Welcome

Hello, and welcome to Dartmouth College.

Dartmouth College is proud of the competitive and comprehensive package of benefits that we offer to our diverse community. To help you navigate your benefit options, we have invested in multiple resources, including this guide and various online tools. We recognize the importance of Dartmouth's benefits in meeting the health care and financial needs of both you and your family, and encourage you to take advantage of the resources made available to maximize their value.

Please note that all benefits begin on your date of hire, or date of benefits eligibility. You will have 30 days from your date of hire or date of benefits eligibility to log into the FlexOnline benefits enrollment system to make your benefit elections. If you do not make your elections within these 30 days, you will be defaulted into the Cigna Choice Fund® medical plan option, no coverage for dental, and other benefits as defined by your employment category. You will be responsible for any costs associated with the benefits you are defaulted into. Once your 30 days have expired, you will not have another opportunity to change your benefits coverage election, unless you have a qualifying life status change or until the Open Enrollment period held each fall. For more information about default benefits, please see page iii of this guide.

As a benefits-eligible employee, it is your responsibility to read this guide in its entirety to ensure the important deadlines and key actions contained within, and their impact on your benefits eligibility, are understood. Our HR Benefits office is here as a resource to you as well. More information, including important phone numbers and websites, can be found at the end of this guide.

Again, welcome to our Dartmouth College community. We look forward to supporting you and your family as you navigate your new benefit options.

Sincerely,

Scot R. Bemis
Chief Human Resources Officer
Defaulting of Benefits

As a new employee, rehire, or if you are newly eligible for benefits, you will have 30 days from the date you become benefits eligible to log into the FlexOnline benefit enrollment system to make your personal elections for 2019, otherwise you will be defaulted into a package of benefits, determined by your employment category (i.e., Faculty, Exempt, Non-Exempt, SEIU, Research Associate B or Research Fellow). Unless you have a qualifying life status change, you will not have another opportunity to change your benefits coverage elections until the Open Enrollment period held each fall. Your benefits will default as follows:

### FACULTY/EXEMPT/NON-EXEMPT

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Default Coverage for 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Coverage</td>
<td>Cigna Choice Fund (CCF) Employee Only coverage</td>
</tr>
<tr>
<td>HRA</td>
<td>$500 Employer Contribution</td>
</tr>
<tr>
<td>Prescription Drug</td>
<td>See coverage for CCF medical plan</td>
</tr>
<tr>
<td>Vision</td>
<td>See coverage for CCF medical plan</td>
</tr>
<tr>
<td>Dental Coverage</td>
<td>No coverage</td>
</tr>
<tr>
<td>Life Insurance</td>
<td>$50,000 basic life insurance</td>
</tr>
<tr>
<td>Long-Term Disability Insurance</td>
<td>50% coverage in Long-Term Disability</td>
</tr>
<tr>
<td>Wellness</td>
<td>The Pulse Program</td>
</tr>
<tr>
<td>Retirement Plan</td>
<td>An employer contribution into an age-appropriate Vanguard Target Date Fund at Fidelity</td>
</tr>
</tbody>
</table>

### SEIU EMPLOYEES AND RESEARCH ASSOCIATE B's

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Default Coverage for 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Coverage</td>
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</tr>
<tr>
<td>HRA</td>
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<td>Prescription Drug</td>
<td>See coverage for CCF medical plan</td>
</tr>
<tr>
<td>Vision</td>
<td>See coverage for CCF medical plan</td>
</tr>
<tr>
<td>Dental Coverage</td>
<td>No coverage</td>
</tr>
<tr>
<td>Life Insurance</td>
<td>No coverage</td>
</tr>
<tr>
<td>Long-Term Disability Insurance</td>
<td>No coverage</td>
</tr>
<tr>
<td>Wellness</td>
<td>The Pulse Program</td>
</tr>
<tr>
<td>Retirement Plan</td>
<td>An employer contribution into an age-appropriate Vanguard Target Date Fund at Fidelity</td>
</tr>
</tbody>
</table>

### RESEARCH FELLOWS

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Default Coverage for 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Coverage</td>
<td>Cigna Choice Fund (CCF) Employee Only coverage</td>
</tr>
<tr>
<td>HRA</td>
<td>$500 Employer Contribution</td>
</tr>
<tr>
<td>Prescription Drug</td>
<td>See coverage for CCF medical plan</td>
</tr>
<tr>
<td>Vision</td>
<td>See coverage for CCF medical plan</td>
</tr>
<tr>
<td>Dental Coverage</td>
<td>No coverage</td>
</tr>
<tr>
<td>Life Insurance</td>
<td>No coverage</td>
</tr>
<tr>
<td>Long-Term Disability Insurance</td>
<td>No coverage</td>
</tr>
<tr>
<td>Wellness</td>
<td>The Pulse Program</td>
</tr>
<tr>
<td>Retirement Plan</td>
<td>Not eligible</td>
</tr>
</tbody>
</table>
The employee benefits programs described in this Benefits Guide are effective in 2019, unless otherwise noted. The information is a summary of Dartmouth’s benefits, and every attempt has been made to ensure its accuracy. The actual provisions of each benefits program will govern, if there is any inconsistency between the information in this Benefits Guide and Dartmouth’s formal plans, programs, policies or contracts, or any subsequent change in such plans, programs, policies or contracts.
Glossary

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. Details on the services that require satisfying the deductible are outlined in this guide and the plan documents.

**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 of covered costs.

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

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

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

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

Prescription Drug Coverage

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

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

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

Tax-Advantage Accounts*

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

Dartmouth has two types of FSAs:

- A general-purpose Health Care FSA (HCFSA) allows you to use pre-tax dollars to pay your share of eligible health care expenses for you and your eligible dependents that are not covered by your medical or dental plan.
- A Dependent Care FSA (DCFSA) allows you to use pre-tax dollars to pay for child care or care for an elderly or disabled family member.

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

**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 provide coverage for family members of benefits-eligible employees. Family members include: Spouses, children, stepchildren, same-sex domestic partners, and children of same-sex domestic partners. Note: Children are covered through age 26.

**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. For an estimate on medical plan costs in 2019, please visit the Benefits Plan Cost Estimator at dartgo.org/benefits-cost-estimator

* 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.
Checklist

Review these key steps before making your benefit elections.

Evaluate
- Think about your health history and health care needs.
- Review your current and anticipated expenses eligible for an FSA or HSA and decide if you’d like to make an election for 2019.
- Determine if you need life, dependent life, and disability insurance coverage so you have adequate protection if you or your family were to experience a loss.
- Gather your dependent and beneficiary information, including Social Security numbers, dates of birth, addresses, and phone numbers.

Engage
- Read through this Enrollment Guide to make sure you understand the full spectrum of benefits available to you.
- It is strongly recommended that you register for New Employee Orientation (NEO) within your first two weeks to ensure benefits enrollment is completed by the 30-day enrollment period.
  - Attendance at NEO is an important part of your introduction to Dartmouth.
  - During this session you will receive information about your health, retirement, and other benefits, with time for Q&A.
  - You will learn about employee resources, wellness, vacation and personal time, and you will hear presentations from a variety of campus partners about Dartmouth policies and programs.
  - You will also have the opportunity to join us for lunch, obtain your employee ID, and take a library tour.
- Review Dartmouth’s New Hire/Newly Eligible for Benefits web page at dartgo.org/new-to-benefits and/or review the individual benefit pages at dartgo.org/benefits
- Use the online tool, ALEX, to help you evaluate your medical and tax advantage plan options and see what medical plan ALEX suggests for you at dartgo.org/ALEX19
- Use the Benefits Cost Estimator to determine your benefit costs for 2019. You will need to know your annual base salary and FTE. Visit dartgo.org/benefits-cost-estimator

Enroll
- Visit dartgo.org/Flexonline to enroll.
- Print a confirmation page and keep it for your records as proof of your elections.
- Review your retirement plan elections.
- Complete your life insurance statement of health (if required).

