Medical at Dartmouth is not currently accepting new patients. For updates on when they will be accepting new patients, visit dartgo.org/omd. Please note: you do not have to use One Medical at Dartmouth, and you may change your primary care provider at any point during the year.

Key benefits include:

- › A full care team dedicated to your well-being, with in-office appointments and 24/7 access to a virtual medical team
- › Longer, non-rushed appointments that start on time
- › Drop-in on-site lab services
- › App-based access for scheduling appointments, prescription requests, care team messaging, on-demand care, and more
- › No membership fees

For more information, please visit onemedical.com/dartmouth or call 603.738.1164.

***Third party services (i.e., labs), or visits taking place outside of the Hanover location, may be billed to insurance.



Medical Plan Comparison Chart



**Open Access Plus
(OAP) Plan**



**Cigna Choice Fund
(CCF) Plan**



**High Deductible
Health Plan (HDHP)**

Medical plan highlights

	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Medical deductible						
Individual	\$600	\$1,200	\$1,600	\$3,200	\$3,200	\$4,100
Family	\$1,200	\$2,400	\$3,200	\$6,400	\$6,400	\$8,200
Out-of-pocket maximum¹						
Individual	\$2,500	\$5,000	\$4,000	\$6,000	\$4,200	\$6,500
Family	\$5,000	\$10,000	\$8,000	\$12,000	\$8,400	\$13,000
Coinsurance						
Individual	10%	30%	10%	30%	10%	30%
Family	10%	30%	10%	30%	10%	30%
Contribution from employer¹				HRA		
Individual		N/A		\$500		N/A
Family				\$1,000		

Office/routine care

	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Adult preventive care	Covered at 100% ²	Deductible/Coinsurance	Covered at 100% ²	Deductible/Coinsurance	Covered at 100% ²	Deductible/Coinsurance
Telehealth/MD Live (see page 5)	No cost for urgent care	N/A	No cost for urgent care	N/A	Deductible, then no cost for urgent care	Not covered
Office visit	\$25	Deductible/Coinsurance	\$35	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Specialist visit	\$35	Deductible/Coinsurance	\$50	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Chiropractic	\$25	Deductible/Coinsurance	\$35	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Physical, occupational, and speech therapies	\$25	Deductible/Coinsurance	\$35	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Well-child care	Covered at 100% ²	Deductible/Coinsurance	Covered at 100% ²	Deductible/Coinsurance	Covered at 100% ²	Deductible/Coinsurance
Lab, X-Ray, and diagnostic tests	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Acupuncture	\$35	Deductible/Coinsurance	\$50	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Hearing aid coverage – maximum one pair for 36 months	Covered at 100% ²	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Durable medical equipment	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance

1. Employer contributions to HRAs are available to use as of January 1.

2. Certain in-network preventive care services and well-child care services are covered at no added cost to you. You have no deductible to meet for these services.



Medical Plan Comparison Chart (cont'd)

Open Access Plus (OAP) Plan

Cigna Choice Fund (CCF) Plan

High Deductible Health Plan (HDHP)

Hospital care						
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient hospitalization	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient surgery	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Emergency room	\$125	\$125	\$175	\$175	Deductible/Coinsurance	In-Network Deductible/Coinsurance
Urgent care center	\$50	\$50	\$50	\$50	Deductible/Coinsurance	In-Network Deductible/Coinsurance
Ambulance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Mental health and substance abuse						
Inpatient	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient	\$25	\$25 after MHE benefit ¹	\$35	\$35 after MHE benefit ¹	Deductible/Coinsurance	In-Network Deductible/Coinsurance after MHE benefit ¹

1. Mental Health Exception (MHE) Benefit: When utilizing out-of-network mental health providers through any Dartmouth medical plan, you or your covered family members may attend up to 12 lifetime visits with an out-of-network provider at a 10% member coinsurance cost. (See [page 12.](#)) **Visits beyond the initial 12 lifetime MHE visits are subject to in-network copayments on the OAP and CCF plans, and up to in-network deductible and coinsurance levels on the HDHP plan (balance billing may apply).**

Ask Emma Decision Support Tool

We know you have questions about the best options for you and your family. Dartmouth offers an easy-to-use, interactive tool—Ask Emma. When you begin your enrollment in FlexOnline, you'll be prompted for some basic medical information about you and your family. Ask Emma will then make personalized benefits recommendations. Please keep in mind that your responses to Ask Emma are completely confidential and will be used only to help you with your decision-making process.

