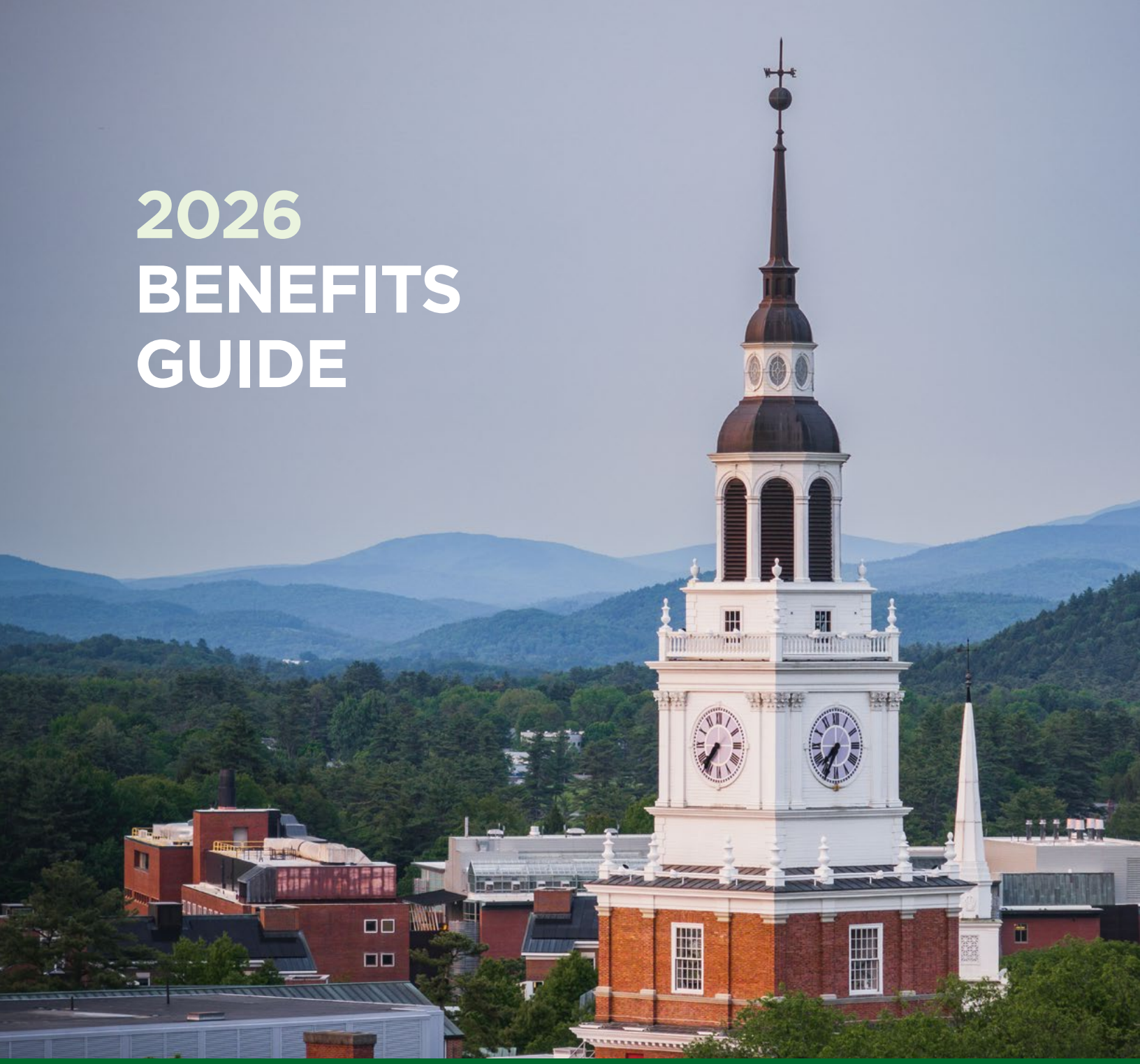
# 2026 BENEFITS GUIDE



DARTMOUTH

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## Welcome to Dartmouth

We are pleased to share with you our 2026 Benefits Guide, which provides an overview of the comprehensive benefits program Dartmouth offers to help care for your physical, emotional, and financial well-being.

At Dartmouth, we recognize that every individual brings unique circumstances and priorities to the workplace. That's why our Human Resources team is dedicated to providing a benefits portfolio that's not only inclusive and competitive, but also adaptable to your evolving needs. Whether you're planning for your family's future, managing your health, or preparing for retirement, we offer tools and guidance to help you make choices with clarity and confidence. Take the time to explore your options—your well-being matters to us. For example:

- Compare your medical plan choices. The premium you pay up front out of your paycheck is only part of the story. Use our Emma decision support tool to find out which plan may offer you the lowest total expenses.
- Take a look at the "triple tax advantage" from our Health Savings Account (HSA). It's a smart way to lower your taxable income today while also helping you save for the future.
- Will you have health care or dependent care expenses that aren't covered by insurance? Then you might want to consider one of our Flexible Spending Accounts (FSAs) to reduce your out-of-pocket costs.
- Consider life insurance to protect your family. We often underestimate these needs and fail to consider our full household budget.

We are proud of Dartmouth's inclusive, competitive, and flexible benefits options, and encourage you to take advantage of our comprehensive programs and decision support resources.

Sincerely,

Sara Lester

Chief Human Resources Officer

### MAXIMIZE YOUR BENEFITS

Through out the year, our partners may reach out to you with tips, tools, and reminders to help you make the most of your benefits.

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# Eligibility and Enrollment

Dartmouth is proud to offer a comprehensive, flexible benefits program that provides a range of options to support you and your family. You enroll in benefits through FlexOnline.

## Plan Year

Dartmouth's benefits run on a calendar year, from January 1 through December 31. Some benefits are pro-rated based on your start date or benefits eligibility date.

## Eligibility

Employees who are regularly scheduled to work at least half of the normal full-time schedule, at least nine months each year, are considered eligible for benefits at Dartmouth. The amount that you pay for coverage may be affected by the amount of hours you work, as well as the amount of annual salary received. This is important to know when you are considering a change in hours or Full Time Equivalency (FTE).

- Benefits-eligible employees working less than full-time receive rates that are prorated according to their percentage of working full-time.
- Temporary employees and employees working less than half-time or less than nine (9) months duration each year, are not benefits-eligible, but are covered by Dartmouth workers' compensation policy. They can also elect to participate in a Supplemental Retirement Account. Employees who are not benefits-eligible are covered under travel accident insurance.

## Who Can be Covered?

Eligible family members include spouses, children and stepchildren to age 26, unless they were disabled prior to the date of coverage. See the definition of dependents on **page 35**.

## Medical Plan Spousal Surcharge

A spousal surcharge of $100 per month may apply if you cover a spouse with access to group medical coverage through their own employer, or a spouse that is retired and has access to a medical plan through their former employer. The surcharge is deducted from your paycheck on a pre-tax basis. The surcharge does not apply when both spouses work for Dartmouth. Learn more at **dartgo.org/spousal-surcharge**.

## Employment Category

Your employment category determines the benefits that you are eligible for and whether you have a waiting period.

- **Exempt** — Includes Faculty (visiting or tenure track), Research Staff (Research Associate C, Research Scientist, Research Analyst, and Research Engineers), and Exempt Staff (salaried staff). These employees are exempt from overtime pay, according to the Fair Labor Standards Act.
- **Non-Exempt** — Refers to employees who are paid by the hour and are not exempt from overtime pay, according to the Fair Labor Standards Act. This includes Non-Exempt Staff, Non-Union Service Staff and IATSE Union members. This does not include SEIU members.
- **SEIU** — Dartmouth employees who are members of the Service Employees International Union. SEIU employees are paid by the hour and are not exempt from overtime pay, according to the Fair Labor Standards Act.
- **Research Associate B (RAB)** — Grant- or college-funded employees (other than those on certain kinds of training grants) with an appointment of greater than nine (9) months and less than three (3) years. RABs are exempt from overtime pay, according to the Fair Labor Standards Act.
- **Research Fellow** — A postdoctoral trainee on an NRSA or T32 training grant with an appointment of at least nine (9) months and less than three (3) years. Research Fellows are exempt from overtime pay, according to the Fair Labor Standards Act. These employees' wages are not subject to Social Security or Medicare tax. All benefits for this group are paid post-tax.

## When Benefits Begin

Benefits you elect as a new employee will start on your date of hire or the date you become benefits-eligible. Benefits elected during the Open Enrollment period will begin the following January 1.

## When You Can Make Changes

The Open Enrollment period is your annual opportunity to make changes to your benefit elections for the upcoming year. You will not have another opportunity to change your benefits coverage elections until the next Open Enrollment period held each fall, unless you have a qualifying life status change, such as marriage, divorce, birth or adoption of a child, or if you or a dependent loses or gains coverage. Your benefits change must be consistent with the life status change. Go to the FlexOnline system to submit your change no more than 31 days after the date of the event.

# Medical Plans

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

- **Open Access Plan (OAP)** — includes a Dartmouth-funded HCFSA (if eligible)
- **Cigna Choice Fund (CCF)** — includes a Dartmouth-funded HRA
- **High Deductible Health Plan (HDHP)** — includes a Dartmouth-funded HRA or HSA

**All three medical plans offer:**

- A national network of providers, as well as emergency coverage when traveling abroad for personal travel.
- In-network preventive care* services are covered at no cost to you, including one routine eye exam per covered family member at no cost when using an EyeMed provider. See your plan materials for a list of covered preventive care services.
- Prescription drug coverage through Express Scripts.
- Out-of-network emergency room and air ambulance coverage at in-network costs.
- No referral needed to see a specialist, although precertification may be required.
- Up to $15,000 in medical infertility coverage and another $25,000 in pharmacy infertility coverage, per member, per lifetime.
- Additional coverage to help pay for out-of-network mental health claims.
- Access to One Medical at Dartmouth (except when contributing to or receiving contributions to an HSA).
- In 2026, each covered family member will receive their own individual medical, pharmacy, and EyeMed vision card. Beginning in 2027, Dartmouth will transition to Cigna's "Digital First" program and members can request a membership card by calling Cigna's customer service.

**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 **www.mycigna.com** and select "Find Care and Costs," then "Talk to a Doctor via Phone or Video," and then "Medical."**

**For an estimate of plan rates, please use the Benefit Plan Cost Estimator at dartgo.org/benefits-cost-estimator**. Dartmouth pays on average 75% of your monthly medical premiums. Some employees will pay more than 25%, others will pay less.