Log into dartgo.org/Flexonline
Use your NetID and Password (Same as Dartmouth email).

Note: If you have a phone number or address change, log into employee.dartmouth.edu
Eligibility

As a benefits-eligible employee, Dartmouth College offers you and your eligible dependents a comprehensive package of benefits to choose from, including a choice of three different medical plans, a choice of two different dental plans, life insurance for you and your family members, disability insurance, retirement plan options, and a number of other tax-advantaged benefits. Individuals can only be covered once under a Dartmouth College benefit plan. If your spouse/same-sex domestic partner and/or children are already covered under a Dartmouth benefit plan, you will not be able to add them to coverage under your plan.

Plan year

Dartmouth’s benefits run on a calendar plan year, from January 1 through December 31. Some benefits are pro-rated based on your start date or benefits eligibility date and full-time equivalency (FTE).

Eligibility

› Regular employees are eligible for all benefits, subject to the qualifying requirements of each plan. Employees who are regularly scheduled to work at least half of the normal full-time schedule for their position for at least nine (9) months each year are considered eligible for benefits at Dartmouth College. Regular, benefits-eligible employees working less than full-time receive pro-rated benefits according to their percentage of working full-time.

› Temporary employees, and regular employees working less than half-time or less than nine (9) months duration each year, are not benefits eligible but are eligible for workers’ compensation. They can also elect to participate in a Supplemental Retirement Account. In addition, regular employees who are not benefits eligible are covered under travel accident insurance.

› Dependents – Certain benefit plans at the College provide coverage for family members of benefits-eligible employees. Family members include: Spouses, children, stepchildren, same-sex domestic partners, and children of same-sex domestic partners.

Employment Category

Dartmouth College offers several employment categories.

› 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 – Refers to 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) – Refers to 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 a 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 or are defaulted to as a new employee will start on your date of hire, or the date you become benefits eligible.

When you can make changes to your plans

You will have 30 days from your date of hire or date of benefits eligibility to enroll in or waive benefits. Once your 30 days has expired, you will not have another opportunity to change your benefit election unless you have a qualifying life status change, or until the Open Enrollment period held each fall. A qualifying life status change can be a marriage, divorce, birth or adoption of a child, or anytime you or a dependent loses or gains coverage. A spouse’s Open Enrollment period is also considered a qualifying life status change. It is important to know that you must submit a qualifying life status change through the FlexOnline system no more than 31 days after the date of the event.

How to enroll online

To enroll in benefits, visit dartgo.org/FlexOnline
Medical Plans

Dartmouth offers a choice of three different medical plans, which also include prescription drug coverage and vision (see pages 10 and 11). The Medical Plans are self-insured by Dartmouth College and administered by Cigna Health and Life Insurance Company (“Cigna”). Pharmacy plan benefits are administered by Express Scripts.

Overview of the three plans:

› In-network preventive care* services covered at no additional cost to you. See your plan materials for a list of covered preventive care services.
› Coverage for medical care, including visits to your doctor’s office, hospital stays, mental health and substance abuse services, chiropractic treatment, physical therapy and other services.
› An option to choose a primary care doctor to help guide your care. It’s recommended, but not required.
› A national network of health care professionals, as well as emergency coverage when traveling abroad for personal travel.
› No referral is needed to see a specialist, although precertification may be required.
› Access to Cigna One Guide® personal guides and telehealth services.
› 24-hour emergency care, in- or out-of-network.
› The amount you pay out-of-pocket is limited by your plan’s out-of-pocket maximum. Once you spend the annual maximum amount, the medical plan pays your covered health care costs at 100%.
› No claim paperwork is necessary when you receive care in-network.
› Medical plan rates are deducted from your paycheck pre-tax. Research Fellows pay on a post-tax basis.
› Access to Dartmouth Health Connect (except when contributing to an HSA).
› Each family member pays toward their own individual deductible and out-of-pocket maximum. The family limits are in place to help minimize the total amounts of deductible and out-of-pocket maximums that your family would have to pay in a given year.
› Note: The Open Access Plus (OAP) Plan is the only plan available to J-VISA holders.
› Manage and track claims, order ID cards, find in-network doctors, and track account balances through the myCigna.com website.

For plan rates in 2019, please use the Benefits Plan Cost Estimator at dartgo.org/benefits-cost-estimator

* Some preventive services may not be covered. For example, immunizations for travel are generally not covered. Other non-covered services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational).
## Medical Plan Comparison Chart

### Open Access Plus (OAP) Plan

<table>
<thead>
<tr>
<th>Medical Plan highlights</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical deductible</td>
<td>$500</td>
<td>$1,000</td>
<td>$1,500</td>
<td>$3,000</td>
<td>$2,700</td>
<td>$4,100</td>
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<tr>
<td>Individual Family</td>
<td>$1,000</td>
<td>$2,000</td>
<td>$3,000</td>
<td>$6,000</td>
<td>$5,400</td>
<td>$8,200</td>
</tr>
<tr>
<td>Out-of-pocket maximum</td>
<td>$2,500</td>
<td>$5,000</td>
<td>$4,000</td>
<td>$8,000</td>
<td>$4,000</td>
<td>$6,500</td>
</tr>
<tr>
<td>Individual Family</td>
<td>$5,000</td>
<td>$10,000</td>
<td>$6,000</td>
<td>$12,000</td>
<td>$8,000</td>
<td>$13,000</td>
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<tr>
<td>Coinsurance</td>
<td>10%</td>
<td>30%</td>
<td>10%</td>
<td>30%</td>
<td>10%</td>
<td>30%</td>
</tr>
<tr>
<td>Contribution from employer</td>
<td>FSA</td>
<td>$250</td>
<td>FSA</td>
<td>$250</td>
<td>HRA</td>
<td>$500</td>
</tr>
<tr>
<td>Individual Family</td>
<td>$2,500</td>
<td>$5,000</td>
<td>$4,000</td>
<td>$8,000</td>
<td>$4,000</td>
<td>$6,500</td>
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<tr>
<td>Contribution from employer</td>
<td>HRA</td>
<td>$500</td>
<td>HRA</td>
<td>$1,000</td>
<td>HSA/HRA</td>
<td>$500</td>
</tr>
<tr>
<td>Individual Family</td>
<td>$2,500</td>
<td>$5,000</td>
<td>$4,000</td>
<td>$8,000</td>
<td>$4,000</td>
<td>$6,500</td>
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<tr>
<td>Office/Routine care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult preventive care</td>
<td>Covered at 100%³</td>
<td>Deductible/Coinsurance</td>
<td>Covered at 100%³</td>
<td>Deductible/Coinsurance</td>
<td>Covered at 100%³</td>
<td>Deductible/Coinsurance</td>
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<tr>
<td>Office visit</td>
<td>$20</td>
<td>Deductible/Coinsurance</td>
<td>$30</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
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<tr>
<td>Specialist visits</td>
<td>$30</td>
<td>Deductible/Coinsurance</td>
<td>$45</td>
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<tr>
<td>Telehealth services</td>
<td>$20</td>
<td>Not Covered</td>
<td>$30</td>
<td>Not Covered</td>
<td>Deductible/Coinsurance</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Chiropractic</td>
<td>$20</td>
<td>Deductible/Coinsurance</td>
<td>$30</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
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</tr>
<tr>
<td>Physical, occupational, and speech therapies</td>
<td>$20</td>
<td>Deductible/Coinsurance</td>
<td>$30</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
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<tr>
<td>Well-child care</td>
<td>Covered at 100%³</td>
<td>Deductible/Coinsurance</td>
<td>Covered at 100%³</td>
<td>Deductible/Coinsurance</td>
<td>Covered at 100%³</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Lab, X-Ray, diagnostic tests</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Hearing aid coverage</td>
<td>Covered at 100%³</td>
<td>Deductible/Coinsurance</td>
<td>Covered at 100%³</td>
<td>Deductible/Coinsurance</td>
<td>Covered at 100%³</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Maximum one device for 36 months</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Durable medical equipment</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Hospital care</td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
<td>Out-of-Network</td>
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</tr>
<tr>
<td>Inpatient hospitalization</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
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</tr>
<tr>
<td>Emergency room</td>
<td>$100</td>
<td>$100</td>
<td>$150</td>
<td>$150</td>
<td>Deductible/Coinsurance</td>
<td>In-Network Deductible/Coinsurance</td>
</tr>
<tr>
<td>Urgent care center</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
<td>$50</td>
<td>Deductible/Coinsurance</td>
<td>In-Network Deductible/Coinsurance</td>
</tr>
<tr>
<td>Ambulance</td>
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<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
<td>Deductible/Coinsurance</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Mental health and substance abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
</tr>
<tr>
<td>Outpatient</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>OAP</th>
<th>CCF</th>
<th>HDHP</th>
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</thead>
<tbody>
<tr>
<td>Retail pharmacy network (up to a 30-day supply)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$5</td>
<td>$5</td>
<td>10% Deductible/Coinsurance</td>
</tr>
<tr>
<td>Preferred brand</td>
<td>$25</td>
<td>$30</td>
<td>10% Deductible/Coinsurance</td>
</tr>
<tr>
<td>Non-Preferred brand</td>
<td>$40</td>
<td>$50</td>
<td>10% Deductible/Coinsurance</td>
</tr>
<tr>
<td>Express Scripts Pharmacy mail service or CVS Pharmacy (up to 90-day supply)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$10</td>
<td>$10</td>
<td>10% Deductible/Coinsurance</td>
</tr>
<tr>
<td>Preferred brand</td>
<td>$50</td>
<td>$60</td>
<td>10% Deductible/Coinsurance</td>
</tr>
<tr>
<td>Non-Preferred brand</td>
<td>$80</td>
<td>$100</td>
<td>10% Deductible/Coinsurance</td>
</tr>
</tbody>
</table>

Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For rates and complete details of coverage, visit [dartgo.org/benefits](http://dartgo.org/benefits).

**Prescription out-of-pocket maximum**: Out-of-pocket maximum includes all prescription drug and medical expenses (copays, deductibles, and coinsurance).

1. Employer contributions to HCFSA and HRA accounts are available to use as of your hire date, or date of benefits eligibility. Employer HSA contributions will be available to spend once you have activated your account with Fidelity.
2. The 2019 maximums for both employer and employee contributions are $3,500 for an individual and $7,000 for a family. HSA limits are set by the IRS. Employees who reach age 55 may make an additional catch-up contribution of up to $1,000. The maximum contribution allowed is determined by the number of months you are enrolled in the medical plan during the year. Employer and incentive contributions reduce the maximum an employee can contribute by an amount equal to the contribution.
3. Certain in-network preventive care services and well-child care services are covered at no added cost to you. You have no deductible to meet for these services.
4. **Mental Health Exception Benefit**: When utilizing out-of-network mental health providers through any of Dartmouth College’s medical plans, you or your covered family members may attend up to 12 visits with an out-of-network provider at a 10% member coinsurance cost. This exception benefit does not renew annually, therefore all visits beyond the initial 12 are subject to out-of-network deductibles and coinsurance.
“ALEX” Decision Support Tool

Picking the right benefit plans can be a challenge. Which medical plan is best for me? How much should I save in my FSAs? Does an HSA make sense for me? These decisions are important, and a lot goes into making these choices for you and your family.

To make the process easier for you, Dartmouth College offers an easy-to-use online tool called ALEX.

All you have to do is log on from any computer or mobile device and respond to ALEX’s questions. The desktop and mobile applications offer identical features. ALEX will prompt you for some basic information about you and your family. Your responses will remain completely confidential* and will be used only to help you with your decision-making process.

Visit dartgo.org/ALEX to review your benefits with ALEX.

Note: ALEX 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, ALEX. ALEX may provide estimates or suggestions, but only you can elect benefits to best suit your needs. ALEX is not an application for enrollment.

*D ALEX does not create, receive, maintain, transmit, collect, or store any identifiable end-user information.

Dartmouth Health Connect

Dartmouth Health Connect is a highly innovative, relationship-based primary care practice that provides the type of health care patients deserve. Patients enrolled in any active Dartmouth medical plan can expect highly personalized, friendly, expert care delivered by a team of professionals who are passionate about managing health in a better way. Employees and adult (age 18+) family members enrolled in a medical plan through Dartmouth College as their primary medical plan are able to join Dartmouth Health Connect.

Other key benefits that Dartmouth Health Connect patients enjoy include:

› More time with your provider and care team resulting in better relationships.
› Personal health coach dedicated to your well-being.
› Available meetings with a behavioral health specialist in the comfort and privacy of your doctor’s office.
› Conveniently located in Hanover, plus the ability to communicate by phone, email, video, and text.
› 24/7 phone access to a doctor and same or next day appointments for urgent needs.
› $0 copays.

Please note: Dartmouth Health Connect patients are eligible to participate in HDHPs, however, they cannot contribute to or receive a contribution to an HSA. Dartmouth Health Connect accepts Medicare-eligible patients on the Dartmouth College Medicare Supplement Plan, AARP Medicare Advantage plans, as well as traditional Medicare with or without other supplemental plans.

For more information, please visit dartmouthhealthconnect.com or call 603.738.1164 to learn more about becoming a patient at Dartmouth Health Connect.
Tax-Advantage Accounts*

Participating in a Tax-Advantage Account is a way of putting money aside tax-free throughout the year, and then later using those dollars to pay for your health care or dependent care needs. Dartmouth offers four different types of Tax-Advantage Accounts that eligible employees can elect. In some cases Dartmouth may contribute money into the account, and in other cases, you may also be eligible to contribute. A comparison chart can be found on page 9 of this guide.

Eligibility and Key Benefits for Tax-Advantage Accounts

Eligibility and key benefits for each of the accounts are shown below. Note: Spouses who work at the college must maintain their own individual Tax-Advantage Accounts. Accounts are not tied together and spouses cannot combine their balances or contribute to each other’s accounts.

Health Care Flexible Spending Account (HCFSA)

- All benefits-eligible Faculty, Exempt, Non-Exempt, and SEIU employees are eligible to contribute.
- Research Associate Bs and Research Fellows are not eligible to participate in the HCFSA.
- You may be eligible for a Dartmouth contribution of up to $250 if you:
  - Are Non-Exempt or SEIU; or are Faculty or Exempt and make $60,000/year or less; AND
  - Select the OAP medical plan or elect no medical coverage.
- Set aside guaranteed pre-tax dollars that you and your tax dependents can use to pay for eligible expenses that are not covered by your medical, dental, and vision plans.
- You can carry over up to $500 of unused funds to the following calendar year.
- The account can be used in conjunction with an HRA to help pay vision and dental expenses, copays and additional deductible and coinsurance amounts not paid by the HRA.