Ask Emma provides a summary of your benefits and every attempt has been made to ensure its accuracy. Cost estimates are based on national averages and may not directly reflect medical costs in your geographic area. It is important to fully utilize all of the educational tools provided to you prior to enrolling in benefits, including, but not limited to, Ask Emma. This tool may provide estimates or suggestions, but only you can elect benefits to best suit your needs. Ask Emma is not an application for enrollment. Ask Emma does not create, receive, maintain, transmit, collect, or store any identifiable end-user information.





Open Access Plus (OAP) Plan



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

Key Benefits

- › The deductible and medical copays are the lowest of the three plans. See [page 6](#) for more information.
- › One Medical at Dartmouth is available.
- › This plan has additional hearing aid coverage.

Other Considerations

- › The OAP plan has the highest rates of all three plans.
- › Medical and prescription copays DO NOT count toward annual deductibles, but DO count toward annual out-of-pocket maximums.

For more information, visit dartgo.org/retirees.

How an individual OAP plan works (in-network)



YOU OR A DEPENDENT INCURS AN ELIGIBLE HEALTH CARE EXPENSE

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

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

FOR ALL OTHER SERVICES

YOU PAY UP TO THE \$600 DEDUCTIBLE

THEN YOU PAY 10% COINSURANCE
+
MEDICAL PLAN PAYS 90%

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

THEN YOUR MEDICAL PLAN PAYS AT 100% FOR THE REMAINDER OF THE PLAN YEAR





Cigna Choice Fund (CCF) Plan



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

Key Benefits

- › You pay set dollar amounts (copays) for PCP, specialist, and therapy visits, along with prescription drugs. See [page 6](#) for more information
- › Dartmouth contributes to an HRA. See [page 11](#) for more information.
- › One Medical at Dartmouth is available.

Other Considerations

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

For more information visit dartgo.org/retirees.

How an individual CCF plan with HRA works (in-network)



YOU OR A DEPENDENT INCURS AN ELIGIBLE HEALTH CARE EXPENSE

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

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

FOR ALL OTHER COVERED MEDICAL SERVICES

HRA AUTOMATICALLY PAYS UNTIL EXHAUSTED

YOU PAY REMAINING DEDUCTIBLE UP TO \$1,600*

THEN YOU PAY 10% COINSURANCE
+
MEDICAL PLAN PAYS 90%

UNTIL YOU REACH THE \$4,000 ANNUAL OUT-OF-POCKET MAXIMUM

THEN YOUR MEDICAL PLAN PAYS AT 100% FOR THE REMAINDER OF THE PLAN YEAR

* Your HRA contribution from Dartmouth will help pay your portion of the annual deductible each year, until the account is depleted.





High Deductible Health Plan (HDHP)



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

Key Benefits

- › The plan has the lowest rates of all three plans.
- › One Medical at Dartmouth is available.

Other Considerations

- › This plan has the highest deductible of the three plans.
- › You pay 100% of all medical and prescription costs until your annual deductible has been met.
- › This plan is not eligible for the HRA.

For more information, visit dartgo.org/retirees.

How an individual HDHP works (in-network)



YOU OR A DEPENDENT INCURS AN ELIGIBLE HEALTH CARE EXPENSE

FOR ALL NON-PREVENTIVE SERVICES YOU WILL HAVE TO PAY UP TO THE \$3,200 DEDUCTIBLE

YOU PAY 10% COINSURANCE
+
MEDICAL PLAN PAYS 90% COINSURANCE

UNTIL YOU REACH THE \$4,200 ANNUAL OUT-OF-POCKET MAXIMUM

THEN YOUR MEDICAL PLAN PAYS 100% FOR THE REMAINDER OF THE PLAN YEAR





Health Reimbursement Account (HRA)



Funded by Dartmouth to help pay for certain medical expenses, including your deductibles and coinsurance

Eligibility

- › Retirees who elect the Cigna Choice Fund (CCF) plan will receive a Dartmouth contribution in an HRA.

