

Summary of Material Modifications to the Dartmouth College Benefits

This Summary of Material Modification ("SMM") provides some of the information contained in the Summary Plan Description ("SPD") for the Dartmouth College Medical Plan (the "Plan") that describes the Plan as of January 1, 2026.

To comply with the requirements of the Employee Retirement Income Security Act (ERISA), we are providing you with this summary of material changes and clarifications to the descriptions of employee benefit plans. This update is a "summary of material modifications" (SMM) required by ERISA.

All of the summaries are published on the Human Resource Benefits website (dartgo.org/benefits-legal-docs) We have posted this SMM on the benefits website in addition to the Summary Plan Descriptions SPD.

Note: In the event of any discrepancy between this SMM and the SPD, the provisions of the SPD will govern.

Modification(s)

Important changes to certain benefits under the Plan will go into effect on January 1, 2026. Coverage is outlined as follows:

Medical & Pharmacy Plan Design

Open Access Plus (OAP) Plan In Network

Open Access Plus (OAP) Plan	2025 In Network	2026 In Network
Medical		
Deductible (in network)	\$600 / \$1,200	\$800 / \$1,600
Out-of-Pocket Maximum (in network)	\$2,500 / \$5,000	\$3,000 / \$6,000
Primary Care Visit	\$25 copay	\$45 copay
Specialist Visit	\$35 copay	\$55 copay
Preventive Care	No Charge	No Charge
Diagnostic Test	10% coinsurance ^	20% coinsurance ^
Imaging	10% coinsurance ^	20% coinsurance ^
Outpatient Surgery	10% coinsurance ^	20% coinsurance ^
Emergency Room	\$125 copay	\$175 copay

Open Access Plus (OAP) Plan	2025	2026
Urgent Care	\$50 copay	\$65 copay
Inpatient Stay	10% coinsurance ^	20% coinsurance ^
Outpatient Mental Health	\$25 copay	\$45 copay
Inpatient Mental Health	10% coinsurance ^	20% coinsurance ^
Home Health Care	10% coinsurance ^	20% coinsurance ^
Rehabilitation	\$25 copay	\$45 copay
Habilitation	\$25 copay	\$45 copay
Skilled Nursing Care	10% coinsurance ^	20% coinsurance ^
Durable Medical Equipment	10% coinsurance ^	20% coinsurance ^
Hospice	10% coinsurance ^	20% coinsurance ^
Pharmacy		
Generic	\$8.50 / \$17	\$20 / \$40
Preferred	\$30 / \$60	\$45 / \$90
Non-Preferred	\$50 / \$100	\$65 / \$130

^ After annual plan deductible has been met

Open Access Plus (OAP) Plan Out of Network

- The annual out-of-network deductible for individual coverage will increase from \$1,200 to \$1,600.
- The annual out-of-network deductible for family coverage will increase from \$2,400 to \$3,200
- Coinsurance will increase from 30% to 40%
- The out-of-network out-of-pocket maximum for individual coverage will increase from \$5,000 to \$6,000.
- The out-of-network out-of-pocket maximum for family coverage will increase from \$10,000 to \$12,000.
- The out-of-network outpatient mental health and substance use disorder office visit will increase from 10% coinsurance to 20% coinsurance for the first 12 visits. It allows for 12 visits per lifetime to be paid at 80% of billed charges (no deductible, no copay and no MRC applied). After those visits are exhausted, coverage will be at the In-Network benefit level (i.e. Copay), MRC (and balance billing) will still apply.

Cigna Choice Fund (CCF) Plan In Network

Cigna Choice Fund (CCF) Plan	2025 In Network	2026 In Network
Medical		
Deductible (in network)	\$1,600 / \$3,200	\$1,800 / \$3,600
Out of Pocket Maximum (in network)	\$4,000 / \$8,000	\$4,500 / \$9,000
HRA Seed	\$500 / \$1,000	\$500 / \$1,000
Primary Care Visit	\$35 copay	\$55 copay
Specialist Visit	\$50 copay	\$65 copay

Cigna Choice Fund (CCF) Plan	2025 In Network	2026 In Network
Preventive Care	No Charge	No Charge
Diagnostic Test	10% coinsurance ^	20% coinsurance ^
Imaging	10% coinsurance ^	20% coinsurance ^
Outpatient Surgery	10% coinsurance ^	20% coinsurance ^
Emergency Room	\$175 copay	\$175 copay
Urgent Care	\$50 copay	\$65 copay
Inpatient Stay	10% coinsurance ^	20% coinsurance ^
Outpatient Mental Health	\$35 copay	\$55 copay
Inpatient Mental Health	10% coinsurance ^	20% coinsurance ^
Home Health Care	10% coinsurance ^	20% coinsurance ^
Rehabilitation	\$35 copay	\$55 copay
Habilitation	\$35 copay	\$55 copay
Skilled Nursing Care	10% coinsurance ^	20% coinsurance ^
Durable Medical Equipment	10% coinsurance ^	20% coinsurance ^
Hospice	10% coinsurance ^	20% coinsurance ^
Pharmacy		
Generic	\$8.50 / \$17	\$20 / \$40
Preferred	\$30 / \$60	\$45 / \$90
Non-Preferred	\$50 / \$100	\$65 / \$130