Dependent Care Flexible Spending Account (DCFSA)

- All benefits-eligible Faculty, Exempt, Non-Exempt, and SEIU employees may contribute.
- Research Associate Bs and Research Fellows are not eligible to participate in the DCFSA.
- You may NOT contribute to a DCFSA while you or a spouse is not working (i.e., leave of absence, hiatus, unemployed).
- Funds can be used tax-free to pay qualified dependent care expenses, including child care services, nannies, after-school programs, summer day camps, adult day centers for aging parents, and nursing care for dependents with handicaps.
- Funds are available as they are deposited.
- Qualifying dependents may be defined as children under age 13, or a child or relative who is physically or mentally incapable of self-care.

Health Reimbursement Account (HRA)

- All employees who elect either the Cigna Choice Fund (CCF) plan or the High Deductible Health Plan (HDHP) with HRA will receive an employer contribution into an HRA.
- When you receive care, HRA dollars are automatically deducted to cover deductible and coinsurance costs – they even count toward your out-of-pocket maximum.
- Your HRA account is front loaded so you can use the funds immediately.
- No paperwork or IRS reporting is required.
- Your HRA may be used in conjunction with an HCFSA account to help pay vision and dental expenses, copays and additional deductible and coinsurance amounts not paid by the HRA.

Health Savings Account (HSA)

- All benefits-eligible Faculty, Exempt, Non-Exempt, SEIU, and RAB employees who elect the HDHP and who are:
  - NOT a Research Fellow or a J-VISA holder.
  - NOT enrolled in Medicare, Medicaid, or any other type health insurance that is not a qualified HDHP.
  - NOT a patient of Dartmouth Health Connect.
  - NOT being claimed as a dependent on another person’s tax return.
  - NOT eligible to receive medical-expense reimbursement under a general-purpose HCFSA of a spouse or a parent.
- You can increase or decrease your annual contribution amount anytime during the plan year.
- Administration is easier with no stressful submission or substantiation deadlines.
- The Dartmouth contribution to your HSA is front loaded and can be used once your account has been activated. Your contribution is eligible for withdrawal as soon as it is contributed.

Claims are submitted manually, using the form found at dartgo.org/hrforms

DCFSAs have strict year-end deadlines regulated by the IRS. All funds not used by the end of the grace period of March 15 will be forfeited.

Your contribution may be reduced or terminated due to nondiscrimination testing Dartmouth is required to conduct under the Internal Revenue Code.

* 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.
## Tax-Advantage Account Comparison Chart

<table>
<thead>
<tr>
<th>Feature</th>
<th>HCFSA</th>
<th>HRA</th>
<th>HSA</th>
<th>DCFSA</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Which medical plan must I elect to participate?</strong></td>
<td>No coverage</td>
<td>CCF</td>
<td>HDHP with HSA</td>
<td>N/A – not affiliated with a medical plan.</td>
</tr>
<tr>
<td></td>
<td>CCF</td>
<td>HDHP with HRA</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Can I use Dartmouth Health Connect?</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Not while actively contributing to an HSA.</td>
<td>N/A – this benefit does not affect your ability to use Dartmouth Health Connect.</td>
</tr>
<tr>
<td><strong>Who administers the plan?</strong></td>
<td>WageWorks (formerly Crosby Benefits)</td>
<td>Cigna</td>
<td>Fidelity</td>
<td>WageWorks (formerly Crosby Benefits)</td>
</tr>
<tr>
<td><strong>What is the annual Dartmouth contribution?</strong></td>
<td>* Eligible employees may receive a contribution of up to $2,500. Amount is pro-rated based on date of hire and FTE.</td>
<td>Individual maximum: $500 Family of two or more: $1,000 Amount is pro-rated based on date of hire.</td>
<td>Individual maximum: $500 Family of two or more: $1,000 Amount is pro-rated based on date of hire.</td>
<td>N/A – Dartmouth does not contribute to this plan.</td>
</tr>
<tr>
<td><strong>What is the annual maximum?</strong></td>
<td>$2,700</td>
<td>Employees do not contribute to this plan.</td>
<td>Individual maximum: $3,500 Family of two or more: $7,000 Age 55+: Additional $1,000</td>
<td>$5,000 per year, per household.</td>
</tr>
<tr>
<td><strong>Can my Dartmouth contribution change mid-year?</strong></td>
<td>No</td>
<td>Yes, if you add or drop dependents, switching between individual coverage and a family of two or more.</td>
<td>No</td>
<td>N/A – Dartmouth does not contribute to this plan.</td>
</tr>
<tr>
<td><strong>Can I change my contribution mid-year?</strong></td>
<td>Only during certain mid-year qualifying life status change, as long as you do not change your annual election to an amount that is less than what you have contributed year-to-date</td>
<td>N/A</td>
<td>Yes, as long as you do not change your annual election to an amount less than what you have contributed year-to-date.</td>
<td>Yes, if you have a life status change that affects your costs.</td>
</tr>
<tr>
<td><strong>What is the tax treatment of the contributions?</strong></td>
<td>You pay no Federal, Social Security or state taxes. Dartmouth pays no FICA, Federal or state unemployment taxes.</td>
<td>Dartmouth contributions are excluded from your gross income.</td>
<td>** Your contributions are tax deductible. Dartmouth contributions are excluded from gross income and not subject to employment taxes (e.g., FICA).</td>
<td>You pay no Federal, Social Security or state taxes.</td>
</tr>
<tr>
<td><strong>Can funds be carried over from one year to the next?</strong></td>
<td>You can carry over up to $500 into the next year.</td>
<td>Yes, unused amounts can carry into the next year if you remain on the same medical plan.</td>
<td>Yes, HSA funds can be carried over indefinitely during your lifetime, regardless of the plan you pick the following year.</td>
<td>No, you must incur the full account balance by March 15 of the following year and submit no later than March 31.</td>
</tr>
<tr>
<td><strong>Can I take my funds with me if I leave Dartmouth?</strong></td>
<td>No</td>
<td>No, unused HRA balances are forfeited if you leave or change jobs. COBRA regulations also apply.</td>
<td>Yes, you may take funds with you when you leave or change jobs.</td>
<td>No, you must spend your contributed balance before leaving or you will forfeit funds.</td>
</tr>
<tr>
<td><strong>Does interest accrue on funds deposited in the account?</strong></td>
<td>No</td>
<td>No</td>
<td>Yes, interest and investment income accrue tax-free.</td>
<td>No</td>
</tr>
<tr>
<td><strong>Which expenses are eligible?</strong></td>
<td>Those allowed by section 213(d) of the Internal Revenue Code.</td>
<td>Only those which require you to pay a deductible or coinsurance. The HRA does not cover copays, dental, or vision expenses.</td>
<td>Includes those allowed by section 213(d) of the Internal Revenue Code. Funds used for ineligible purposes are taxed as income and incur a penalty; no penalty after age 65.</td>
<td>Child care, nanny services, summer day camps, adult day centers for aging parents, nursing care for incapacitated or handicapped dependents, etc.</td>
</tr>
</tbody>
</table>

* Non-Exempt and Faculty, or Exempt Staff making $60,000 per year or less, are eligible to receive the HCFSA employer contribution when electing the OAP plan or no coverage. SEIU employees should refer to their union contract. Amount is pro-rated based on eligibility date and FTE.

** 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 or earnings. Contact your tax advisor for details on your specific location.
Prescription Drug Coverage

Employees who enroll in a medical plan at Dartmouth College are automatically enrolled in the corresponding pharmacy plan offered through Express Scripts.