Key Benefits

- › Dartmouth will contribute \$500 annually for individuals and \$1,000 annually for families.
- › HRA dollars are solely funded by Dartmouth to help reduce the amount you pay toward medical care during the year.
- › When you receive care, HRA dollars are automatically deducted to cover your deductible and coinsurance costs – they even count toward your out-of-pocket maximum.
- › Your full HRA balance is available January 1, so you can use the funds immediately.

Other Considerations

- › Your unused balance only carries forward into the new calendar year if you re-enroll in the same medical plan.
- › If you choose the CCF medical plan, your HRA dollars **cannot** be used to pay for prescription drugs or medical copays.
- › The Dartmouth contribution will change mid-year if you add or remove dependents.

Cigna administers and manages your HRA, and pays your providers directly. There is no action you need to take.

How an HRA works



YOU OR A DEPENDENT INCURS AN ELIGIBLE HEALTH CARE EXPENSE

CIGNA PROCESSES THE CLAIM AND DETERMINES IF ANY DEDUCTIBLE OR COINSURANCE IS OWED

IF COPAY IS OWED, YOU PAY AT TIME OF VISIT, OR RECEIVE A BILL FOR THE COPAY AMOUNT

IF DEDUCTIBLE OR COINSURANCE IS OWED, CIGNA PAYS DIRECTLY FROM YOUR HRA UNTIL THE FUND IS EXHAUSTED

YOU RECEIVE BILL FOR REMAINING DEDUCTIBLE OR COINSURANCE OWED





Prescription Drug Coverage



All three of our medical plans include prescription drug coverage through Express Scripts

Pharmacy	OAP	CCF	HDHP*
Retail pharmacy network (up to a 30-day supply)			
Generic	\$8.50	\$8.50	Deductible/Coinsurance
Preferred brand	\$30	\$30	Deductible/Coinsurance
Non-preferred brand	\$50	\$50	Deductible/Coinsurance
Home Delivery from Express Scripts Pharmacy or at CVS Pharmacy (up to 90-day supply)			
Generic	\$17	\$17	Deductible/Coinsurance
Preferred brand	\$60	\$60	Deductible/Coinsurance
Non-preferred brand	\$100	\$100	Deductible/Coinsurance

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

For more information, visit dartgo.org/pharmacy.

FOR MEDICATION COSTS AND MORE

Call Express Scripts at **877.788.5766** or visit their website at www.express-scripts.com/Dartmouth to check drug coverage and cost. You can also search for pharmacies, and view other plan information.

PLEASE TAKE NOTE

- › Periodically, medications can change tier levels or be removed from the list of covered medications (the formulary). Please watch your mail for these notifications.
- › Some prescription drug coupons cannot be used in conjunction with Dartmouth's prescription drug plans. Please check with your pharmacist prior to using a coupon.
- › Dartmouth works with PillarRx to assist employees and family members who take specialty medications for complex or chronic medical conditions. If you or your covered spouse or dependent take a specialty medication through Accredo for which the Copay Assistance program is available, you will receive information directly from PillarRx.

Note: Participation in the PillarRx program is required to avoid 30% coinsurance if you are taking a Copay Assistance-eligible medication.



Emotional Well-Being Resources



It helps to have tools and resources to navigate life's challenges

Resources if Enrolled in the Medical Plan

If you are enrolled in a Dartmouth medical plan, there are a variety of emotional well-being resources available:

- › **Mental Health Exception** – Dartmouth offers the Mental Health Exception benefit for employees using out-of-network mental health providers. This benefit allows for out-of-network claims to be paid at 90% for a lifetime maximum of 12 mental health visits for employees and covered dependents. Regardless of who submits the claim (individual or provider), Cigna will pay 90% of the provider's charged fee and the individual will be responsible for 10% of the provider's charged fee. After the 12 lifetime Mental Health Exception visits, you'll have coverage for additional visits at the same copay and deductible/coinsurance amounts you pay for in-network visits (balanced billing may apply), in recognition of the current difficulty of receiving in-network behavioral health services in our area. For more information, please visit <http://dartgo.org/mhe>.
- › **MDLive telehealth services** offer care for behavioral/mental health care around the clock, even on weekends and holidays. Connect with quality licensed counselors and psychiatrists via video or phone. If you are enrolled in the OAP or CCF plans, no copayment applies. For the HDHP, there is no cost-share after you meet your deductible.
- › **TalkSpace online therapy** allows you to connect with a licensed behavioral therapist via text, video, and phone. If you are enrolled in the OAP or CCF plans, a copayment applies. For the HDHP, there is no cost-share after you meet your deductible.
- › **Ginger App** provides access to behavioral health coaches via text any time you need immediate support. Plus, you can access licensed therapists and psychiatrists with flexible hours, including weekends and evenings via video. If you are enrolled in the OAP or CCF plans, a copayment applies. For the HDHP, there is no cost-share after you meet your deductible.
- › **iPrevail App** teaches you to boost your mood and improve mental health with on-demand coaching 24/7. Complete a brief assessment to receive a program tailored to your needs that includes interactive lessons and tools. You'll also be assigned a peer coach who is matched based on your symptoms, and you can join support communities focused on stress, anxiety, depression, and more. There is no cost if you are enrolled in a Dartmouth medical plan. (Note: Medicare-eligible enrollees in the Dartmouth College Medicare Supplement Plan are not eligible.)
- › **Happify App** provides science-based activities and games 24/7 to help you manage stress and build resilience. There is no cost if you are enrolled in a Dartmouth medical plan. (Note: Medicare-eligible enrollees in the Dartmouth College Medicare Supplement Plan are not eligible.)

Visit mycigna.com for more information.





Vision Coverage



Offered as part of the preventive care services under your Dartmouth medical plan

	OAP and CCF Plans		HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Exam copay	\$0	N/A	\$0	N/A
Exam coinsurance (once per year)	Covered 100%	Covered 70%	Covered 100%	Covered 100% up to reasonable and customary amount

In addition, you can also take advantage of vision discounts through Cigna Healthy Rewards®. Visit dartgo.org/healthy_rewards for more information.

For more information, visit dartgo.org/retirees.

* Healthy Rewards is a discount program. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. If your Cigna plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. A discount program is NOT insurance, and you must pay the entire discounted charge.





Wellness at Dartmouth

Retirees enrolled in a Dartmouth medical plan automatically have the Fitness Reimbursement Benefit as your wellness benefit (if you retired in 2023, your current wellness benefit only continues through 12/31/23).

- This benefit will provide a reimbursement of up to \$225 per family enrolled in a Dartmouth medical plan for expenses limited to fitness facility and exercise class (includes apps, online, and DVD exercise classes) fees.
- Please note: Any reimbursements received as part of the Fitness Benefit are considered taxable income. Consider consulting your personal tax advisor regarding the proper reporting of this income.
- All submissions for 2024 must be postmarked by December 31, 2024. The forms, and additional details, can be found at dartgo.org/fitnessbenefit.





Turning Age 65 and Becoming Medicare Eligible

You or your spouse become eligible for Medicare on the first day of your 65th birth month, or if your birthday is on the first day of the month, Medicare will begin the first day of the prior month. At that time, Medicare will become your primary medical insurance.

Dartmouth offers Medicare supplemental coverage called the **Dartmouth College Medicare Supplement (DCMS) plan**. The DCMS plan is available to qualifying Dartmouth retirees age 65+, members who are Medicare eligible due to disability, and qualifying Medicare eligible dependents.

The Dartmouth Benefits office will contact you up to three months prior to your 65th birth month to provide the appropriate retiree health enrollment information and application forms for enrollment in the DCMS plan. You must contact Social Security up to three months prior to your effective date to enroll in Medicare.