## One Medical at Dartmouth

One Medical at Dartmouth is a primary care practice for eligible employees 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. **One Medical is accepting new patients!**

### Eligibility

- All benefits-eligible employees and their adult family members (age 18+) enrolled in the OAP, CCF, or HDHP with HRA medical plan **are** eligible to use One Medical at Dartmouth if you wish.
- Employees who waive medical coverage or who are enrolled in the HDHP with HSA are **not** eligible to use One Medical at Dartmouth.

**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
- $0 copay for preventive care/$15 for non-preventive services (and no membership fees)***

**For more information, please visit dartgo.org/omd or call 603.738.1164.**

* 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.

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

# Open Access Plus (OAP) Plan

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

## Additional Plan Considerations

- You pay set dollar amounts (copays) for PCP, specialist, and therapy visits, along with prescription drugs. See **page 7** for more information.
- J-1 Visa holders are required to enroll in a special J-1 Visa-OAP.
- This plan has additional hearing aid coverage.
- One Medical at Dartmouth is available ($15 copay for non-preventive care PCP visits; $0 copay for preventive care PCP visits).

**TAX-ADVANTAGE PLAN CONTRIBUTIONS**

If you enroll in the OAP Plan, you can also participate in a Health Care FSA (and/or **receive a Dartmouth contribution if eligible**). See **page 13** for eligibility.

**For more information, visit dartgo.org/medical.**

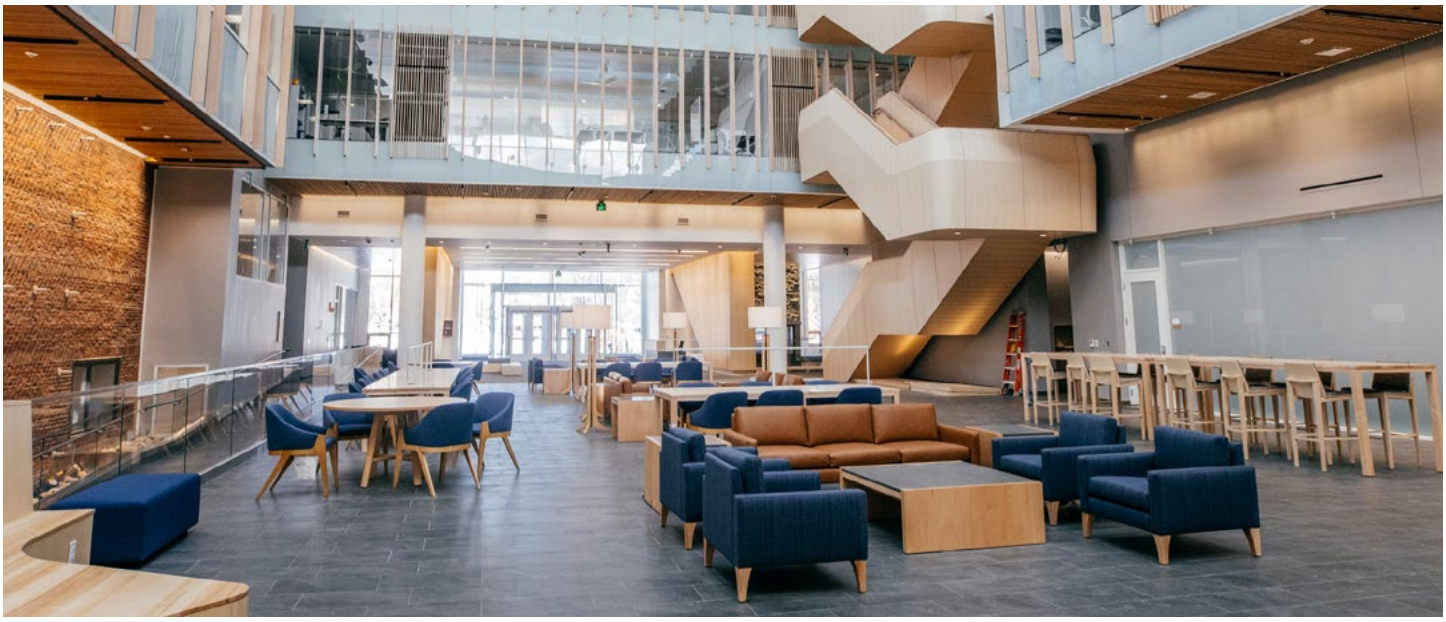
## How an individual OAP Plan works (in-network)

**YOU RECEIVE COVERED MEDICAL CARE**

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 COVERED SERVICES → YOU PAY UP TO THE $800 DEDUCTIBLE → THEN YOU PAY 20% COINSURANCE + MEDICAL PLAN PAYS 80%

→ UNTIL YOU REACH THE $3,000 ANNUAL OUT-OF-POCKET MAXIMUM → THEN YOUR MEDICAL PLAN PAYS 100% FOR THE REMAINDER OF THE PLAN YEAR



# Cigna Choice Fund (CCF) Plan with HRA

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

## Additional Plan Considerations

- You pay set dollar amounts (copays) for PCP, specialist, and therapy visits, along with prescription drugs. See **page 7** for more information.
- One Medical at Dartmouth is available ($15 copay for non-preventive care PCP visits; $0 copay for preventive care PCP visits).

**For more information visit dartgo.org/medical.**

### TAX-ADVANTAGE PLAN CONTRIBUTIONS

If you enroll in the CCF Plan, Dartmouth contributes to an HRA (**see page 10**), and you can also participate in a Health Care FSA (**see page 13**).

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

**YOU RECEIVE COVERED MEDICAL CARE**

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 $1,800* → THEN YOU PAY 20% COINSURANCE + MEDICAL PLAN PAYS 80%

→ UNTIL YOU REACH THE $4,500 ANNUAL OUT-OF-POCKET MAXIMUM → THEN YOUR MEDICAL PLAN PAYS 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 exhausted.

# High Deductible Health Plan (HDHP)

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

## Additional Plan Considerations

- You pay 100% of all medical and prescription drug costs until your annual deductible has been met.
- Dartmouth may contribute to an HRA or HSA — this is the only plan that allows HSA contributions. To see if you are eligible for an HSA, see **page 11**.
- One Medical at Dartmouth is available for employees with an HRA ($15 copay for non-preventive care PCP visits; $0 copay for preventive care PCP visits).

For more information, visit **dartgo.org/medical**.

### TAX-ADVANTAGE PLAN CONTRIBUTIONS

If you enroll in the HDHP with HRA, you can also participate in a Health Care FSA. (You should only choose the HDHP with HRA if want to use One Medical at Dartmouth for your primary care, or if you are not eligible for an HSA but would still like to participate in the HDHP.)

If you enroll in the HDHP with HSA, you can enroll in the Limited Purpose FSA (**see page 14**).

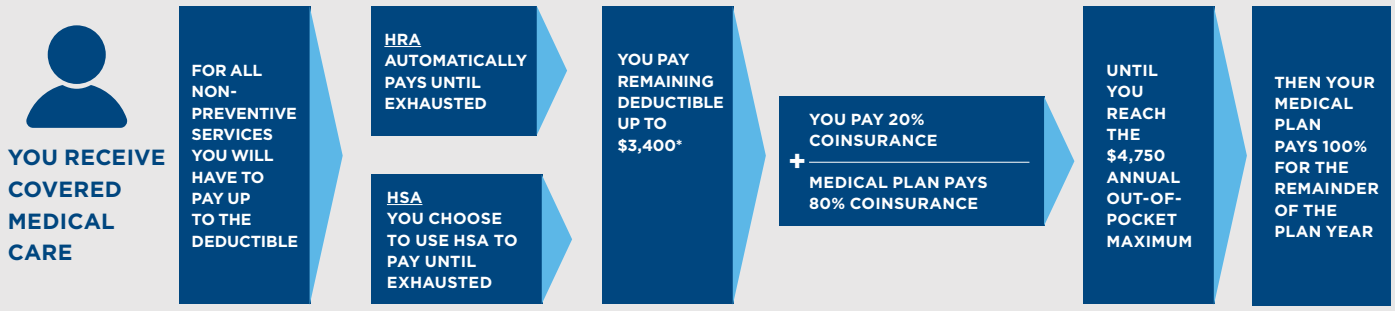
## Advantages of the HDHP with HSA

There are many advantages to enrolling in the HDHP with HSA:

- **Your premiums are lower**, so less money is taken out of your paycheck.
- **Dartmouth will contribute to your HSA**, which you can use to pay for eligible health care expenses including deductibles, prescription drugs, and more. You can also contribute and lower your taxable income.
- **There is a triple tax advantage.** Money is contributed into your HSA tax-free, grows tax-free, and distributions used for eligible expenses are tax-free.
- **You can invest your funds**. Your HSA balance can be invested, similar to a 403(b) plan.
- **Unused money rolls over from year to year and is yours to keep**, even if you enroll in another medical plan, leave, or retire. There is no "use it or lose it" with an HSA.

See **page 11** for more information.

## How an individual HDHP with HSA/HRA works (in-network)




* Your HRA or HSA contribution from Dartmouth can help pay your portion of the annual deductible until the account has been exhausted.