Key features include:

› Broad retail network of more than 69,000 pharmacies nationwide, including independent pharmacies and chain pharmacies such as CVS and Walgreens.

› Flexible prescription service for maintenance medications. 90-day supplies of maintenance medications may be filled through Express Scripts’ mail service pharmacy, at a CVS Pharmacy, or at Dick Hall’s House.

› National Preferred Formulary provides your prescriber with a guide to help you choose the most clinically appropriate and cost-effective medications available. It is recommended that you and your prescriber refer to the Formulary to determine which medication may be best for you.

› Certain drugs are covered at no cost to members enrolled in one of the medical plans, as required by the Affordable Care Act.

› Additionally, certain preventive prescriptions offered at no cost to members enrolled in the HDHP medical plan. A comprehensive list of those drugs can be found at www.express-scripts.com/DartmouthCollege

› You will save money by filling maintenance medications (up to a 90-day supply) through the Express Scripts Pharmacy mail service or at CVS Pharmacy.

› Tiered drug pricing:

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>OAP</th>
<th>CCF</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail pharmacy network (up to a 30-day supply)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$5</td>
<td>$5</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Preferred brand</td>
<td>$25</td>
<td>$30</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Non-Preferred brand</td>
<td>$40</td>
<td>$50</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Express Scripts Pharmacy mail service or CVS Pharmacy (up to 90-day supply)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$10</td>
<td>$10</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Preferred brand</td>
<td>$50</td>
<td>$60</td>
<td>Deductible/Coinsurance</td>
</tr>
<tr>
<td>Non-Preferred brand</td>
<td>$80</td>
<td>$100</td>
<td>Deductible/Coinsurance</td>
</tr>
</tbody>
</table>

› Check the cost of your medications at www.express-scripts.com/DartmouthCollege

To view the Formulary or additional details about pharmacy benefits, visit dartgo.org/pharmacy2019
Vision Coverage

As part of the preventive care services under your Dartmouth College medical plan, coverage includes the following:

<table>
<thead>
<tr>
<th>Service</th>
<th>OAP and CCF Plans</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>Exam copay</td>
<td>$0</td>
<td>N/A</td>
</tr>
<tr>
<td>Exam coinsurance (once per frequency period)</td>
<td>Covered 100%</td>
<td>Covered 70%</td>
</tr>
<tr>
<td>Materials allowance**</td>
<td>Up to $50</td>
<td>Up to $50</td>
</tr>
</tbody>
</table>

In addition, you can also take advantage of vision discounts through:

› Cigna Healthy Rewards**** – visit dartgo.org/healthy_rewards for more information.

For more information, visit dartgo.org/vision

* Your frequency period begins on January 1 (calendar-year basis).

** Can be applied toward any covered materials (frames, lenses, and contact lenses) and drawn against throughout the stated frequency period.

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

All benefits-eligible employees can enroll in one of two dental plans, offered through Northeast Delta Dental

The Low Plan
A lower-cost option that provides coverage for preventive and basic restorative care. It does not include coverage for major restorative services such as crowns, bridges, and implants.

The High Plan
A higher-cost option that provides coverage for preventive, basic and major care, as well as orthodontia.

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>LOW PLAN</th>
<th>HIGH PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard Dental Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$50 Individual</td>
<td>No Deductible</td>
</tr>
<tr>
<td></td>
<td>$150 Family</td>
<td></td>
</tr>
<tr>
<td>Diagnostic and Preventive Services</td>
<td>100% No Deductible</td>
<td>100%</td>
</tr>
<tr>
<td>(e.g., exams, cleanings, X-Rays)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Restorative Services (e.g., fillings,</td>
<td>80% After Deductible</td>
<td>80%</td>
</tr>
<tr>
<td>extractions, root canals)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Restorative Services (e.g., crowns,</td>
<td>N/A</td>
<td>50%</td>
</tr>
<tr>
<td>bridges, implants)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Plan Max (per person)</td>
<td>$750</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

| Orthodontia Coverage                              |                               |           |
| Orthodontia Coinsurance                          | N/A                           | 50%       |
| Orthodontia Lifetime Max                         | N/A                           | $2,000*   |
| Adult Orthodontia Coverage                       | N/A                           | Yes       |

<table>
<thead>
<tr>
<th>MONTHLY RATES**</th>
<th>LOW PLAN</th>
<th>HIGH PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$33.75</td>
<td>$57.56</td>
</tr>
<tr>
<td>2-Person</td>
<td>$60.07</td>
<td>$102.47</td>
</tr>
<tr>
<td>Family</td>
<td>$103.26</td>
<td>$176.15</td>
</tr>
</tbody>
</table>

* $2,000 Orthodontia Lifetime Max is separate from $5,000 Annual Plan Max.
** Amount paid by employee.

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

Please note: If you do not elect a dental plan, you will be defaulted into no coverage. Unless you have a qualifying life status change, you will not have another opportunity to change your benefits coverage election until the next Open Enrollment period held each fall.
Wellness at Dartmouth supports employees and family members on their path to well-being through a variety of campus-wide programs.

All benefits-eligible employees will need to elect a free Wellness Program option for 2019, even if you waive medical coverage. You will not be able to change this election until the next Open Enrollment period for 2020. If you do not elect a Wellness Program option, you will be defaulted to the Pulse Program.

Here is an overview of your options, and a comparison chart:

› **Option 1: Pulse Program**
  This comprehensive well-being program provides cash rewards of up to $100 per calendar quarter ($200/family/quarter), up to a maximum of $400 per person ($800/family) annually for participating in a variety of activities, including:
  - Fun, step-based team MOVE IT challenges twice each year;
  - Monthly individual healthy habit challenges on topics such as sustainability, financial well-being, mindfulness, and nutrition;
  - Daily health tips tailored to your interests, including eating healthy, sleeping well, reducing stress, and being productive;
  - Ten on-site Health Stations to help you monitor your blood pressure and weight; and
  - Activity, sleep, and nutrition trackers, a personal health assessment – and more!

› **Option 2: Fitness Reimbursement Benefit**
  This benefit provides reimbursement of up to $225 for expenses incurred for fitness facility memberships and exercise class fees (including online/DVD exercise classes).

› **Option 3: Dartmouth Fitness Membership at Alumni Gym**
  This benefit provides a free Dartmouth Fitness Basic level annual membership (value: $355) from July 1, 2019 through June 30, 2020. If you would like to upgrade to a Plus level membership, providing you with access to the Zimmerman Fitness Center, you will be able to do so by paying the additional cost ($110).

  **Please note:** All Dartmouth Fitness memberships expire on June 30 of each year and renewals begin on July 1. This benefit applies only to memberships beginning July 1, 2019, or later in 2019; any membership purchases prior to July 1, 2019 will be the sole responsibility of the employee. Memberships are pro-rated beginning in November 2019; if you purchase a membership in November or December 2019, you will receive a free Basic level membership (value: $255), or if you upgrade to a Plus level membership, you would need to pay the additional cost ($70). Annual membership renewals must be made in person at the Dartmouth Fitness Membership Office to receive this benefit.

  - **Dartmouth Fitness Basic level** membership provides access to the indoor racquet and squash courts, indoor track and gymnasium, and the swimming pools within Alumni Gym.

