BENEFITS GUIDE
FOR RETIREES UNDER AGE 65

Log in and enroll October 21 – November 4, 2024

DARTMOUTH
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Medicare Part D Notice

If you (and/or your covered dependent) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see **page 18** for more details.

2025 Open Enrollment – Important

Every year, Dartmouth reviews the benefits plans offered to Retirees and their dependents. We continue to work to provide benefits that not only meet the long-term institutional obligations of the Dartmouth plans, but that also encourage a sustainable option for covered members.

The Dartmouth Open Enrollment period is your annual opportunity to evaluate and make any necessary changes to your retiree benefit elections. **If you are not making changes, no action is required. Otherwise, you will need to complete and save any changes to your medical plan for 2025 during the annual benefits Open Enrollment period from 8:00 a.m. Monday, October 21 through 11:59 p.m. Monday, November 4, 2024 at dartgo.org/retirees**. Changes will take effect January 1, 2025.

This Benefits Guide provides an overview of the Retiree Benefits Program offered to eligible retirees and their eligible dependents. You will find a summary of your benefits choices, important reminders, and information about how to enroll or make changes to your Dartmouth Retiree Medical Plan through the FlexOnline benefits enrollment system.

If you do not wish to make any changes for 2025, no action is required.

Medical Plan Rate Changes

Due to a continuing trend of rising health care costs, the costs of our medical plans are also rising. **We've worked hard to keep increases to a minimum, and rates will increase approximately 8.9% across all plan options.** Dartmouth pays the majority of costs for coverage and will share in this increase.

Other Medical Plan Changes

In addition, for the High Deductible Health Plan (HDHP), per IRS requirements, in-network deductibles will increase to $3,300 individual/$6,600 family.

ID CARDS

Cigna will be sending new ID cards to all enrolled members for 2025. EyeMed and Express Scripts will only send new ID cards if you are newly enrolling in a plan or when you are adding dependents.

Open Enrollment for Retirees Under Age 65

If you are currently enrolled in the under 65 medical plans, please review your coverage through FlexOnline at **dartgo.org/retirees**. If no action is taken, your current coverage will continue in 2025.

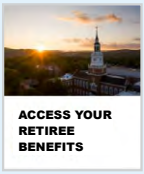
One Medical at Dartmouth

In addition to accepting patients enrolled in Dartmouth's pre-65 medical plans, One Medical at Dartmouth also accepts Medicare-eligible patients on the Dartmouth College Medicare Supplement Plan. Please see **page 5** for more information.

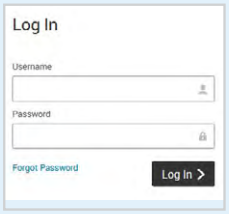
Visit the Dartmouth Retiree Benefits website, **dartgo.org/retirees** for additional information.

How to Enroll

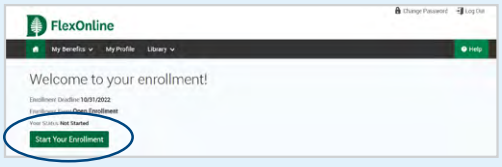
To enroll in or make changes to your benefits elections, access the FlexOnline benefits page:



1. Go to **dartgo.org/retirees**.
2. Click on **ACCESS YOUR RETIREE BENEFITS**.



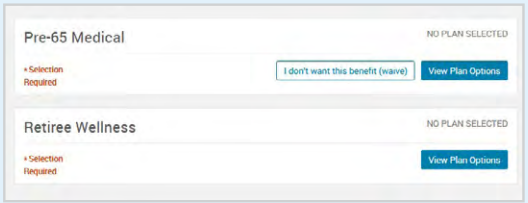
3. Enter your Dartmouth ID* (Found on your monthly invoice). If your Dartmouth ID starts with the letter "D," do not enter the "D."
4. Enter your Password (Last four digits of your Social Security Number).
5. Create a new password and security questions.
6. Your enrollment window will be at the top of the screen. Click on the green **Start Your Enrollment** button.