# Medical Plan Comparison Chart

| | Open Access Plus (OAP) Plan[4] | | 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**<br>Individual<br>Family | $800<br>$1,600 | $1,600<br>$3,200 | $1,800<br>$3,600 | $3,600<br>$7,200 | $3,400<br>$6,800 | $6,750<br>$13,500 |
| **Out-of-pocket maximum[1]**<br>Individual<br>Family | $3,000<br>$6,000 | $6,000<br>$12,000 | Deductible/Coinsurance<br>$4,500<br>$9,000 | $7,000<br>$14,000 | $4,750<br>$9,500 | $8,000<br>$16,000 |
| **Coinsurance**<br>Individual<br>Family | 20%<br>20% | 40%<br>40% | 20%<br>20% | 40%<br>40% | 20%<br>20% | 40%<br>40% |
| **Contribution from employer[2]**<br>Individual<br>Family | You may be eligible for a separate contribution in your HCFSA. Please see **page 13**. | | **HRA**<br>$500<br>$1,000 | | **HSA/HRA**<br>$500<br>$1,000 | |
| **Office/routine care** | | | | | | |
| **Adult preventive care** | Covered at 100%[3] | Deductible/Coinsurance | Covered at 100%[3] | Deductible/Coinsurance | Covered at 100%[3] | Deductible/Coinsurance |
| **Telehealth/MDLive (see page 3)** | No cost for urgent care | Not covered | No cost for urgent care | Not covered | Deductible, then no cost for urgent care | Not covered |
| **Office visit** | $45 | Deductible/Coinsurance | $55 | Deductible/Coinsurance | Deductible/Coinsurance | Deductible/Coinsurance |
| **Specialist visit** | $55 | Deductible/Coinsurance | $65 | Deductible/Coinsurance | Deductible/Coinsurance | Deductible/Coinsurance |
| **Chiropractic** | $45 | Deductible/Coinsurance | $55 | Deductible/Coinsurance | Deductible/Coinsurance | Deductible/Coinsurance |
| **Physical, occupational, and speech therapies** | $45 | Deductible/Coinsurance | $55 | Deductible/Coinsurance | Deductible/Coinsurance | Deductible/Coinsurance |
| **Well-child care** | Covered at 100%[3] | Deductible/Coinsurance | Covered at 100%[3] | Deductible/Coinsurance | Covered at 100%[3] | Deductible/Coinsurance |
| **Lab, X-ray, and diagnostic tests** | Deductible/Coinsurance | Deductible/Coinsurance | Deductible/Coinsurance | Deductible/Coinsurance | Deductible/Coinsurance | Deductible/Coinsurance |
| **Acupuncture** | $55 | Deductible/Coinsurance | $65 | Deductible/Coinsurance | Deductible/Coinsurance | Deductible/Coinsurance |
| **Hearing aid coverage — maximum one pair for 36 months** | Covered at 100%[3] | 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. **Each family member pays toward their individual deductible and out-of-pocket maximum.** Family limits help minimize the total amounts your family must pay in a given year.
2. Employer contributions to HRAs are available to use as of your first paycheck in January. Employer and Employee HSA contributions will be available to spend once you have activated your account with Fidelity.
3. Certain in-network preventive care services and well-child care services are covered at no added cost to you. You have no deductible or copays to meet for these services.
4. J-1 Visa holders are required to enroll in a special OAP plan with $500 individual and $1,000 family annual deductibles.
5. For information on the coverage and cost of using the One Medical at Dartmouth primary practice, please refer to **page 3**.

# 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** | $175 | $175 | $175 | $175 | Deductible/Coinsurance | In-Network Deductible/ Coinsurance |
| **Urgent care center** | $65 | $65[1] | $65 | $65[1] | Deductible/Coinsurance | In-Network Deductible/ Coinsurance[1] |
| **Ambulance** | Deductible/Coinsurance | In-Network Deductible/ Coinsurance[1] | Deductible/Coinsurance | In-Network Deductible/ Coinsurance[1] | Deductible/Coinsurance | In-Network Deductible/ Coinsurance[1] |
| **Mental health and substance abuse** | | | | | | |
| **Inpatient** | Deductible/Coinsurance | Deductible/Coinsurance | Deductible/Coinsurance | Deductible/Coinsurance | Deductible/Coinsurance | Deductible/Coinsurance |
| **Outpatient** | $45 | $45 after MHE benefit[2] | $55 | $55 after MHE benefit[2] | Deductible/Coinsurance | In-Network Deductible/ Coinsurance after MHE benefit[2] |

1. Out-of-network urgent care and ground ambulance service charges are based on Maximum Reimbursable Charge (MRC) criteria and eligible billed charges. In rare cases, you may be subject to balance billing. Contact Cigna at 855.869.8619.
2. 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 20% member coinsurance cost. (See page 21.) All 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).

## Prescription Drug Coverage Comparison Chart

**For more information, visit dartgo.org/pharmacy.**

| Pharmacy | OAP | CCF | HDHP* |
|---|---|---|---|
| **Retail pharmacy network (up to a 30-day supply)** | | | |
| Generic | $20 | $20 | Deductible/Coinsurance |
| Preferred brand | $45 | $45 | Deductible/Coinsurance |
| Non-preferred brand | $65 | $65 | Deductible/Coinsurance |
| **Home Delivery from Express Scripts Pharmacy or at a CVS Pharmacy (up to 90-day supply)** | | | |
| Generic | $40 | $40 | Deductible/Coinsurance |
| Preferred brand | $90 | $90 | Deductible/Coinsurance |
| Non-preferred brand | $130 | $130 | Deductible/Coinsurance |

*Preventive medications are available at no cost to members enrolled in a medical plan. Go to express-scripts.com/dartmouth to learn more.

# Prescription Drug Coverage

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

Call Express Scripts at **877.788.5766** 24/7/365 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. For prescription drug costs for retail pharmacy and home delivery, see **page 8**.

## SPECIALTY MEDICATIONS

- **Accredo Specialty Pharmacy** — All specialty medications are managed through Accredo and may require you to use mail order for these prescriptions after two refills at your local pharmacy. Please look for notifications from Accredo through mail or email.
- **PillarRx** — Dartmouth works with PillarRx to manage the Copay Assistance Program. This program offers employees and covered family members who take certain higher-cost specialty medications associated with complex or chronic medical conditions to reduce or remove the member's co-pay responsibility. You (or your covered spouse/dependent) will receive a letter directly from PillarRx within 60 days of filling your initial specialty medication that details how to register for the program.

**Please note:** Participation in the Copay Assistance Program is required to avoid a 30% coinsurance penalty if you are taking a copay assistance-eligible medication.

## DRUG COUPONS

Some prescription drug coupons and/or discount cards cannot be used in conjunction with Dartmouth's prescription drug plans. Ask your pharmacist whether a coupon can be used.

## ID CARDS

Each covered family member receives their own ID card from Express Scripts. Beginning 2027, Dartmouth will transition to Express Scripts "Digital First" program and members can still request to receive a copy of their ID card by calling Express Scripts customer service.

### 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.

# Emma: Decision Support Tool

Which medical plan is best for me? How much should I save in my FSAs? Is an HSA right for me? We know you have questions about the best options for you and your family.

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

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, Emma. This tool may provide estimates or suggestions, but only you can elect benefits to best suit your needs. Emma is not an application for enrollment. Emma does not create, receive, maintain, transmit, collect, or store any identifiable end-user information.

# Health Reimbursement Account (HRA)

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

## Eligibility

- All benefits-eligible employees who elect the CCF or HDHP medical plan with HRA.

## Other Considerations

- If you choose the CCF medical plan, your HRA dollars **cannot** be used to pay for prescription drugs or medical copays.
- Your unused balance carries forward into the new calendar year if you re-enroll in the same or another medical plan with HRA.
- The Dartmouth contribution may change mid-year if you add or remove dependents.
- Dartmouth contributions to the HRA are excluded from your gross income for tax purposes.
- Track your HRA balance on **www.mycigna.com**.

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

**TAX-ADVANTAGE PLAN CONTRIBUTIONS**

You can also participate in a Health Care FSA. **See page 13** for more information.

| Key Benefits | |
|---|---|
| **Which medical plan must I elect to participate?** | › CCF with HRA<br>› HDHP with HRA |
| **Who can contribute to the account?** | HRA dollars are solely funded by Dartmouth to help reduce the amount you pay toward medical care during the year. Employees cannot contribute to this account. |
| **What is the annual Dartmouth contribution?** | $500 for individuals, $1,000 for families. (New hires: amount is prorated year one, based on hire date.) |
| **How does it work?** | 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. |
| **When are funds available?** | Your full HRA balance is available January 1, so you can use the funds immediately. |

For more information, visit **dartgo.org/hra**.

## 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 A BILL FOR REMAINING DEDUCTIBLE OR COINSURANCE OWED**

# Health Savings Account (HSA)

***By contributing to an HSA, you can set aside pre-tax dollars to help pay for certain medical expenses now and/or in the future — Dartmouth also contributes to your account***

## Eligibility

- All benefits-eligible Faculty, Exempt, Non-Exempt, SEIU, and Research Associate B employees who elect the HDHP with HSA and who are:
  - NOT a Research Fellow or a J-1 Visa holder.
  - NOT enrolled in Medicare, Medicaid, or any other type of health insurance that is not a qualified HDHP.
  - NOT being claimed as a dependent on another person's tax return. (except as a legal spouse).
  - NOT covered by a general purpose Health Care FSA (includes coverage through a spouse or parent).
  - NOT a patient of One Medical at Dartmouth.

## Why Choose an HSA?

- The HSA provides a triple tax advantage: money goes in tax-free, grows tax-free, and is tax-free when used to pay for eligible health care expenses.
- You and Dartmouth contribute. You can change your contribution amount any time.
- You choose how to invest the money in your account, and your account can grow through investment earnings or interest payments.
- The money is always yours. You choose how to use your account, and any money left over at year end is yours to keep. You take your HSA dollars with you when you leave the plan, change jobs, or retire.
- Administration is easy with no submission deadlines.
- Use the Fidelity VISA debit card to pay for eligible HSA expenses.

**TAX-ADVANTAGE PLAN CONTRIBUTIONS**

If you enroll in the HSA, you can participate in the Limited Purpose FSA. See **page 14**.

## Other Considerations

- Your contributions are tax-free. Dartmouth contributions are excluded from your gross income.*
- If you will be Medicare-eligible in 2026, see **page 28**.
- Annual limits can change if you add or remove dependents from your medical plan.
- If you contribute to a general-purpose Health Care FSA (HCFSA), IRS regulations do not permit you to enroll in the HSA. In addition, you are not eligible if your spouse or parent can claim you on their HCFSA.

| Key Benefits | |
|---|---|
| **Which medical plan must I elect to participate?** | HDHP with HSA |
| **Who can contribute to the account?** | You and/or Dartmouth |
| **What is the annual Dartmouth contribution?** | $500 for individuals, $1,000 for families. (New Hires: amount is prorated year one, based on hire date.) |
| **What is the maximum I can contribute?**** | $4,400 for individuals (includes Dartmouth's $500 contribution) and $8,750 for families (includes Dartmouth's $1,000 contribution). If you are age 55 or older, IRS rules allow you to contribute an additional $1,000. |
| **How does it work?** | Use your HSA to pay for eligible health care expenses, with the amount counting toward your HDHP deductibles and out-of-pocket maximums. You can use a Fidelity VISA debit card or submit claims manually. |
| **When are funds available?** | You must activate the account and the Dartmouth contribution will be available with your first available paycheck. Your own contributions are available as they are deposited. |

For more information, visit **dartgo.org/hsa**.

* HSA contributions and earnings are not subject to federal taxes and not subject to state taxes in most states. A few states do not allow pre-tax treatment of contributions and earnings. Contact your tax advisor for details on your specific location.

** The maximum contribution allowed is determined by the number of months you are enrolled in the medical plan during the year.

