SUMMARY ANNUAL REPORT
FOR
THE HEALTH & WELFARE BENEFITS PLAN OF DARTMOUTH COLLEGE

This is a summary of the annual report for The Health & Welfare Benefits Plan of Dartmouth College, 02022111/506 for January 1, 2020 through December 31, 2020. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

The Trustees of Dartmouth College have committed themselves to pay certain health and short-term disability claims incurred under the terms of the plan.

INSURANCE INFORMATION

The plan has a contract with Cigna Health and Life Insurance Company to pay certain health claims incurred under the terms of the plan. The total premiums paid for the plan year were $116,137.

The plan has a contract with Delta Dental Plan of New Hampshire, Inc. to pay certain dental claims incurred under the terms of the plan. The total premiums paid for the plan year were $2,416,500.

The plan has a contract with Metropolitan Life Insurance Company to pay certain life and accidental death and dismemberment insurance claims incurred under the terms of the plan. The total premiums paid for the plan year were $1,342,413.

The plan has a contract with Lincoln Life Assurance Company of Boston to pay certain long-term disability claims incurred under the terms of the plan. The total premiums paid for the plan year were $829,308.

The plan has a contract with Federal Insurance Company to pay certain business travel accident/accidental death and dismemberment claims incurred under the terms of the plan. The total premiums paid for the plan year were $0.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- Financial information and information on payments to service providers.
- Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Michelle M Scichilone, who is the Plan Administrator at Human Resources - 6042, 7 Lebanon Street, Suite 203, Hanover, NH, 03755-2112, (603) 646-3588. The charge to cover copying cost will be $5.00 for the full annual report, or $0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, if any, or a statement of income and expenses of the plan and accompanying notes, if any, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes, if any, will be included as part of that report. The charge to cover copying costs given above does not include a charge for copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan at Human Resources - 6042, 7 Lebanon Street, Suite 203, Hanover, NH, 03755-2112 and at the US Department of Labor in Washington DC, or obtain a copy from the US Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, US Department of Labor, 200 Constitution Avenue, NW, Washington DC 20210.

Michelle Scichilone
Executive Director, Total Rewards
Office of Human Resources