Summary Information

For

Research Fellows*

*Appointments of at least 9 months each year, and at least half-time.
SUMMARY INFORMATION

2016 Research Fellows

RESEARCH FELLOWS
Research Fellow refer to a post doctoral trainee on a NRSA or T32 training grant with an appointment of at least nine (9) months and less than three (3) years. Research Fellow’s are exempt from overtime pay according to the Fair Labor Standards Act and are paid monthly with non-taxable wages.

ORIENTATION PROGRAM
Once the Benefits Office receives notice of benefits eligibility, Research Fellows are invited to attend a comprehensive orientation program at which they receive their benefit information and enrollment materials. It is important for the employee to give their department correct personal information (social security number, date of birth, legal mailing address) as soon as possible after accepting the position. Absence of this information will delay an invitation to orientation.

STANDARD BENEFITS
Research Fellows are eligible to enroll in the benefit plans effective as of their appointment date. These benefits are not activated until the online enrollment process is either completed or defaulted. The deadline for enrollment is the latter of 45 days from the date you become benefits eligible, or 45 days from the date you are notified you are benefits eligible. After 45 days, certain benefits will be defaulted.

For Research Fellows, the money spent on benefits is paid on a post-tax basis.

MORE INFORMATION
For more detailed information about each of the benefits offered here, please see our New to Benefits webpage at www.dartgo.org/new-to-benefits or the full main benefits webpage at www.dartgo.org/benefits

HEALTH BENEFITS

COLLEGE CONTRIBUTION
Under the Standard plans, Research Fellows receive a contribution toward their medical insurance benefits, which they subtract from the total cost of their premiums.

_Elected Benefit Cost minus Dartmouth Contribution equals Employee Net Cost_

The contribution amount is based on 96 percent of the cost of a single membership in the Open Access Plan 1 (OAP1) or if covering dependents, 81 percent of the OAP 1 plan cost when electing the employee plus child(ren), employee plus spouse or family plans.

For more information, please refer to the Medical Plan Cost Estimator at www.dartgo.org/medical-cost-estimator.

MEDICAL & VISION COVERAGE
_Cigna Health_

Dartmouth offers a choice of three medical plans, which include prescription and vision coverage. Go to www.dartgo.org/medical for details on each of the plans.

- No coverage (must have other coverage)
- High Deductible Health Plan (HDHP) (default)*
- Open Access Plan 1 (OAP1)
- Open Access Plan 2 (OAP2)

* the HDHP is available with a Health Care FSA or with an HSA. The Default option is administered with an HSA.

DENTAL INSURANCE
_Delta Dental_

- No coverage (default)
- Coverage in a comprehensive plan
LIFE INSURANCE BENEFITS

BAScIC LIFE INSURANCE
Metlife

You can choose to participate in the Basic Life insurance benefit.

- No Coverage (default)
- $50,000 coverage

VOLUNTARY LIFE INSURANCE
Metlife

In addition to the basic life benefit, you can increase your life insurance benefit from 1 to 8 times your annual salary.

- 1x, 2x, 2.5x annual salary coverage is available with out prior approval of health information, if elected within the first 45 days of benefit eligibility.
- 3x to 8x annual salary coverage is available upon approval of health information. You will be charged for 2.5x salary coverage until approval is obtained.

The maximum possible election is $1,500,000 in coverage. Dartmouth matches the elected coverage with Accidental Death and Dismemberment Insurance at no cost, to a maximum of $250,000. You elect the beneficiary(ies) of this plan. Adding and/or changing coverage after your initial enrollment may require additional health questions and approval.

TRAVEL ACCIDENT INSURANCE
National Union Fire

As of the first day of employment, Research Fellows are insured for accidental death and dismemberment insurance with a life benefit of $750,000, while traveling on College business. Additionally, the College provides Supplemental Scheduled Air Business Travel Accidental Death and Dismemberment coverage with a life benefit of $750,000.

PAID TIME OFF BENEFITS

VACATION
Research Fellows are given 14 calendar days of vacation to use in the fiscal year. The fiscal year at Dartmouth runs July through June. Appointments that begin sometime other than July 1 receive pro-rated vacation for that fiscal year.