  - **Dartmouth Fitness Plus level** membership provides access to all of the Alumni Gym facilities included in the Basic level membership and also to the Zimmerman Fitness Center, which has a wide selection of cardio and strength training equipment.
### Wellness at Dartmouth (Continued)

<table>
<thead>
<tr>
<th>How much money can I receive per year?</th>
<th>Fitness Reimbursement Benefit</th>
<th>Dartmouth Fitness Membership at Alumni Gym</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to $400 per year as cash rewards.</td>
<td>Up to $225 per year as a reimbursement.</td>
<td>A credit of up to $355 is applied at the time of membership purchase. * Membership purchases made prior to July 1, 2019 will be the sole responsibility of the employee. Basic memberships purchased in November/December 2019 will be pro-rated at a value of $255. Upgrading to a Plus membership will be an additional cost.</td>
</tr>
</tbody>
</table>

| How much additional money can my spouse receive? | Pulse rewards are cash that can be transferred to a bank account of your choice, redeemed for a gift card or Visa cash card, used toward a purchase in the Pulse store, or donated to a charity. | None. However, a spouse may share the $225 with the employee (spouse must be enrolled in the employee's Dartmouth College health plan to be eligible). | None. This option is available to active benefits-eligible employees only. |

| What can I use the rewards/reimbursement/credit for? | The reimbursement is for expenses you incurred for fitness facility and/or exercise class fees only (includes online/DVD exercise classes). | Receive a free Dartmouth Fitness Basic level annual membership at Alumni Gym from July 1, 2019 (or a later 2019 date) through June 30, 2020. If you wish to upgrade to a Plus level membership, you will be responsible for paying the additional cost. |

| What do I have to do to receive my reward/reimbursement/credit? | Engage with the Pulse program to earn points that translate into cash for activities such as participating in step-based challenges, tracking your healthy habits, reading healthy tips, visiting an on-site Health Station, and more! | Make an eligible purchase and mail your completed form and receipt(s) to Cigna. Reimbursements will be provided in your paycheck. | Sign up for a Dartmouth Fitness membership for membership beginning on July 1, 2019, or later in 2019, and receive the value of a free Basic level membership through June 30, 2020. To upgrade to a Dartmouth Fitness Plus level membership you must pay the additional cost for your membership (cost is $110; if purchased in November/December 2019, cost is pro-rated at $70). |

| Will I be taxed on the money I receive? | Yes, applicable taxes will be withheld from your paycheck as you and your spouse (if applicable) earn any rewards. | Yes, applicable taxes will be withheld from your paycheck when you receive your reimbursement. | Yes, applicable taxes will be withheld from your paycheck after you sign up for a membership. |

| Who do I contact if I have questions about the program? | Wellness at Dartmouth can assist with general Pulse questions (wellness@dartmouth.edu) and Virgin Pulse support can help with technical questions (833.532.6896). | Wellness at Dartmouth can assist with questions regarding the submission process and the status of your reimbursement (wellness@dartmouth.edu). | Wellness at Dartmouth can assist with general questions (wellness@dartmouth.edu) and the Dartmouth Fitness Membership Office can assist with specific membership and pricing questions (603.646.8106). |

For additional information on the Wellness Program options for 2019, as well as other Wellness at Dartmouth programs and resources, please visit dartmouth.edu/wellness
Life Insurance

Dartmouth College offers a variety of fully portable or convertible MetLife insurance products and services to benefits-eligible employees.

A brief description of each is provided below, but for additional details, including rates, FAQ, informational materials and enrollment information, please visit dartgo.org/life-insurance

Group Term Life Insurance

Group term life insurance will provide a life benefit to the beneficiaries of a covered individual who dies during the defined covered period.

› Faculty, Exempt and Non-Exempt employees are eligible to receive a $50,000 basic life insurance option 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 of an amount up to 8x their annual salary, to a maximum of $1,500,000. New hires can elect up to 2.5x annual salary without providing Evidence of Insurability.
› Group term life rates are calculated based on age bands and per thousand dollars of coverage. Visit dartgo.org/benefits-cost-estimator
› 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.

Dependent Life Insurance

You may elect life insurance for your dependents. This is a life insurance policy in which you are the named beneficiary in the event that something should happen to your insured dependents.

› Plan coverage and rates

<table>
<thead>
<tr>
<th>Plan</th>
<th>Coverage</th>
<th>Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>$25,000 coverage for spouse or same sex domestic partner</td>
<td>$5.98 per month</td>
</tr>
<tr>
<td>Dependents</td>
<td>$10,000 coverage for each child</td>
<td>$2.28 per month</td>
</tr>
<tr>
<td>Family</td>
<td>$25,000 coverage for spouse or same sex domestic partner and $10,000 coverage for each child</td>
<td>$7.68 per month</td>
</tr>
</tbody>
</table>

› Plan guidelines do not allow Dartmouth couples to cover one another on dependent life, and only one partner can cover the children.

Travel and Accident Insurance

Travel Assistance is a valuable benefit that is provided and administered by AXA Assistance USA, Inc. through an arrangement with MetLife. This service offers you and your dependents medical, travel, legal, financial, and concierge services, 24 hours a day, 365 days a year, while traveling internationally or domestically.

Estate Resolution Services

Along with your Group MetLife Life Insurance, participants enrolled in a supplemental group term life insurance plan will receive the benefit of MetLife Estate Resolution Services℠ (ERS) at no additional cost when you use a participating plan attorney. This valuable service gives your beneficiaries the personal support of a participating Hyatt Legal Plans’ attorney in-person or via telephone. By participating in MetLife Estate Resolution Services℠, the participating plan’s attorney fees are covered for the administrator or executor of your estate. For more information and eligibility visit dartgo.org/estate_resolution

Will Preparation Services

Will preparation is offered by Hyatt Legal Plans, a MetLife® company, and provides participants enrolled in a supplemental group term life insurance plan and their spouses with face-to-face access to attorneys participating in the Hyatt Legal Plans network for preparing or updating a will, living will or power of attorney. When you choose a participating Hyatt Legal Plans’ attorney, the attorney’s fees are fully covered and there are no claim forms to file. You also have the flexibility of using a non-network attorney and being reimbursed for covered services according to a set fee schedule. Note: It is the responsibility of the employee to perform any due diligence necessary in order to receive the full benefit of this program. For more information and eligibility visit dartgo.org/will_prep
Supplemental Benefits

Supplemental benefits can provide additional financial protection from out-of-pocket expenses, and can be helpful if your medical plan has a high deductible. All benefits are 100% portable, which means the coverage is yours to take with you, should you leave Dartmouth College for any reason.

Below is a list of the various supplemental insurance plans offered through Winston Benefits to all benefits-eligible Dartmouth employees:

- **Aflac Hospital Indemnity Insurance** – Helps pay for deductibles and coinsurance, as well as everyday living expenses due to a hospitalization.
- **Personal Accident Insurance (Aflac and Boston Mutual available)** – Helps pay for medical costs associated with an accidental injury.
- **Transamerica Critical Illness/Cancer 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.

For rates, FAQ, videos, and enrollment information, visit dartgo.org/supplemental

Disability Coverage

Dartmouth offers disability benefits that provide income protection in the event that an illness or injury prevents you from working – both on a Short-Term and Long-Term basis.

**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 work days. The elimination period is the number of consecutive work days you would need to be totally disabled before the benefit would begin. Paid Time Off will be used to cover the elimination period. The plan replaces salary at 100% for weeks 2 through 8 and 60% for weeks 9 through 26.
- **Exempt employees and Research Associate Bs** have an elimination period of 10 work days. The elimination period is the number of consecutive work days you would need to be totally disabled before the benefit would begin. The plan replaces salary at 100% for the first eight weeks and 60% for weeks nine through 26.
- **Faculty members**, please 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.
  - The elimination period is five work days.
  - Those with 90 days to one year of service receive two weeks* of 100% salary replacement.
  - Those with one to two years of service receive six weeks* of 100% salary replacement.
  - Those with two or more years of service receive 100% salary replacement for the first eight weeks* and 60% for weeks nine through 26.