## How an HSA works

**YOU OR A DEPENDENT INCURS AN ELIGIBLE HEALTH CARE EXPENSE**

→ **YOU RECEIVE BILL FOR DEDUCTIBLE OR COINSURANCE OWED**

→ **YOU PAY OUT-OF-POCKET** → **THEN YOU SUBMIT ONLINE TO FIDELITY FOR REIMBURSEMENT**

→ **YOU PAY WITH YOUR FIDELITY VISA DEBIT CARD UNTIL THE AVAILABLE BALANCE IS EXHAUSTED** → **THEN YOU PAY OUT-OF-POCKET**

# Flexible Spending Accounts Overview

Participating in a General Purpose or Limited Purpose Health Care and/or Dependent Care Flexible Spending Account* is a way of putting money aside tax-free throughout the year, and then using those dollars to pay for your health care or dependent care needs.

Dartmouth offers eligible employees:

- **Health Care Flexible Spending Account (HCFSA)** for health care expenses
- **Limited Purpose FSA (LPFSA)** for dental and vision expenses (can be used in addition to an HSA)
- **Dependent Care Flexible Spending Account (DCFSA)** for dependent care expenses
  - **Dependent Care Flexible Spending Account (DCFSA) with Child Care Subsidy** for eligible pre-K child care expenses

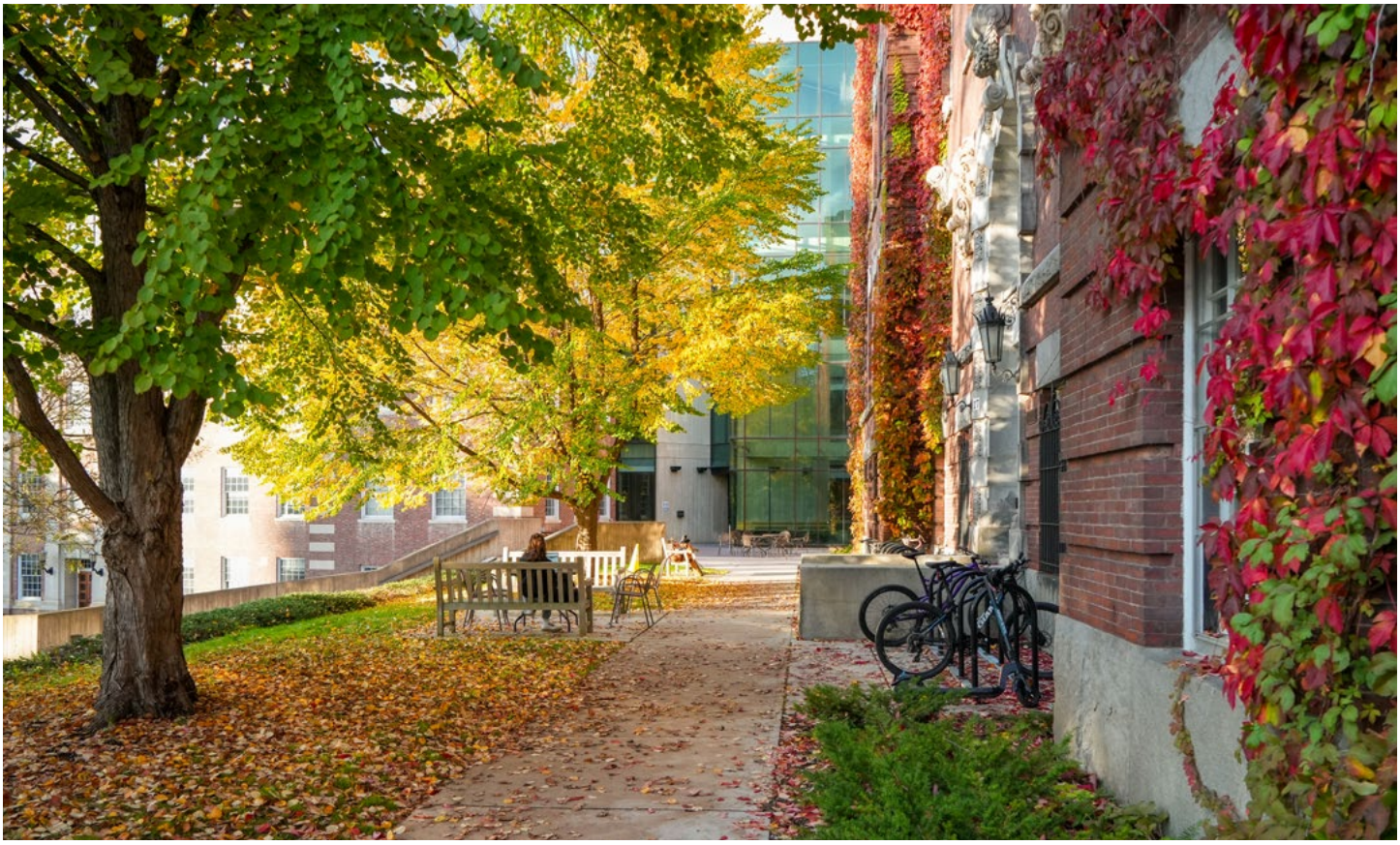
You cannot start, stop, or change your annual HCFSA, LPFSA, or DCFSA contribution outside of Open Enrollment unless you experience an IRS-defined status change (with event verification documentation), and the change is processed within 31 days of the event. Please contact the Benefits Office for more information.

* Contributions and earnings in these accounts are not subject to federal taxes. State and local taxes may apply. For detailed information, please contact your local department of taxation and a tax professional.

## SENTINEL VISA DEBIT CARD

Use one Sentinel VISA debit card to pay for eligible health care (HCFSA/LPFSA) and/or dependent care (DCFSA) expenses anywhere VISA is accepted.

If you don't use your Sentinel VISA debit card to pay for qualifying FSA expenses, claims can either be submitted online through Sentinel's portal or through the phone app. Sentinel is moving away from paper claims submission.



# Health Care Flexible Spending Account (HCFSA)

***The HCFSA allows you to use pre-tax dollars to pay eligible health care expenses***

## Eligibility

- Benefits-eligible employees (excluding Research Fellows).
- **A Dartmouth contribution to an FSA — In general, to be eligible for Dartmouth's contribution of up to $250 in an HCFSA, you:**
  - Must be biweekly paid; OR
  - Are monthly paid but earning $60,000/year or less; AND
  - Must select the OAP Medical plan; OR
  - Elect to waive medical coverage

  The Dartmouth contribution is prorated based on FTE and for your first year, based on hire date.

## Other Considerations

- Some expenses require substantiation as you spend. Keep your receipts for any expense that is paid by your HCFSA.
- **All contributions must be spent within the same calendar year in which they are contributed (with the exception of carryover balances). Claims must be submitted by March 31 of the following calendar year.**

| Key Benefits | |
|---|---|
| **Who can contribute to the account?** | You (and Dartmouth, if eligible). |
| **What is the annual Dartmouth contribution?** | Up to $250 in an HCFSA for those who are eligible. |
| **What is the maximum contribution?** | $3,400 per calendar year. |
| **How are my contributions taxed?** | You pay no federal, Social Security, or state taxes. |
| **How does the HCFSA work?** | › Set aside pre-tax dollars to pay for eligible medical, pharmacy, dental, and vision expenses.<br>› If you are enrolled in the CCF or HDHP with HRA, use the HCFSA to help pay eligible expenses not paid by the HRA. |
| **How do I pay for eligible expenses?** | Use your Sentinel VISA debit card or reimburse yourself by submitting a claim through the easy-to-use phone app. |
| **Can funds be carried over from one year to the next?** | Yes. You can carry over from $30 to $660 from your 2025 account into the 2026 plan year, and between $30 and $680 into the 2027 plan year. **Balances below $30 or above the maximum will be forfeited.** |
| **Do I have to re-enroll each year to contribute?** | Yes. You must re-enroll each year. |
| For more information, visit **dartgo.org/hcfsa** | |

If you contribute to an HCFSA, IRS regulations do not permit you to enroll in the HSA. In addition, you are not eligible if you are eligible for reimbursement under your spouse's or parent's HSA.

## How an HCFSA works

**YOU OR A DEPENDENT INCURS AN ELIGIBLE HEALTH CARE EXPENSE**

→ USE YOUR SENTINEL VISA DEBIT CARD TO PAY AT TIME OF SERVICE

OR

→ PAY EXPENSE OUT-OF-POCKET

→ OBTAIN COPY OF RECEIPT

→ WHEN REQUIRED, SENTINEL WILL REQUEST SUBSTANTIATION FOR THE EXPENSE

→ SCAN AND UPLOAD RECEIPT ONLINE OR THROUGH PHONE APP

OR

→ CREATE CLAIM ONLINE OR THROUGH PHONE APP, THEN SCAN AND UPLOAD RECEIPT

→ SENTINEL WILL EITHER MAIL YOU A CHECK OR DEPOSIT REIMBURSEMENT INTO YOUR BANK ACCOUNT

If you do not provide proper substantiation in a timely manner, your Sentinel debit card will be suspended and you could forfeit funds.

# Limited Purpose Flexible Spending Account (LPFSA)

***The LPFSA allows you to use pre-tax dollars to pay eligible dental and vision expenses if you are enrolled in the HDHP with HSA***

## Eligibility

- Benefits-eligible employees (excluding Research Fellows) who are enrolled in the HDHP with HSA.

## Other Considerations

- Some expenses require substantiation as you spend. Keep your receipts for any expense that is paid by your LPFSA.
- Limited purpose FSA contributions can be used to pay for eligible dental and vision expenses. Medical and pharmacy expenses are not eligible expenses under the LPFSA.
- **All contributions must be spent within the same calendar year in which they are contributed (with the exception of carryover balances). Claims must be submitted by March 31 of the following calendar year.**

| Key Benefits | |
|---|---|
| **Who can contribute to the account?** | You |
| **What is the maximum contribution?** | $3,400 per calendar year. |
| **How are my contributions taxed?** | You pay no federal, Social Security, or state taxes. |
| **How does the LPFSA work?** | If you are enrolled in the HDHP with HSA, set aside pre-tax dollars in the LPFSA to pay for eligible dental and vision expenses. |
| **How do I pay for eligible expenses?** | Use your Sentinel VISA debit card or reimburse yourself by submitting a claim through the easy-to-use phone app. |
| **Can funds be carried over from one year to the next?** | Yes. You can carry over from $30 to $660 from your 2025 account into the 2026 plan year, and between $30 and $680 into the 2027 plan year. **Balances below $30 or above the maximum will be forfeited.**<br><br>If you are new to the HDHP with HSA in 2026, HCFSA carryover dollars will automatically be deposited into the LPFSA. |
| **Do I have to re-enroll each year to contribute?** | Yes. You must re-enroll each year. |

For more information, visit **dartgo.org/lpfsa**

## How an LPFSA works

**YOU OR A DEPENDENT INCURS AN ELIGIBLE DENTAL OR VISION EXPENSE**

USE YOUR SENTINEL VISA DEBIT CARD TO PAY AT TIME OF SERVICE

OR

PAY EXPENSE OUT-OF-POCKET

OBTAIN COPY OF RECEIPT

WHEN REQUIRED, SENTINEL WILL REQUEST SUBSTANTIATION FOR THE EXPENSE

SCAN AND UPLOAD RECEIPT ONLINE OR THROUGH PHONE APP

OR

CREATE CLAIM ONLINE OR THROUGH PHONE APP, THEN SCAN AND UPLOAD RECEIPT

SENTINEL WILL EITHER MAIL YOU A CHECK OR DEPOSIT REIMBURSEMENT INTO YOUR BANK ACCOUNT

If you do not provide proper substantiation in a timely manner, your Sentinel debit card will be suspended and you could forfeit funds.