Enrollment in the DCMS plan requires that you have Medicare Part A and Part B at the time your DCMS plan begins. Submit a copy of your Medicare ID card showing Medicare Part A and Part B to the Dartmouth Benefits Office, along with your retiree health enrollment application, at least 45 days prior to your effective date in order to be enrolled in the DCMS plan on time. Late enrollments may result in a delay in your enrollment or uncovered claims. Upon electing the DCMS plan, you will automatically be enrolled in Dartmouth's Medicare Part D prescription drug plan through Express Scripts.

Prescription Drugs

You should not enroll in a separate Medicare Part D plan if you want to be covered on the DCMS plan. Dartmouth will enroll you in prescription drug coverage through Express Scripts upon enrolling in the DCMS plan. Once enrolled in the DCMS plan, you and your eligible dependents will receive new ID cards from Cigna and Express Scripts. Please be sure to present your new ID cards to your providers when you seek services on or after your effective date to avoid delays in processing your claim.

Medicare Adjustments

EXTRA HELP: If you are a low-income beneficiary, you may be eligible for the Federal EXTRA HELP program. If you are eligible, you will receive notice from the Social Security Administration. Eligibility is determined by Social Security according to income and Federal low-income tables. If you think you may be eligible but have not received notice from Social Security, contact your local Social Security office for additional information. See [page 19](#) for contact information.

Income Related Monthly Adjustment Amount

(IRMAA): If you are a higher-income beneficiary, according to Medicare Income limits, you will pay an Income Related Monthly Adjustment Amount (IRMAA) for your Medicare Part B and Part D plans. The adjusted amount is determined by income information you have reported to the IRS through your Federal tax returns.

Under 65 Dependent Coverage

If you cover family members on your plan who are under age 65, they may remain on the same plans offered to active Dartmouth employees.





Dartmouth College Medicare Supplement (DCMS) Plan

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

Medical coverage		Administered by Cigna		
Deductible		\$250		
Coinsurance		20% (up to \$200)		
Annual medical out-of-pocket maximum		\$450		
Prescription drug coverage		Express Scripts (PDP)		
		Generic	Preferred brand	Non-preferred brand
1-30-Day supply		\$5	\$25	\$40
31-60-Day supply		\$10	\$50	\$80
61-90-Day supply		\$15	\$75	\$120
Home delivery				
90-Day supply		\$10	\$50	\$80
Annual prescription out-of-pocket maximum		\$450		
Total annual out-of-pocket maximum		\$900		

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

 Coverage administered through Federal Government

 The DCMS plan coverage

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

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



Annual Required Notices

Creditable Prescription Drug Coverage Notice

This notice is for Medicare eligible policy holders and it has information about your current prescription drug coverage with Dartmouth and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. For more information visit dartgo.org/credible_coverage.

Women's Health and Cancer Rights Act (WHCRA)

In compliance with the Women's Health and Cancer Rights Act this letter serves as your annual notification regarding benefits for mastectomies and various related services.

For any participant or beneficiary of the Plan who receives plan benefits for a mastectomy, your Group Health Plan provides coverage for performance of a mastectomy; the procedures necessary to effect reconstruction of the breast on which a mastectomy was performed; the cost of prostheses (implants, special bras, etc.) as well as physical complications of all stages of mastectomy, including lymphedema; and surgery or reconstruction of the breast on which a mastectomy was not performed in order to produce a symmetrical appearance as maybe recommended by an attending physician of any patient on whom a mastectomy has been performed.

Coverage for such surgery or reconstruction will be subject to the same deductibles and copayments that apply to mastectomies under the Plan's current terms, which are described in your Group Health Plan Summary Plan Description.

For more information visit dartgo.org/whcra.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed on the notice, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

For more information visit dartgo.org/chip.

Notice of Privacy Practices

Under the Health Insurance Portability and Accountability Act (HIPAA), Dartmouth is required to maintain the privacy of protected health information. For information visit dartgo.org/hipaa.



Contacts and Other Resources



Don't forget!

Open Enrollment is October 23 through November 6, 2023.

DARTMOUTH BENEFITS OFFICE

For questions on enrolling in your benefits.