^ After annual plan deductible has been met

Cigna Choice Fund (CCF) Out of Network

- The annual out-of-network deductible for individual coverage will increase from \$3,200 to \$3,600.
- The annual out-of-network deductible for family coverage will increase from \$6,400 to \$7,200
- Coinsurance will increase from 30% to 40%
- The out-of-network out-of-pocket maximum for individual coverage will increase from \$6,000 to \$7,000.
- The out-of-network out-of-pocket maximum for family coverage will increase from \$12,000 to \$14,000.
- The out-of-network outpatient mental health and substance use disorder office visit will increase from 10% coinsurance to 20% coinsurance for the first 12 visits. It allows for 12 visits per lifetime to be paid at 80% of billed charges (no deductible, no copay and no MRC applied). After those visits are exhausted, coverage will be at the In-Network benefit level (i.e. Copay), MRC (and balance billing) will still apply.

High-Deductible Health Plan (HDHP) In Network

High-Deductible Health Plan (HDHP)	2025 In Network	2026 In Network
Medical		
Deductible (in network)	\$3,300 / \$6,600	\$3,400 / \$6,800
Out of Pocket Maximum (in network)	\$4,200 / \$8,400	\$4,750 / \$9,500
Coinsurance	10% coinsurance	20% coinsurance

High-Deductible Health Plan (HDHP) Out of Network

- The annual out-of-network deductible for individual coverage will increase from \$4,100 to \$6,750.
- The annual out-of-network deductible for family coverage will increase from \$8,200 to \$13,500.
- Coinsurance will increase from 30% to 40%.
- The out-of-network out-of-pocket maximum for individual coverage will increase from \$6,500 to \$8,000.
- The out-of-network out-of-pocket maximum for family coverage will increase from \$13,000 to \$16,000.
- The out-of-network mental health and substance use disorder office visit will increase from 10% coinsurance to 20%. It allows for 12 visits per lifetime to be paid at 80% of billed charges (no plan deductible*, no copay and no MRC applied). After those visits are exhausted, coverage will be at the In-Network benefit level (i.e. In Network Deductible and coinsurance), MRC (and balance billing) will still apply. ***HDHP with HSA must meet the annual deductible before 12 lifetime visits apply.**

One Medical at Dartmouth

Beginning in 2026, One Medical will implement a \$15 copay for non-preventive care visits. This change applies to members enrolled in the OAP, CCF, and HDHP with HRA plans.

Cigna Pathwell Specialty Program

Dartmouth will introduce the Cigna Pathwell Specialty Program in 2026, replacing the existing medical specialty programming with Cigna. Through this program, care management teams will work directly with members and providers to help guide specialty care, such as infusions and injections, to in-network providers. This change applies to members enrolled in the OAP, CCF, and HDHP plans.

- The in-network office visit for medical injections and infusions will increase from 0% coinsurance to 20% on the OAP plan.

Express Scripts

Additional utilization management policies (prior authorization, step therapy, and drug quantity management) will be added to the plan around certain drug categories for 2026. Members impacted by the change will receive notification of next steps 30 days prior to January 1, 2026.

LifeSOURCE Designed Transplant Network

LifeSOURCE Designated Transplant Network will be added effective January 1, 2026. This eliminates coverage at any non-LifeSOURCE transplant facilities.

Vision Service Provider (VSP) In Network

Dartmouth is enhancing its VSP vision benefits for 2026. The in-network exam copay will be reduced from \$15 to \$0, and the retail frame allowance will increase from \$165 to \$200. The Featured Frame Brand allowance will rise from \$185 to \$220, and the Costco Equivalent Frame allowance will increase from \$90 to \$110. Additionally, the allowance for elective contact lenses (in lieu of lenses or frames) will increase from \$150 to \$200.

If this summary has been delivered to you by electronic means, you have the right to receive a written Summary of Material Modification and may request a copy at no charge by contacting the Benefits Office by email at Human.Resources.Benefits@Dartmouth.edu or call (603) 646-3588. Updated Summary Plan Descriptions (SPDs) reflecting these changes will be available in early 2026. Except as noted above, all other provisions of the Plan remain unchanged.

Dartmouth intends to continue the Plan benefits as described in this SMM and the SPD, but reserves the right, at its discretion, to change or even terminate all or any part of the Plan benefits offered at any time and in any manner to the extent permitted by law. As a result, this SMM is not a contract, nor is it a guarantee of your benefits.