# Dependent Care Flexible Spending Account (DCFSA)

***The DCFSA allows you to use pre-tax dollars to pay for child care or care for an elderly or disabled family member***

## Eligibility

- Benefits-eligible employees (excluding Research Fellows), who have qualifying dependents.
- Married couples filing separately may only contribute $3,750 each.
- You may NOT contribute to a DCFSA while you or a spouse are not working (i.e. leave of absence, hiatus, unemployed).

## Other Considerations

- Qualifying dependents are children under age 13, or a child or relative who is physically or mentally incapable of self-care. For IRS guidelines, see **IRS publication 503**.
- **All DCFSA contributions must be spent no later than March 15 of the calendar year following the year in which the monies were contributed. Claims must be submitted by March 31 of the following calendar year.**

| Key Benefits | |
|---|---|
| **Who can contribute to the account?** | You (and Dartmouth, when eligible. Check eligibility on **page 16**). |
| **What is the annual Dartmouth contribution?** | $0, or if eligible for the Child Care Subsidy, up to $4,000—see **page 16**. |
| **What is the maximum contribution?** | $7,500 per year per household. |
| **How are contributions taxed?** | You pay no federal, state, or Social Security taxes. |
| **How does it work?** | DCFSA contributions can be used tax-free to pay qualified dependent care expenses, including child care, nannies, after school programs, and summer day camps, as well as adult day care centers for aging parents and nursing care for dependents with disabilities. Child Care Subsidy contributions apply only up to a child's sixth birthday.<br>You will receive a Sentinel VISA debit card to pay eligible expenses. |
| **Can funds be carried over from one year to the next?** | No—all contributions must be used by March 15 of the following year. |
| **Do I have to re-enroll each year to contribute?** | Yes. You must re-enroll each year. |
| For more information, visit **dartgo.org/dcfsa** | |

Non-discrimination testing is performed annually as regulated by the IRS. Some highly compensated employees may be required to reduce their annual limit once preliminary testing has been completed.

## How a DCFSA works

**YOU UTILIZE A DEPENDENT CARE SERVICE**

- USE YOUR SENTINEL VISA DEBIT CARD TO PAY AT TIME OF SERVICE
- OR
- PAY EXPENSE OUT-OF-POCKET

→ OBTAIN COPY OF RECEIPT

→ WHEN REQUIRED, SENTINEL WILL REQUEST SUBSTANTIATION FOR THE EXPENSE

- SCAN AND UPLOAD RECEIPT ONLINE OR THROUGH PHONE APP
- OR
- CREATE CLAIM ONLINE OR THROUGH PHONE APP, THEN SCAN AND UPLOAD RECEIPT

→ SENTINEL WILL EITHER MAIL YOU A CHECK OR DEPOSIT REIMBURSEMENT INTO YOUR BANK ACCOUNT

If you do not provide proper substantiation in a timely manner, your Sentinel debit card will be suspended, and you could forfeit funds.

# DCFSA with Child Care Subsidy

***Eligible employees can receive a contribution when electing the DCFSA with Child Care Subsidy***

Dartmouth provides a contribution of up to $4,000 for eligible employees with legal dependents (up to age 6) to help offset eligible pre-K child care expenses, such as licensed day care centers, when you elect the Dependent Care Flexible Spending Account (DCFSA) with Child Care Subsidy.

## Eligibility

- Regular, benefits-eligible employees (Research Fellows should contact the Benefits Office directly for enrollment in the Child Care Subsidy benefit).
- Legal parent or guardian of a child age birth through five years (up to the child's sixth birthday).

The Subsidy is based on your Dartmouth annual salary level determined during Open Enrollment or as a new hire:

| Salary Level | Subsidy Amount |
|---|---|
| $60,000 and under | $4,000 |
| Over $60,000 - $100,000 | $3,000 |
| Over $100,000 - $150,000 | $2,000 |
| Over $150,000 | $1,000 |

## Election Process

- To receive eligible Dartmouth contributions to the DCFSA with Child Care Subsidy, **you must elect** the DCFSA as a new hire, during Open Enrollment each year, or within 30 days of experiencing an IRS-defined status change.
- **Important** – To receive the child care subsidy from Dartmouth, You must
  1. Add your eligible dependent to the "Family Info Section" within FlexOnline when you enroll and
  2. Answer the "pre-qualifying" question and
  3. Enter the minimum contribution amount for the DCFSA benefit. Enter up to the maximum amount if you would also like to contribute.
- Dartmouth's flex-spending partner, Sentinel, administers this benefit and will send you a debit card to pay for qualifying DCFSA expenses. Claims can also be submitted online through Sentinel's website or through their App (available through iPhone and Play Store).
- All DCFSA funds, including the Child Care Subsidy, must be spent by March 15 of the following calendar year. Claims must be submitted by March 31 of the following calendar year. Any remaining Subsidy benefits are forfeited.

## IRS Guidelines

- DCFSAs operate according to IRS guidelines. See **IRS publication 503**.
- You may NOT receive the Child Care Subsidy while you or a spouse are not working (i.e., leave of absence, hiatus, unemployed, etc.).
- The IRS annual "household" maximum amount you may contribute to a DCFSA, including both the Dartmouth Child Care Subsidy and any pre-tax contributions you choose to make is $7,500 for individuals or married couples filing jointly ($3,750 for married couples filing separately).
- Participants enrolled in a DCFSA are responsible for tracking their "household" contribution limits. If your spouse also is contributing to a DCFSA through their employer, it is important for you to take into consideration their contributions to ensure your household contributions do not exceed $7,500 annually.

For more information, visit **dartgo.org/child-care-subsidy**.

# Dental Coverage

***Dental benefits are offered through Northeast Delta Dental***

| Service | Low Plan | High Plan |
|---|---|---|
| **Standard Dental Services** | | |
| Annual Deductible | $50 Individual<br>$150 Family | No Deductible |
| Diagnostic and Preventive Services (e.g., exams, cleanings, X-rays) | 100% No Deductible | 100% |
| Basic Restorative Services (e.g., fillings, extractions, root canals) | 80% After Deductible | 80% |
| Major Restorative Services (e.g., crowns, bridges, implants) | N/A | 50% |
| Annual Plan Max (per person) | $1,000 | $5,000 |
| **Orthodontia Coverage** | | |
| Orthodontia Coinsurance | N/A | 50% |
| Orthodontia Lifetime Max | N/A | $2,000* |
| Adult Orthodontia Coverage | N/A | Yes |

| Monthly Rates | Low Plan | High Plan |
|---|---|---|
| Individual | $35.92 | $66.17 |
| 2-Person | $63.94 | $117.78 |
| Family | $109.93 | $202.48 |

* $2,000 Orthodontia Lifetime Max is separate from $5,000 Annual Plan Max.

Both plans offer in-network discounts through the Delta Dental PPO and Premier networks. **For additional savings, PPO network providers offer deeper discounts.** To find out if your dentist is in the Delta Dental PPO or Premier network, search the directory at **www.nedelta.com**.

**For more information, visit dartgo.org/dental.**

## ID CARDS

Upon enrollment, each covered family member will receive their own ID card. Digital cards can be accessed through the Delta Dental mobile app.

# Vision Coverage

## *Vision benefits are offered through Vision Service Plan (VSP)*

Vision coverage includes an allowance toward frames or contact lenses every 12 months. Costs are lower when you receive care within the VSP network, but you also have the option to go out-of-network for some services.

| VSP | | |
|---|---|---|
| | **In-Network** | **Out-of-Network** |
| **Comprehensive Eye Exam** | $0 copay<br>Once per plan year | $57 |
| **Contact Lens Fitting** | | |
| **Standard** | Covered in full after $60 copay | Not covered |
| **Premium** | Covered in full after $60 copay | Not covered |
| **Contact Lenses** | | |
| **Conventional** | $200 allowance | $135 |
| **Disposable** | $200 allowance | $135 |
| **Medically Necessary** | $20 copay, then covered in full | $210 |
| **Frame** | $20 copay, then $200 allowance<br>20% discount after allowance;<br>$220 towards Featured Frame Brands | $100 |
| **Standard lenses** | $20 copay then: | |
| **Single Vision** | Paid-in-full | $47 |
| **Bifocal** | Paid-in-full | $79 |
| **Trifocal** | Paid-in-full | $130 |
| **Lenticular** | Paid-in-full | $130 |
| **Progressive** | Standard: Paid-in-full<br>Premium/Custom: $95-175 copay | $79 |
| **Materials Frequency** (Contact lenses are in lieu of glasses, lenses, and frame) | Once per plan year | Once per plan year |
| **Laser Vision Correction** | 15% average discount | N/A |

| Monthly Rates | |
|---|---|
| Individual | $6.97 |
| Employee Plus Spouse | $13.25 |
| Employee Plus Children | $13.95 |
| Family | $20.50 |

**For more information, visit dartgo.org/vision.**

### ROUTINE EYE EXAM THROUGH CIGNA VISION

Please note, if you're enrolled in a Dartmouth medical plan, one routine eye exam is covered annually at no charge with an in-network EyeMed provider. In addition, you can also take advantage of vision discounts through Cigna Healthy Rewards®. Visit dartgo.org/healthy_rewards for more information.

## ID CARDS

### VSP

VSP does not issue ID cards. Use your Dartmouth ID and date of birth as your family's ID information.

### CIGNA VISION

Each covered family member receives their own ID card from EyeMed.

# Wellness at Dartmouth

***You must elect a Wellness Benefit option, even if you waive medical coverage***

## Wellness Benefit Options

All benefits-eligible employees have two Wellness Benefit election options to choose from. Once you elect your option, you cannot change your election until the next Open Enrollment period. If you do not make an election, you will be defaulted to the Lifestyle Spending Account (LSA). Please note that participation in the Dartmouth Fitness membership requires an active election each year.