ADDITIONAL BENEFITS

WELLNESS
Wellness at Dartmouth promotes and inspires a culture of well-being through free initiatives, such as Biometric Health Screenings, Events, Health Challenges (Physical, Nutritional and Emotional Health). Dartmouth Health Connect primary care practice, the $200 Wellness Reimbursement and more. Please go to www.dartgo.org/wellness for more information on these programs.

TUITION REIMBURSEMENT
After at least 1 year of 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.
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.

SUPPLEMENTAL BENEFITS
Research Fellows can select coverage from a variety of plans offered by Winston Benefits. Winston Benefits offers AFLAC Hospital Indemnity, AFLAC Personal Accident, Boston Mutual Personal Accident, Transamerica Critical Illness/Cancer and Transamerica Universal Life Insurance/Long Term Care plans. Please visit our website at: www.dartgo.org/supplemental to learn more and enroll.

INTEREST-FREE LOANS
Research Fellows may borrow up to $2,000 interest-free. This emergency loan is available due to a generous gift from the Gilman Foundation. The loan must be repaid within one (1) year, and once awarded there is a two (2) year waiting period before an employee can receive another loan. Applications and additional information is available at www.dartgo.org/employee-loans.

CHANGING YOUR BENEFITS
The benefits you elect will remain in effect through December 31, 2016. You may only make changes to your benefits during the annual Open Enrollment period unless you have a qualified change in family event or a change in employment status (i.e. birth, marriage, divorce, change in external coverage or benefit eligibility, etc.). For a more complete list of events and more information about changing your plans, please visit our webpage at www.dartgo.org/change-your-benefits.

If you have a qualifying event, you may make your change through FlexOnline at www.dartgo.org/flexonline.

This Benefit Summary is not intended to be a summary plan description (SPD) as defined under ERISA law. For more information please see the certificate and SPD for each benefit plan. The College reserves the right to change these employee benefit plans and policies at its discretion. For more information, please call the Benefits Office at 603-646-3588.

Updated December 2015
DARTMOUTH COLLEGE EMPLOYEE HEALTH PLAN

NOTICE OF PRIVACY PRACTICES
Issued Pursuant to the Health Insurance Portability and Accountability Act (“HIPAA”)

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, at the Office of Human Resources, 7 Lebanon St., Hanover, NH 03755, (603) 646-3411.

Protected Health Information (PHI) is information, including demographic information, that may identify you and that relates to health care services provided to you, payment for health care services provided to you, or 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. 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 e-mailed) 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. paid under the Plan.
• 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. Nonetheless, the Plan cannot use or disclose genetic information for underwriting purposes.
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 Request Restriction to the Plan

You may request that certain health care services or items that you pay for fully at the time of service not be shared with the Plan. Please let your provider know before, or at the time of service or your provider may not be able to fulfill your request.

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 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.

Right to Receive a Notice of Breach

You have the right to receive written notification if the Plan discovers a breach of your unsecured PHI, and determines through a risk assessment that notification is required.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the Plan or the Secretary of Health and Human Services. Complaints should be filed in writing with 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 at the Office of Human Resources, (603) 646-3411.

EFFECTIVE DATE OF NOTICE

This notice becomes effective on April 14, 2003.
Important Notice from Dartmouth College About Your Prescription Drug Coverage and Medicare

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 College 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 College has determined that the prescription drug coverage offered by the CVS Caremark and the 65+ SilverScript prescription drug plans are, 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 15th through December 7th open enrollment.

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 College coverage will be affected. Effective January 1, 2013, your Dartmouth College Medicare Supplemental (DCMS) plan will include Medicare Part D and covers prescription drugs at 30% coinsurance until a $450.00 total out-of-pocket maximum is met. If you do decide to join a Medicare drug plan and opt out of your current Dartmouth College coverage, be aware that you and your dependents will also be opting out of your medical coverage and will not be able to get this coverage back.
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 Dartmouth College 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.

For More Information About This Notice Or Your Current Prescription Drug Coverage contact one of the following:

Dartmouth College Human Resources Benefits Office at:
603-646-3588 Monday through Friday, 8:00am thru 5:00 pm

Medicare eligible members: SilverScript Customer Care at:
(866)-693-4621 Toll-free 24 hours a day, 7 days a week

Active employees or retirees ages 55-64: CVS Caremark at:
(855) 465-0032 Toll-free 24 hours a day, 7 days a week

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 College changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare 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).