*After the elimination period.

**Long-Term Disability (LTD)**

If your disability continues beyond 26 weeks, you may be eligible for benefits through the Long-Term Disability plan. Dartmouth College provides 50% pay replacement at no cost to employees. An employee may purchase additional coverage in 10% increments during annual Open Enrollment, to 60% pay replacement if currently enrolled in 50% pay replacement or 70% pay replacement if currently enrolled in 60% pay replacement.

- **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
Retirement Benefits

Dartmouth College provides comprehensive retirement options to help you build your retirement savings. It's important to start saving early and to save consistently. The more you are able to save during your working career, the greater your income during retirement.

401(a) Defined Contribution Retirement Plan

- Dartmouth makes contributions on your behalf, with no contributions required from you.
- Participants direct where the contributions are invested among investment options available at the time of enrollment.
- Participants who do not make an election within 30 days of eligibility will be defaulted to an age-appropriate Vanguard Target Date Fund at Fidelity.
- Contributions accumulate with interest, earnings, and investment gains or losses. The resulting amount will be the source of your retirement income from the plan.
- Amount of Dartmouth contribution (no contribution from you is required).

<table>
<thead>
<tr>
<th>Your age</th>
<th>Dartmouth contribution as a % of your base salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 to 29</td>
<td>3%</td>
</tr>
<tr>
<td>30 to 34</td>
<td>5%</td>
</tr>
<tr>
<td>35 to 39</td>
<td>7%</td>
</tr>
<tr>
<td>40 or older</td>
<td>9%</td>
</tr>
</tbody>
</table>

- Participants become fully vested after three years of employment with Dartmouth.
- For more information visit dartgo.org/defined_contribution

403(b) Supplemental Retirement Accounts (SRAs)

- You may make pre-tax or Roth post-tax contributions from your paycheck.
- 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.
- The annual limits are subject to change each year.

<table>
<thead>
<tr>
<th>Your age</th>
<th>2019 Contribution limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 50</td>
<td>$19,000</td>
</tr>
<tr>
<td>50 and older</td>
<td>$25,000</td>
</tr>
</tbody>
</table>

- For more information visit dartgo.org/sra

Roth Post-Tax Contributions

If you elect to make Roth post-tax contributions, there is no immediate tax savings in your paycheck. However, the benefit is that Roth contributions and earnings can be withdrawn tax-free at retirement (unlike pre-tax contributions, which are subject to taxation when withdrawn). To learn more about Roth post-tax contributions, see The Roth Contribution Option for Supplemental Retirement Accounts brochure at dartgo.org/roth-information

SRA Match

- Employees will receive a matching contribution.
- Contributions from Dartmouth College will match an employee’s SRA contributions for up to six years from date of hire, to a lifetime maximum of $3,000.
- Matching contributions will be proportionately distributed, consistent with the employee’s 401(a) fund designation.

Workshops

Given the wide range of choices available to you, you may want some help making your retirement decisions. To assist you in the process, Dartmouth College is pleased to offer one-on-one consultations and workshops with representatives from Fidelity and TIAA. For a list of dates and times that the representatives will be on-site, visit dartgo.org/retirement-counseling
Additional Benefits

Information regarding loans, adoption, and other resources for employees.

**Below is a brief overview of each program. For additional details, please visit dartgo.org/benefits**

- **Paid Time Off**
  - Salaried Employees – Visit [dartgo.org/salaried-pto](https://dartgo.org/salaried-pto)
  - Non-Exempt Employees – Visit [dartgo.org/hourly-pto](https://dartgo.org/hourly-pto)
  - SEIU Employees – refer to your union contract.
  - Holidays and Winter Break – Visit [dartgo.org/holidays](https://dartgo.org/holidays)
  - Volunteer Time Off – Visit [dartgo.org/vto](https://dartgo.org/vto)

- **Tuition Reimbursement**
  After at least one year of continuous service, benefits-eligible employees may take courses that have been pre-approved. Dartmouth College will reimburse 100% of the registration and tuition cost, up to a maximum benefit of $2,000 per fiscal year for successfully completed courses. For graduate courses, students must receive a grade of B or higher. SEIU employees, please refer to your union contract. Visit [dartgo.org/tap](https://dartgo.org/tap)

- **Grant-In Aid for Dartmouth Courses**
  Benefits-Eligible employees who are actively at work for one year of continuous regular employment may be eligible to receive tuition grant-in aid for courses at Dartmouth. Visit [dartgo.org/tap](https://dartgo.org/tap)

- **Faculty and Staff Loan Program**
  Dartmouth College offers a no-interest emergency loan program to all benefits-eligible employees. For more information please visit [dartgo.org/employee-loans](https://dartgo.org/employee-loans) or contact the Benefits office at 603.646.3588.

- **Adoption Reimbursement**
  Dartmouth College 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](https://dartgo.org/adoption)

- **Health Care Cost Hardship Program**
  A program designed to help you with extensive medical costs. For more information visit [dartgo.org/healthcare_cost_hardship](https://dartgo.org/healthcare_cost_hardship)

- **Faculty/Employee Assistance Program (F/EAP)**
  The F/EAP, in partnership with GuidanceResources, is available 24 hours a day, seven days a week and gives you and your family members confidential support, resources, 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 support, financial information, and work-life solutions. There are three ways to access your F/EAP resources:

  1. **Call toll-free 844.216.8308**
     - You’ll speak with a counseling professional who will listen to your concerns and can guide you to the appropriate services you require, including local health care professionals for in-person counseling.

  2. **Visit GuidanceResources® Online at www.guidanceresources.com** and enter your Company ID: “Dartmouth” during the registration process
     - You will find timely, expert information on thousands of topics such as relationships, work, school, children, wellness, legal, financial, and other work-life topics. You can search for qualified child care and elder care, attorneys and financial planners, as well as ask questions, take self-assessments, and more.

  3. **Download the GuidanceResources® Now App**
     - The app provides fast, easy access to your F/EAP. After downloading the app, tap Member Resources and enter your username and password to access your services.

For more information please visit [dartmouth.edu/~eap](https://dartmouth.edu/~eap)
Annual Required Notices

Here is important information you should read before you enroll.

Women's Health and Cancer Rights Act (WHCRA)
The Women's Health and Cancer Rights Act of 1998 requires all group health plans that provide medical and surgical benefits for mastectomy to provide coverage for reconstruction of the breast on which the mastectomy was performed; surgery reconstruction of the other breast to produce a symmetrical appearance; and prostheses and treatment of physical complications of all stages of mastectomy, including lymphedema. These services must be provided in a manner determined in consultation with the attending physician and the patient. This coverage may be subject to annual deductibles and coinsurance provisions applicable to other such medical and surgical benefits provided under the plan. Please refer to your Summary Plan Description for deductibles and coinsurance information applicable to the plan in which you choose to enroll. For more information visit dartgo.org/whcra

Medicare Part D – Notice of Creditable Coverage (NOCC)
The Medicare Modernization Act (MMA) requires entities (whose policies include prescription drug coverage) to notify Medicare-eligible policyholders whether their prescription drug coverage is creditable coverage, which means that the coverage is expected to pay on average as much as the standard Medicare prescription drug coverage. For more information visit dartgo.org/creditable_coverage

Children’s Health Insurance Program Reauthorization Act (CHIPRA)
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 an eligible state, 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 call 877.KIDSNOW (877.543.7669); or visit 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. For more information visit dartgo.org/chip

Patient Protection Disclosure
Dartmouth College generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in your plan’s network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit myCigna.com or contact Cigna customer service at 855.869.8619.