- **Option 1: Lifestyle Spending Account (LSA)**
  The LSA is a flexible benefit that provides a reimbursement up to $250 each year for a range of well-being expenses, such as gym memberships, fitness equipment, CSAs (farm shares), hobby classes, mindfulness apps, and more, so that you can invest in what matters most to you. For a complete list of expenses and more information, see **dartgo.org/lsa**.
- **Option 2: Dartmouth Fitness Membership**
  This benefit provides a free Dartmouth Fitness annual membership valued at up to $450 for the Lewinstein Athletic Center (formerly Alumni Gym) (indoor racquet and squash courts, indoor track and gymnasium, swimming pools), as well as the Zimmerman Fitness Center (strength and cardio equipment). ***PLEASE NOTE: This Wellness Benefit is not currently available to elect due to the gym closure planned for mid-June through mid-August.***

**See the chart on the next page to learn more about these Wellness Benefit options, or visit dartgo.org/wellnessbenefits.**

The Dartmouth Fitness Membership requires enrollment in FlexOnline during Open Enrollment each year, including an acknowledgment of the gym waiver, to re-elect this benefit.

### OTHER WELL-BEING RESOURCES

Dartmouth provides other resources to support your well-being, including:

- **The Faculty/Employee Assistance Program (F/EAP)** — Provides confidential counseling and legal, financial, and other work life support to you and your household members (see **page 22**).
- **The Headspace app** — Provides free access to meditation and mindfulness programs for you and up to five loved ones. (see **page 22**).
- **On-Campus Behavioral Health Coach** — Benefits-eligible employees can meet with a health coach offering confidential, 1:1 support tailored to your health goals (see **page 22**).
- **Omada Pre-Diabetes program** — If you are enrolled in a Dartmouth medical plan and you meet medical eligibility, you and your adult family members can access this digital lifestyle change program to lose weight and develop long-term healthy habits, at no cost.
- **Webinars** — Participate in virtual learning sessions on a variety of topics.
- **One Medical at Dartmouth** — Take advantage of this primary care practice if you are enrolled in an eligible Dartmouth medical plan (see **page 3**).

**Visit www.dartmouth.edu/wellness to learn more.**

# Wellness at Dartmouth (cont'd)

## Wellness Benefit Options At-a-Glance

*PLEASE NOTE: The Dartmouth Fitness Membership Wellness Benefit is not currently available to elect due to the gym closure planned for mid-June through mid-August.*

| | Lifestyle Spending Account (LSA) | Dartmouth Fitness Membership |
|---|---|---|
| **How much money can I receive per year?** | Reimbursement of **up to $250** per year. | A value of **up to $450** per year ($225 if you begin your membership after 7/1/2026). |
| **How much additional money can my spouse receive?** | **None.** However, if spouse is enrolled in a Dartmouth medical plan, the spouse may share the $250. | **None.** This option is available to active benefits-eligible employees only. |
| **What can I use the reimbursement/ credit for?** | **The reimbursement is for expenses you incur** for a wide range of well-being expenses, like gym memberships, fitness equipment, alternative therapies, hobby classes, and more. | **Receive a free Dartmouth Fitness Membership at the Lewinstein Athletic Center (formerly Alumni Gym) and the Zimmerman Fitness Center** from January 1, 2026 (or a later date) through December 31, 2026. |
| **What do I have to do to receive my reimbursement/ credit?** | **Submit receipts online** or via the Sentinel app for easy reimbursement. | **Elect the Dartmouth Fitness Membership in FlexOnline** and receive the value of a free membership through December 31, 2026. |
| **Will I be taxed on the money I receive?** | **Yes,** applicable taxes will be withheld from your paycheck when you or your spouse (if applicable) receive reimbursement. | **Yes,** applicable taxes will be withheld from your paycheck after you make your election and utilize the facilities. |
| **Who do I contact if I have questions about the program?** | **Wellness at Dartmouth** with general questions (**wellness@dartmouth.edu**) and **Sentinel** with submission and status questions (888.762.6088). | **Wellness at Dartmouth** with general questions (**wellness@dartmouth.edu**) and the **Dartmouth Fitness Membership Office** with specific membership and pricing questions (**recreation.sales@dartmouth.edu**). |

# Emotional Well-Being Resources

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

## Resources if Enrolled in the Medical Plan

You and your covered dependents have access to a broad range of mental health resources through Cigna.

- **Find In-Network Care** — Visit **www.myCigna.com** or contact Cigna customer service directly at 855.869.8619 24/7/365.
- **Mental Health Exception** — Utilize the Mental Health Exception benefit to see out-of-network providers at in-network rates—another way Dartmouth helps you and your family get the care you need. Cigna covers 80% of the provider's fee; you pay just 20% for an out-of-network visit. After the maximum 12 lifetime mental health visits, out-of-network sessions are covered at your standard in-network cost. Important: You may need to pay the provider up front and then submit a claim to Cigna for reimbursement. While your share of the provider's fee is based on the in-network rate, the provider may still bill you for any amount above what Cigna covers (this is called "balanced billing"). Visit **dartgo.org/mhe** for details, including the claim submission process.
- **Additional virtual services** — Access a variety of virtual services through Cigna including options for children, teens, and adults. Support is available in a variety of ways—through text, phone, and video—and cover a wide range of needs, including:
  - Anxiety, depression, and mood disorders
  - Stress and burnout
  - Relationship and family challenges
  - Parenting support and child behavioral health
  - Eating disorders
  - Alcohol use and recovery
  - Sleep and mindfulness
  - LGBTQIA+ affirming care
  - Everyday emotional well-being and goal setting

**Visit www.mycigna.com > Find Care & Costs > Counseling to search for an in-network care and explore how each service can support you and your loved ones.**

# Emotional Well-Being Resources (cont'd)

## Resources for Everybody

Whether or not you are enrolled in a Dartmouth medical plan, these resources are available:

### Faculty/Employee Assistance Program (F/EAP)

The F/EAP, in partnership with ComPysch/ GuidanceResources, gives you and your household members confidential support and information for personal and work-life issues, at no cost to you.

Services include:

- Confidential counseling (up to eight sessions per issue per year)
- Legal guidance
- Financial resources, and
- Work and lifestyle support

You can access the F/EAP three ways:

1. **Call toll-free 844.216.8308**
   Available 24/7, you can speak with a behavioral health professional who will listen to your concerns and guide you to the appropriate services, including meeting with a therapist on-campus, local to you, or virtually.
2. **Visit GuidanceResources® Online at www.guidanceresources.com and enter Organization Web ID: Dartmouth**
   Find timely, expert information on relationships, wellness, work, legal, financial, and other lifestyle topics. Search for child and elder care, attorneys and financial planners, and access Huddles support groups, digital toolkits, on-demand trainings, self-assessments, and more.
3. **Download the GuidanceNow App**
   After downloading the app, log in with your username and password, or click on 'register' and enter Organization Web ID: Dartmouth, to access services.

**For more information, visit dartgo.org/eap.**

### Headspace App

Headspace is a leading mindfulness and meditation app. Dartmouth offers you, and up to five loved ones, free access to Headspace, which includes hundreds of meditations and exercises to combat stress and help with focus, sleep, and movement. To learn more and register for your Headspace access, please visit **dartgo.org/headspaceinfo**.

### On-Campus Behavioral Health Coach

Benefits-eligible employees can meet with the on-campus behavioral health coach offering confidential, personalized 1:1 support tailored to your health goals. Get guidance for managing stress, weight, diabetes, high blood pressure, and more. Available in-person and virtually. Learn more at **dartgo.org/behavioralhealthcoach**.

### Additional Offerings

Other resources available include:

- Webinars
- Meditation and mindfulness sessions
- Financial well-being

**Access dartgo.org/emotionalwellbeing to learn more.**

# Life Insurance

***Dartmouth offers a variety of insurance products and services through Lincoln Financial Group (LFG)***

**Brief descriptions are provided below. For additional details including rates, FAQs, and enrollment information, please visit dartgo.org/life-insurance.**

## Basic and Supplemental Life Insurance

- Faculty, Exempt, and Non-Exempt employees receive **$50,000 basic life insurance** at no cost.
- In addition to the basic life benefit, Faculty, Exempt, and Non-Exempt employees are also eligible to elect a **supplemental group term life insurance plan** up to 8x their annual salary, to a maximum of $1,500,000. Evidence of Insurability may be required.
- SEIU employees receive a basic life benefit of 2.5x their annual salary at no cost, after one year of eligible employment.
- Research Associate Bs and Research Fellows have the option of purchasing the $50,000 basic life plan and/or 1-8x annual salary.
- Group term life rates are calculated based on age bands and per thousand dollars of coverage.
- Annual salary is defined as of January 1 of the plan year, and does not include bonuses, commissions, overtime pay, or any extra compensation.

## Dependent Life Insurance

Plan coverage and rates:

| Plan | Coverage | Rates |
|---|---|---|
| **Spouse** | $25,000 coverage for spouse | $5.98 per month |
| **Dependent** | $10,000 coverage for each child | $2.28 per month |
| **Family** | $25,000 coverage for spouse and $10,000 coverage for each child | $7.68 per month |

Plan guidelines do not allow Dartmouth couples to cover one another on dependent life, and only one spouse can cover the children. SEIU employees are eligible to elect dependent life after one year of eligible employment.

## Travel Assistance

Lincoln Financial Group's TravelConnect® program provides employees with 24/7 access to a multilingual assistance coordinator who can assist with doctor referrals, transportation, prescriptions, and use of a 24/7 nurse line.

This program, provided at no cost to you, also supports you in the event of a medical emergency, natural disaster, and political upheavals. Evacuation to the nearest hospital or safe haven can be arranged, or travel arrangements home can be made as needed. For general travel, LFG can assist with pre-trip travel services, lost travel documents, and legal consultation/referrals.

## Beneficiary Support and Funeral Preparation Services

Lincoln Financial Group's LifeKeys® program allows you and your beneficiaries access to will preparation, memorial planning, grief counseling, and legal/financial consultation. Six in-person sessions will be made available, as well as unlimited phone support. All of these services are included with your basic and/or supplemental life coverage through Lincoln Financial Group. For an additional fee, Lincoln FuneralPrep provides comprehensive funeral planning services.

**For more information and eligibility visit dartgo.org/lifekeys.**

# Voluntary Benefits

## *Voluntary benefits can provide additional financial protection*

Voluntary benefits can help with out-of-pocket expenses, for example, if your medical plan has a high deductible. You'll receive your benefit as a lump-sum cash payment to use however you wish. All benefits are separate from medical coverage and are 100% portable, which means the coverage is yours to take with you, should you leave Dartmouth for any reason.