7. Review your **ADDRESS INFORMATION**. (If your address is incorrect, please contact the Benefits Office.) Click **CONTINUE** and complete your enrollment.
8. Review and update your **FAMILY INFORMATION**, then click **CONTINUE**.
9. Use the **ASK EMMA** tool to help with the decision-making process, and to learn more about each benefit.

10. On the **ENROLLMENT** page, you will add/remove coverage, add/remove any previously verified dependents from coverage, and/or change plans. When finished making all of your changes, click **CONTINUE**.
11. **REVIEW & CONFIRM** your changes, then click the **COMPLETE ENROLLMENT** button.

If you do not COMPLETE the event, your elections will not be saved.



12. Once you receive the message that your enrollment is complete, your elections will be saved. Please **PRINT** and **SAVE** a copy of the confirmation page for your records.

You may continue to log in and make changes to your 2025 elections until 11:59 p.m. on Monday, November 4, 2024. **Changes cannot be made after November 4, 2024.**

Important Reminders

If you will turn 65 during 2025, enroll in a medical plan as usual, for the beginning of the year. Three months prior to your 65th birthday, you will receive a Retiree Election form and a reminder from the Dartmouth Benefits Office to begin the sign-up process for Medicare parts A & B. Contact the SSA office by phone or go to SSA.gov to sign-up as soon as possible. Be sure to return a completed copy of the retiree health election form and a copy of your Medicare ID card to the Benefits office at least 45 days prior to your Medicare effective date. Once this information has been received, the transition will be made, and you will receive new ID cards from Cigna and Express Scripts. Note: If you are currently collecting Social Security, you will be automatically enrolled in Medicare Parts A and B.

Change of Address or Other Information

You must notify the Benefits Office if you change your address or if any of the information about your spouse or other eligible dependents changes.

If your mailing address is a P.O. Box, Medicare requires a physical address on file as well. Please make sure the Benefits Office has your current mailing and physical address.

Billing Information

If you owe Dartmouth for the cost of your retiree medical plan for either yourself or your covered dependent(s), you will receive a monthly invoice from the Dartmouth Accounts Receivable Office for the portion you are responsible for. This invoice will arrive on or around the 15th of each month, for the current month's coverage, and is due by the end of that month. Failure to remit your payment within the allotted period will result in a cancellation of your coverage, without the ability to re-enroll. **If you do not owe Dartmouth for the cost of your retiree medical plan, you will not receive an invoice.**

Death Benefit

Retirees of Dartmouth who retired on or prior to December 31, 2010 have a $5,000 Death Benefit (family members are not eligible for coverage). Please complete a new Beneficiary Form if you want to update your beneficiaries. This form can be obtained by calling the Benefits Office at **603.646.3588**, or online at **dartgo.org/hrforms**. Mail the completed form to Office of Human Resources, 7 Lebanon St., Suite 203, Hanover, NH 03755.

Spouse and Dependent(s) Eligibility

Coverage under the Dartmouth Retiree Medical Plan is available only for a person who is your spouse or legal dependent at the time of your retirement. If you die after retirement, your eligible spouse (if he or she survives you) may continue their Dartmouth retiree benefits coverage elections, and can make changes according to the procedures below. **If you are married after you have retired, your new spouse will not be eligible for coverage through the Dartmouth retiree medical plans.**

Adding or Increasing Coverage

You may (i) add coverage, (ii) change single coverage to two-person or family coverage, or (iii) change two-person coverage to family coverage. Such a change may be made only (i) during the normal annual Open Enrollment period, or (ii) within 31 days of the date the person you want to cover (either you or an eligible dependent) lost other coverage. Dartmouth may require evidence of the loss of other coverage.

Changes can be made during Open Enrollment of any year, or within the year if you have a qualifying life status change. You can do so either online at **dartgo.org/retirees** or by contacting the Dartmouth Benefits Office at **human.resources.benefits@dartmouth.edu**. Any changes made during a normal Open Enrollment period will be effective on the first day of the next plan year.