Phone: 603.646.3588

Website: dartgo.org/benefits

Email: human.resources.benefits@dartmouth.edu

HEALTH AND WELFARE BENEFITS

CIGNA - Medical

Phone: 855.869.8619

Website: Cigna.com

Account login: myCigna.com

CIGNA - Vision

Phone: 888.353.2653

EXPRESS SCRIPTS - Pharmacy

Phone: 877.788.5766

Website: www.express-scripts.com/Dartmouth

ONE MEDICAL AT DARTMOUTH Primary Care

Phone: 603.738.1164

Website: onemedical.com/dartmouth

Email: dartmouth@onemedical.com

WELLNESS AT DARTMOUTH - Wellness Benefit

Phone: 603.646.3706

Website: dartmouth.edu/wellness

Email: wellness@dartmouth.edu

MEDICARE

Phone: 800.MEDICARE
(800.633.4227)

Websites: www.mymedicare.gov

SOCIAL SECURITY ADMINISTRATION

Phone: 800.772.1213

Websites: www.ssa.gov

Mailing Addresses:

177 Main Street
Littleton, NH 03561

330 ASA Bloomer Bldg.
88 Merchants Row
Rutland, VT 05701

Suite 100
70 Commercial Street
Concord, NH 03301



Benefit Terms to Know

This Guide was created to help you make important decisions about your benefits. Before you begin, we think that understanding the definitions of certain words and phrases will help you better understand the choices you need to make.

Medical Plans

Deductible: A fixed annual dollar amount that you pay out-of-pocket during the calendar year toward health care services before the medical plan begins to pay.

Copay: A fixed dollar amount you pay at the time health care services or prescription drugs are received, regardless of the total charge for service. The medical plan pays the rest.

Coinsurance: A fixed percentage of covered health care services or prescription drug costs that you pay, after the deductible amount (if any) was paid. The medical plan pays the rest (subject to balance billing).

Balance billing: When a provider bills you for the difference between the allowed amount under the plan, and the provider's charge. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30.

Out-of-pocket maximum: The most you pay before the medical plan begins to pay 100% of covered charges.

In-network: Health care professionals and facilities that have contracts with the medical, pharmacy, or dental plan to deliver services at a negotiated rate (discount). You pay a lower amount for those services.

Out-of-network: A health care professional or facility that doesn't participate in your plan's network and doesn't provide services at a discounted rate. Using an out-of-network health care professional or facility will cost you more.

Prescription Drug Coverage

Generics: Generic medications have the same active ingredients, dosage, and strength as their brand-name counterparts. You'll usually pay less for generic medications.

Preferred brands: Preferred brand medications will usually cost more than generics but may cost less than non-preferred brands on your plan. Also known as formulary brands.

Non-preferred brands: Non-preferred brand medications generally have generic alternatives and/or one or more preferred brand options within the same drug class. You'll usually pay more for non-preferred brand medications. Also known as non-formulary brands.

Specialty medication: A specialty medication is a prescription drug that is either a self-administered (non-diabetic) injectable medication; a medication that requires special handling, special administration, or monitoring; or, is a high-cost oral medication.

Tax-Advantaged Account

Health Reimbursement Account (HRA): An employer-funded account that pays up to a pre-determined amount toward certain out-of-pocket medical costs. Your unused HRA funds may be carried over to the next benefit year if you remain in the same medical plan.

Other

Dependent: Certain benefits at Dartmouth allow coverage for family members of benefits-eligible retirees. Family members include spouses, children, and stepchildren. Coverage is available only for a person who is your spouse or legal dependent at the time of your retirement.

Plan cost/rates: For some benefits, Dartmouth will pay the full plan cost/rate, some you will share the plan cost/rate with Dartmouth, and others you will pay the full plan cost/rate.





The contents of the Retiree Guide are intended only to provide information for the guidance of Dartmouth retirees. The information is a summary of Dartmouth's retiree benefits programs and every attempt has been made to ensure its accuracy. If there is any inconsistency between the information in this Guide and Dartmouth's Plan documents, the Plan document will always govern. Dartmouth reserves the right to modify, revoke, suspend, terminate or change any and all such plans, benefits, policies and procedures at any time it deems necessary, with or without notice.