For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from Cigna or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a provider in our network who specializes in obstetrics or gynecology. The provider, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating providers who specialize in obstetrics or gynecology, visit myCigna.com or contact Cigna customer service at 855.869.8619.
This Notice Describes How Medical Information About You May Be Used and Disclosed and How You Can Get Access To This Information. Please Review It Carefully.

If you have any questions about this notice, please contact the Privacy Official, Maria Barrios, Director of Benefits & Wellness, at the Office of Human Resources, 7 Lebanon St., Hanover, NH 03755, (603) 646-1753.

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

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

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

Permitted uses and disclosures

Treatment, Payment and Health Care Operations

Federal law allows a group health plan to use and disclose PHI for the purposes of treatment, payment and health care operations, without your consent or authorization. Examples of the uses and disclosures that we, as a group health plan, may make under each section are listed below:

- Treatment. Treatment refers to the provision and coordination of health care by a doctor, hospital or other health care provider. As a group health plan we do not provide treatment.
- Payment. Payment refers to the activities of a group health plan in collecting premiums and paying claims under the Plan for health care services you receive. Examples of uses and disclosures under this section include the sending of PHI; sharing PHI with other insurers to determine coordination of benefits or settle subrogation claims; providing PHI to a plan vendor for pre-certification, case management, or reimbursement account services; providing PHI in the billing, collection, and payment of premiums and fees to plan vendors such as a reinsurance carrier; and sending PHI to a reinsurance carrier to obtain reimbursement of claims paid under the Plan.

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

Other Uses and Disclosures Allowed Without Authorization

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

- To you, as the covered individual.
- To a personal representative designated by you to receive PHI or a personal representative designated by law such as the parent or legal guardian of child, or the surviving family members or representative of the estate of a deceased individual.
- To the Secretary of Health and Human Services (HHS) or any employee of HHS as part of an investigation to determine our compliance with the HIPAA Privacy Rules.
- To a Business Associate as part of a contracted agreement to perform services for the Plan.
To a health oversight agency, such as the Department of Labor (DOL), the Internal Revenue Service (IRS) and the Insurance Commissioner’s Office, to respond to inquiries or investigations of the Plan, requests to audit the Plan, or to obtain necessary licenses.

In response to a court order, subpoena, discovery request or other lawful judicial or administrative proceeding.

As required for law enforcement purposes. For example to notify authorities of a criminal act.

As required to comply with Workers’ Compensation or other similar programs established by law.

To the Plan Sponsor (Dartmouth College), as necessary to carry out administrative functions of the Plan such as evaluating renewal quotes for reinsurance of the Plan, funding check registers, reviewing claim appeals, approving subrogation settlements, and evaluating the performance of the Plan.

The examples of permitted uses and disclosures listed above are not provided as an all-inclusive list of the ways in which PHI may be used. They are provided to describe in general the types of uses and disclosures that may be made.

**Other uses and disclosures**

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

**Your rights in relation to protected health information**

**Right to Request Restrictions on Uses and Disclosures**

You have the right to request that the Plan limit its uses and disclosures of PHI in relation to treatment, payment and health care operations or not use or disclose your PHI for these reasons at all. You also have the right to request that the Plan restrict the use or disclosure of your PHI to family members or personal representatives. Any such request must be made in writing to the Privacy Official listed in this Notice and must state the specific restriction requested and to whom that restriction would apply.

The Plan is not required to agree to a restriction that you request. However, if it does agree to the requested restriction, it may not violate that restriction except as necessary to allow the provision of emergency medical care to you.

**Right to Receive Confidential Communications**

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

**Right to Access to Your Protected Health Information**

You have the right to inspect and copy your PHI that is contained in a designated record set for as long as the Plan maintains the PHI. A designated record set contains claim information, premium and billing records and any other records the Plan has created in making claim and coverage decisions relating to you. Federal law does not permit you to obtain access from the Plan to the following records: psychotherapy notes; information compiled in reasonable anticipation of or for use in litigation; and PHI that is subject to a law that otherwise prohibits access to that information. If your request for access is denied, you may have a right to have that decision reviewed. Requests for access to your PHI should be directed to the Privacy Official listed in this Notice.

**Right to Amend Protected Health Information**

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

**Right to Receive an Accounting of Disclosures**

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

Right to be Notified of a Breach

You have the right to be notified in the event that we (or a Business Associate) discover a breach that may have compromised the privacy or security of your information.

Right to Receive a Paper Copy of this Notice

You have the right to receive a paper copy of this Notice upon request. This right applies even if you have previously agreed to accept this Notice electronically. Requests for a paper copy of this Notice should be directed to the Privacy Official listed in this Notice. This Notice can be found online at http://www.dartmouth.edu/~hrs/benefits/other/

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plan or the U.S. Department of Health and Human Services Office for Civil Rights.

http://www.hhs.gov/hipaa/filing-a-complaint/

Complaints to the Plan must be submitted in writing to the Privacy Official listed in this Notice. The Plan will not retaliate against you for filing a complaint.

Privacy Official

If you have any questions, contact the Privacy Official for the Plan, Maria Barrios, Director of Benefits & Wellness, at the Office of Human Resources, (603) 646-1753.

Effective date of notice

This notice becomes effective on April 14, 2003. This notice was most recently updated on December 4, 2018.
Don’t forget!

If you do not make your elections within 30 days, you will be defaulted into the CCF medical plan option, no coverage for dental, and other benefits as defined by your employment category. Unless you have a qualifying life status change, you will not have another opportunity to change your benefit coverage until the Open Enrollment period for 2020.

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

ADEX – Decision Support Tool
An easy-to-use online tool; by responding to questions ADEX will help you figure out what to choose, based on your responses. Learn more about your plan options or get help choosing your benefits.
Website: dartgo.org/ADEX19

HEALTH AND WELFARE BENEFITS
CIGNA – Medical
Phone: 855.869.8619
Website: Cigna.com
Account login: myCigna.com

WAGEWORKS – Flexible Spending Accounts
Phone: 877.WageWorks (877.924.3967)
Website: www.wageworks.com

EXPRESS SCRIPTS
Phone: 877.788.5766
Website: www.express-scripts.com/DartmouthCollege

DARTMOUTH HEALTH CONNECT – Primary Care
Phone: 603.738.1164
Website: dartmouthhealthconnect.com
Email: info@dartmouthhealthconnect.com

NORTHEAST DELTA DENTAL – Dental
Phone: 800.832.5700
Website: www.nedelta.com

FIDELITY – Health Savings Account
Phone: 800.544.3716
Website: www.fidelity.com
Account login: www.netbenefits.com

METLIFE – Life and Travel & Accident Plans, Estate Resolution and Will Preparation
Phone: 800.638.6420
Website: www.metlife.com

WELLNESS AT DARTMOUTH
Phone: 603.646.3706
Website: dartmouth.edu/wellness
Email: wellness@dartmouth.edu

WINSTON BENEFITS
These benefits are managed through Winston Benefits and cannot be found in the FlexOnline system.
To learn more or to enroll, please call or visit:
Phone: 855.805.5840
Website: www.voluntaryinsuranceprogram.com/DARTMOUTH

RETIREMENT BENEFITS
TIAA – Retirement
Phone: 800.842.2252
Website: www.tiaa.org/dartmouth

FIDELITY – Retirement
Phone: 800.343.0860
Website: www.netbenefits.com/dartmouth

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