All benefits-eligible Dartmouth employees can choose to enroll in any of these employee-paid Voluntary benefits plans, with guaranteed issue:

- **Hospital Care Indemnity Insurance**—Helps pay for deductibles and coinsurance, as well as everyday living expenses due to a hospitalization.

**IMPORTANT NOTICE:**
**Hospital Care Indemnity Insurance is a fixed indemnity policy, not health insurance. See page 30 for more information.**

- **Accidental Injury Insurance**—Helps pay for medical costs associated with an accidental injury.
- **Critical Illness Insurance**—Pays a lump-sum benefit in the event of a diagnosis of a covered critical illness, including heart attack, stroke, invasive cancer, and end-stage renal failure. Your Critical Illness plan comes with a $50 health screening test incentive benefit for you and anyone covered under your plan. For more information go to **dartgo.org/ci-screening**.

Plan guidelines do not allow Dartmouth couples to cover one another, and only one spouse can cover the children.

Learn more about what is covered under each plan at **dartgo.org/voluntary**. Use the benefit cost estimator to determine your monthly rates for these benefits at **dartgo.org/benefits-cost-estimator.**

**If you're enrolled in a Dartmouth medical plan and experience an eligible claim, Cigna will notify you to be sure you submit your claim under Voluntary benefits.**

# Disability Coverage

***Dartmouth offers disability benefits that provide income protection if an illness or injury prevents you from working***

## Short Term Disability (STD)

If you cannot work due to disability, the Short Term Disability plan can provide income replacement for up to 26 weeks. Benefits are determined by your employment category.

- **Non-Exempt employees** have an elimination period of five days, during which you can use Paid Time Off. The elimination period is the number of consecutive work days you would need to be totally disabled before benefits begin. The plan replaces salary at 100% for weeks two through eight and 60% for weeks nine through 26.
- **Exempt employees and Research Associate Bs and Cs** have an elimination period of 10 work days, which is paid for by the department. The elimination period is the number of consecutive work days you would need to be totally disabled before benefits begin. The plan replaces salary at 100% for weeks three through eight and 60% for weeks nine through 26.
- **Faculty members**, refer to the faculty handbook.
- **Research Fellows** are not eligible for this benefit.
- **For SEIU employees**, the duration of benefits depends on the number of continuous years of service as of the last day worked prior to disability.
  - Those with 90 days to one year of service receive two weeks* of 100% salary replacement.
  - Those with more than one year of service receive 100% salary replacement for the first eight weeks* and 60% for weeks nine through 26.

* After the 5 work day elimination period

**PAID PARENTAL LEAVE**

Dartmouth offers Paid Parental Leave for eligible parents. For details for Staff, please see **dartgo.org/parental-leave-policy**, and for Faculty, please check with your department.

## Long Term Disability (LTD)

If your disability continues beyond 26 weeks, you may be eligible for benefits through the Long Term Disability plan. Dartmouth provides 50% pay replacement at no cost to employees up to a maximum of $15,000* per month. During Open Enrollment, you may only increase your percentage of coverage by 10%. Please note, any pre-existing conditions diagnosed or treated during the one-year period prior to January 1, 2026 will not be eligible for LTD coverage at the increased percentage rate. However, any new conditions diagnosed or treated after January 1, 2026 will be eligible for LTD coverage at the increased percentage rate.

- **SEIU employees** need three continuous years of service to be eligible for LTD.
- **Research Associate Bs and Research Fellows** are not eligible for this benefit.

**For more information or questions regarding your disability benefits, visit dartgo.org/disability.**

* SEIU employees, refer to your contract.

# Retirement Savings Benefits

***Dartmouth provides retirement savings plans to help you build future financial security***

Retirement savings plans are not part of Open Enrollment. If eligible, you may enroll or make changes at any time through the retirement plan website at **dartgo.org/retirement**.

## 401(a) Defined Contribution Retirement Plan

- Dartmouth makes contributions on your behalf, with no contributions required from you.
- You direct where the contributions are invested among investment options available at the time of enrollment.
- If you do not make an election within 30 days of eligibility, you will be defaulted to a Vanguard Target Date Retirement Fund at Fidelity, with a target date closest to the year in which you will reach age 65.
- Contributions accumulate with interest, earnings, and investment gains or losses. The resulting amount will be the source of your retirement income from the plan.
- Dartmouth contributes to your account based on your age (no contribution from you is required).

| Your age | Dartmouth contribution as a % of your base salary |
|---|---|
| 21 to 29 | 3% |
| 30 to 34 | 5% |
| 35 to 39 | 7% |
| 40 or older | 9% |

- You become fully vested after three years of continuous employment with Dartmouth.

For more information visit **dartgo.org/401a**.

**FINANCIAL WORKSHOPS**

Given the wide range of choices available to you, you may want some help making your retirement decisions. To assist you, Dartmouth offers one-on-one consultations and workshops with representatives from Fidelity and TIAA. Visit **dartgo.org/retirement-counseling**.

## 403(b) Supplemental Retirement Accounts (SRA)

- You may make pre-tax or Roth post-tax contributions from your paycheck, up to the annual limit based on your age.
- Contributions may be changed at any time.
- You may roll over funds from a previous employer's retirement plan(s).
- Loans are available from your pre-tax account.

## Annual Limits

| Your age | 2025 contribution limit* |
|---|---|
| Under 50 | $23,500 |
| 50 and older | $31,000 |

Starting January 1, 2026, Dartmouth will offer the IRS's new "Super Catch-up" in the SRA. Employees who are ages 60-63 during the year will have a higher catch-up limit of at least $11,250, above and beyond the regular IRS contribution limit – currently at $23,500.

Also, starting January 1, 2026, individuals who are aged 50 and older and who earned $145,000 or more in FICA wages in 2025 (box 3 on Form W-2) will be required by the IRS to designate their catch-up contributions as Roth post-tax. Dartmouth will monitor your contributions and automatically apply the Roth designation if required.

*The contribution limits discussed above are the IRS limits for the 2025 calendar year and they are subject to change annually. For more information visit **dartgo.org/sra**.

**ACCESSING RETIREMENT BENEFITS**

**Visit dartgo.org/retirement.**

# Additional Benefits

***Dartmouth provides additional programs and support***

## Paid Time Off

- **Salaried Employees**—Visit **dartgo.org/salaried-pto**
- **Non-Exempt Employees**—Visit **dartgo.org/hourly-pto**
- **SEIU Employees**—Refer to your union contract.
- **Holidays and Winter Break** —Visit **dartgo.org/holidays**
- **Volunteer Time Off**—Visit **dartgo.org/vto**

## Educational Assistance Program

After at least one year of continuous service, benefits-eligible employees may take courses at an accredited college or university that have been pre-approved. Dartmouth will reimburse 100% of the cost of tuition, registration fees, and books, up to a maximum benefit of $2,000 per fiscal year for successfully completed courses in which you receive a grade of C- or higher (associate or undergraduate courses) or B- or higher (graduate courses). Visit **dartgo.org/tap**.

## Tuition Grant for Dartmouth Courses

Benefits-eligible employees who are actively at work for one year of continuous regular employment may be eligible to receive a tuition grant for courses at Dartmouth. Visit **dartgo.org/tap**.

## Faculty and Staff Loan Program

Dartmouth offers a no-interest emergency loan program to all benefits-eligible employees. For more information, please visit **dartgo.org/employee-loans** or contact the Benefits office at **603.646.3588**.

## Adoption Reimbursement

Dartmouth will contribute up to $5,000 per calendar year for qualified expenses associated with the cost of adopting a child. For more information and submission deadlines visit **dartgo.org/adoption**.

## Health Care Cost Hardship Program

A program designed to help you with extensive medical costs. For more information visit **dartgo.org/hardship**.

# Turning Age 65 and Becoming Medicare Eligible

If you are turning age 65 in 2026 but will continue working in a benefits-eligible position, Medicare will allow you to delay your enrollment in Medicare Parts A and B until you officially retire, without a late enrollment penalty **(enrollment in Medicare Part A is optional)**. The Dartmouth active benefits plans are considered to be creditable plans, according to the Medicare Modernization Act (MMA). To learn more, visit **www.medicare.gov**.

If you are turning age 65 or older in 2026 and you are considering retiring in 2026, please contact Medicare three months before your retirement date to set up your Medicare coverage to begin the first of the month following the date you retire. For additional information on Medicare eligibility and enrollment periods, please visit **www.medicare.gov**.

If you qualify for the Dartmouth retiree healthcare program and are Medicare eligible, you must be enrolled in Medicare Part A and Part B effective the first of the month following your final day of active employment. You must also provide a copy of your Medicare ID card, showing coverage in Medicare A & B, to the Benefits Office at least 45 days before your retirement date in order to be effectively enrolled in the Dartmouth Medicare Supplement (DCMS) plan.

Employees will have access to the Dartmouth retiree healthcare program upon meeting the minimum eligibility requirements. You must be at least age 55 and have at least 10* consecutive years of benefits-eligible service to qualify.

Eligibility for the Dartmouth Retiree Subsidy is only for employees who were hired into a benefits-eligible position PRIOR to July 1, 2009.

## Health Savings Accounts (HSAs) and Medicare Enrollment

If you choose the HDHP and elect to contribute to the HSA as an active employee, you will no longer be able to do so once you enroll in Medicare. Please note: Premium-free Medicare Part A coverage begins six months back from the date you apply for Medicare (or Social Security or Railroad Retirement Board RRB benefits), but no earlier than the first month you were eligible for Medicare. **To avoid a tax penalty, you should stop contributing to your HSA at least six months before you apply for Medicare.**

For additional information regarding the Dartmouth retiree healthcare program, please visit the retiree benefits website at **dartgo.org/retirees**.

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.

## Coordination of Benefits

For information on how your Dartmouth medical plan coordinates with Medicare and other medical plans, please contact Cigna at 855.869.8619 or review your Summary Plan Description document at **dartgo.org/spd**.

* When an employee has one or more breaks in benefits-eligible service and each break is one year or less, the break(s) will be ignored when determining "consecutive" years of service, but the length of each break will not be counted as service. An interruption in benefits-eligible service lasting more than one year will break an employee's years of consecutive service.

# Required Notices

## Prescription Drug Coverage and Medicare, Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice 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. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Dartmouth has determined that the prescription drug coverage offered by the Express Scripts Medicare Part D prescription drug plan and the Health and Welfare Benefits Plan of Dartmouth are each, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens To Your Current Coverage If You Decide To Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Dartmouth coverage will be impacted. If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will be able to get this coverage back at the next annual enrollment opportunity or qualified life event.

### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with this plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

# Required Notices (cont'd)

### For More Information About This Notice Or Your Current Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit **www.medicare.gov.**
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call **1-800-MEDICARE (1.800.633.4227)**. TTY users should call **1.877.486.2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call them at **1.800.772.1213 (TTY 1.800.325.0778)**.

**REMEMBER: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

For more information about this Notice or your current prescription drug coverage, contact one of the following: Dartmouth Human Resources Benefits Office at: **603.646.3588** Monday through Friday, 8:00 a.m. thru 5:00 p.m., Express Scripts Customer Care at **877.788.5810** toll-free 24/7.

**NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Dartmouth changes. You also may request a copy of this notice at any time.

## Hospital Indemnity Notice

### IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

## Looking for comprehensive health insurance?

- Visit **HealthCare.gov** or call **1.800.318.2596 (TTY: 1.855.889.4325)** to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

## Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

# Required Notices (cont'd)

## 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.**

## HIPPA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact Karen Wilson, Director of Benefits and Wellness.

## Notice of Privacy Practices

Under the Health Insurance Portability and Accountability Act (HIPAA), Dartmouth's health plans are required to maintain the privacy of protected health information.

For information visit **dartgo.org/hipaa**.

# Required Notices (cont'd)

## Notice of Exchange/Coverage Options

### Part A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

#### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

#### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

#### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.96% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.96% of the employee's household income.[1, 2]

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

#### When Can I Enroll in Health Insurance Coverage Through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit **HealthCare.gov** or call the Marketplace Call Center at **1.800.318.2596**. TTY users can call **1.855.889.4325**.

[1] Indexed annually. 2025 = 9.02%; 2026 = 9.96%, see **irs.gov/pub/irs-drop/rp-25-25.pdf** for 2026.

[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

# Required Notices (cont'd)

### What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan. Confirm the deadline with your employer or your employment-based health plan. Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit **www.healthcare.gov/medicaid-chip/getting-medicaid-chip/** for more details.

Dartmouth offers multiple health plans to all benefits-eligible employees and their eligible dependents. These plans meet the minimum value standard.

Paper copies of all of the Required Notices are also available free of charge from the HR Benefits department. To request a paper copy, please call us at **603.646.3588** or email **human.resources.benefits@dartmouth.edu**.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the Dartmouth Benefits Office.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

# Benefits Contacts

## DARTMOUTH BENEFITS OFFICE

For questions on enrolling in your benefits.

**Phone:** 603.646.3588
**Website:** dartgo.org/benefits
**Email:** human.resources.benefits@dartmouth.edu
**Fax:** 603.646.1108

## HEALTH AND WELFARE BENEFITS

**CIGNA — Medical**

**Phone:** 855.869.8619
**Website:** www.cigna.com
**Account login:** www.mycigna.com

**CIGNA — Eye Exam**

**Phone:** 888.353.2653

**CIGNA — Global Health Medical Benefits Abroad**

**Toll-free:** 800.243.1348
**Direct (Collect calls accepted):** 302.797.3535
**Website:** www.cignaenvoy.com

**EXPRESS SCRIPTS — Pharmacy**

**Phone:** 877.788.5766
**Website:** www.express-scripts.com/Dartmouth

**SENTINEL — Flexible Spending Accounts**

**Phone:** 888.762.6088
**Website:** www.sentinelgroup.com
**Claims fax:** 781.213.7301
**Claims address:** 100 Quannapowitt Pkwy, Suite 300 Wakefield, MA 01880

**ONE MEDICAL AT DARTMOUTH — Primary Care**

**Phone:** 603.738.1164
**Website:** onemedical.com/dartmouth
**Email:** dartmouth@onemedical.com

**NORTHEAST DELTA DENTAL — Dental**

**Phone:** 800.832.5700
**Website:** www.nedelta.com

**VSP — Vision**

**Phone: 800.877.7195**
**Website:** www.vsp.com

**FIDELITY — Health Savings Account**

**Phone:** 800.544.3716
**Website:** www.fidelity.com
**Account login:** www.netbenefits.com

**LINCOLN FINANCIAL GROUP — Short and Long Term Disability, Life and Travel Insurance, Beneficiary Support and Funeral Preparation Services**

**Phone:** 800.210.0268
**Website:** www.lincolnfinancial.com

**Faculty/Employee Assistance Program (F/EAP)**

**Phone:** 844.216.8308
**Website:** www.guidanceresources.com
**Company ID:** Dartmouth

**WELLNESS AT DARTMOUTH — Wellness Benefit Options**

**Phone:** 603.646.3706
**Website:** dartgo.org/wellness
**Email:** wellness@dartmouth.edu

**CIGNA — Voluntary Benefits**

**Phone:** 800.754.3207
**Website:** www.mycigna.com (account)
SuppHealthClaims.com (claims)

## RETIREMENT BENEFITS

**TIAA — Retirement**

**Phone:** 800.842.2252
**Website:** www.tiaa.org/dartmouth

**FIDELITY — Retirement**

**Phone:** 800.343.0860
**Website:** www.netbenefits.com/dartmouth

# Benefits Terms to Know

## 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:** Healthcare 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 healthcare 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 healthcare 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 Accounts*

**Flexible Spending Account (FSA):** A pre-tax employee- or employer-funded account that can be set up to reimburse you for qualified expenses:

- A Health Care (HCFSA) and Limited Purpose FSA (LPFSA) allows you to use pre-tax dollars to pay your share of eligible health care expenses not covered by your medical or dental plan.
- A Dependent Care FSA (DCFSA) allows you to use pre-tax dollars to pay for childcare or care for an elderly or disabled family member. (This may include a Child Care Subidy contribution for eligible employees and expenses.)

**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 a medical plan with HRA.

**Health Savings Account (HSA):** A tax-free, individually owned savings account used to pay for your and your eligible dependents' qualified medical expenses in the current year or in future years.

## Other

**Dependent:** Certain benefits at Dartmouth allow coverage for family members of benefits-eligible employees. Family members include legal spouses, children and stepchildren to age 26, unless they were disabled prior to the date of coverage.

**Full-Time Equivalent (FTE):** The percentage of working full-time. FTE is often based on the number of hours worked per week and/or number of months worked per year. Some benefits are pro-rated when you work less than full-time. FTE status is assigned on your date of hire or when you experience a change in employment status.

**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. Your share of the plan cost/rate is deducted from your paycheck.

**Single Sign On (SSO):** Allows you to use one set of log-in credentials to access multiple systems, to streamline access.

* Contributions and earnings in these accounts are not subject to federal taxes. State and local taxes may apply. For detailed information, please contact your local department of taxation and tax professional.

# Enrollment Worksheet

Use this worksheet to organize your elections before enrolling on FlexOnline. You can also access at **dartgo.org/enroll:**

| ✓ BENEFIT PLAN | DEPENDENTS COVERED ON PLAN & INFO | AMOUNT |
|---|---|---|
| ❑ **MEDICAL PLAN**<br>❑ OAP ❑ CCF with HRA<br>❑ HDHP with HRA ❑ HDHP with HSA | _____ Spouse* _____ Child<br>_____ Child _____ Child | (Per pay period cost)<br>$ |
| ❑ **HRA** (Dartmouth) | Automatic Dartmouth contribution with CCF and HDHP with HRA medical plan options. | (Dartmouth Contribution)<br>$ |
| ❑ **HSA** (Dartmouth) | Automatic Dartmouth contribution with HDHP with HSA medical plan. | (Dartmouth Contribution)<br>$ |
| ❑ **HSA** (Employee) | Dartmouth contribution must be included as part of the IRS annual limit. | (Annual Contribution)<br>$ |
| ❑ **HEALTH CARE FSA** (Dartmouth) | If eligible, Dartmouth contribution is automatic and is in addition to IRS annual limit. | (Dartmouth Contribution)<br>$ |
| ❑ **HEALTH CARE FSA OR LPFSA** (Employee) | Limit: $3,400/year (subject to change per IRS guidelines). | (Annual Contribution)<br>$ |
| ❑ **DEPENDENT CARE FSA** (Employee) | Limit: $7,500/year per household. Subsidy counts toward household limit. | (Annual Contribution)<br>$ |
| ❑ **CHILD CARE SUBSIDY** (Dartmouth) | Dartmouth couples receive one subsidy. | (Dartmouth Contribution)<br>$ |
| ❑ **DENTAL PLAN**<br>❑ High Plan ❑ Low Plan | _____ Spouse _____ Child<br>_____ Child _____ Child | (Per pay period cost)<br>$ |
| ❑ **VISION PLAN** | _____ Spouse _____ Child<br>_____ Child _____ Child | (Per pay period cost)<br>$ |
| ❑ **SUPPLEMENTAL LIFE**<br>❑ 1X ❑ 2X ❑ 2.5X ❑ 3X ❑ 4X<br>❑ 5X ❑6X ❑ 7X ❑ 8X | Options 1X — 2.5X annual salary offer guaranteed coverage for new hires.<br>All other enrollments require the completion of a Statement of Health. | (Annual Contribution)<br>$ |
| ❑ **DEPENDENT LIFE**<br>❑ Spouse Only ❑ Child(ren) Only ❑ Family | Dartmouth couples cannot cover each other and only one can cover the children. | (Per pay period cost)<br>$ |
| ❑ **LONG TERM DISABILITY**<br>❑ 50% of Pay ❑ 60% of Pay ❑ 70% of Pay | There is no cost for 50% of pay but there is a cost for 60% and 70% of pay. | (Per pay period cost)<br>$ |
| ❑ **VOLUNTARY BENEFITS**<br>❑ Hospital Care<br>❑ Accidental Injury<br>❑ Critical Illness | Employee-paid, optional coverage, with guaranteed issue.<br>_____ Spouse _____ Child<br>_____ Child _____ Child | (Per pay period cost)<br>$ |
| ❑ **WELLNESS**<br>❑ Lifestyle Spending Account<br>❑ Lewinstein Athletic Center (formerly Alumni Gym) | There is no cost for this benefit, but you will want to elect the option that works best for you. These benefits are considered taxable income; applicable taxes will be withheld from your paycheck. | NO COST |

*Reminder: If you cover a spouse with access to group medical coverage through their own employer, or a spouse that is retired and has access to a medical plan through their former employer, a spousal surcharge of $100 per month may apply. The surcharge is deducted from your paycheck on a pre-tax basis. The surcharge does not apply when both spouses work for Dartmouth. Learn more at **dartgo.org/spousal-surcharge**

The contents of the Benefits Guide is intended only to provide information for the guidance of Dartmouth employees. The information is a summary of Dartmouth's benefits and every attempt has been made to ensure its accuracy. If there is any inconsistency between the information in this 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. Neither the plan nor this summary creates an employment contract nor any right to continued employment at Dartmouth. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the Benefits Office.