Medical Plans

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

- **Open Access Plan (OAP)**
- **Cigna Choice Fund (CCF)** – includes a Dartmouth-funded HRA
- **High Deductible Health Plan (HDHP)**

CIGNA TELEHEALTH MDLIVE – A LOWER-COST, CONVENIENT OPTION

This 24/7 service allows you to connect with a board-certified physician via video chat or phone for common acute conditions such as cold/flu, headaches, earaches, etc. For urgent care, there is no office visit copay under the OAP or CCF plan, and for the HDHP, you are covered with no cost-share after you meet the deductible. Log into **myCigna.com** and select "Find Care and Costs," then "Talk to a Doctor via Phone or Video," and then "Medical."**

* Some preventive services may not be covered. For example, immunizations for travel, any service or device that is not medically necessary, or services/supplies that are unproven (experimental or investigational).

** Telehealth services are provided by third party telehealth providers and not by Cigna. Providers are solely responsible for any treatment provided. These services are separate from your health plan's provider network and services (including video chat) may not be available in all areas.

All three medical plans offer:

- A national network of providers, as well as emergency coverage when traveling abroad for personal travel.
- In-network preventive care* services covered at no cost to you including one routine eye exam per covered family member at no cost when using an EyeMed provider. See your plan materials for a list of covered preventive care services.
- Prescription drug coverage through Express Scripts.
- Out-of-network emergency room and air ambulance coverage at in-network costs.
- No referral needed to see a specialist, although precertification may be required.
- Additional coverage to help pay for out-of-network mental health claims.
- Access to One Medical at Dartmouth.
- Each covered family member receives their own individual medical, pharmacy, and EyeMed vision card.

One Medical at Dartmouth

One Medical at Dartmouth is a primary care practice for eligible retirees and their dependents. Located at 7 Allen Street in Hanover, the One Medical practice is built on a mission to make getting quality care more affordable, accessible, and enjoyable through a blend of human-centered design, technology, and an exceptional team. **One Medical is accepting new patients!**

Eligibility

- All retirees under age 65 and their adult family members (age 18+) enrolled in the OAP, CCF or HDHP with HRA medical plan **are** eligible to use One Medical at Dartmouth if you wish.
- Retirees who waive medical coverage or who are enrolled in the HDHP with HSA **are not** eligible to use One Medical at Dartmouth.
- One Medical at Dartmouth also accepts Medicare-eligible patients on the Dartmouth College Medicare Supplement Plan.
- Please note: you do not have to use One Medical at Dartmouth, and you may change your primary care provider at any point during the year.

Key benefits include:

- A full care team dedicated to your well-being, with in-office appointments and 24/7 access to a virtual medical team.
- Longer, non-rushed appointments that start on time.
- Drop-in on-site lab services.
- App-based access for scheduling appointments, prescription requests, care team messaging, on-demand care, and more.
- $0 copay* (and no membership fees).

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

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

Medical Plan Comparison Chart

	Open Access Plus (OAP) Plan		Cigna Choice Fund (CCF) Plan		High Deductible Health Plan (HDHP)	
Medical plan highlights						
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Medical deductible Individual Family	 $600 $1,200	 $1,200 $2,400	 $1,600 $3,200	 $3,200 $6,400	 $3,300 $6,600	 $4,100 $8,200
Out-of-pocket maximum[1] Individual Family	 $2,500 $5,000	 $5,000 $10,000	 $4,000 $8,000	 $6,000 $12,000	 $4,200 $8,400	 $6,500 $13,000
Coinsurance Individual Family	 10% 10%	 30% 30%	 10% 10%	 30% 30%	 10% 10%	 30% 30%
Contribution from employer[2] Individual Family	N/A		**HRA** $500 $1,000		N/A	
Office/routine care						
Adult preventive care	Covered at 100%[3]	Deductible/Coinsurance	Covered at 100%[3]	Deductible/Coinsurance	Covered at 100%[3]	Deductible/Coinsurance
Telehealth/MD Live (see page 5)	No cost for urgent care	Not Covered	No cost for urgent care	Not Covered	Deductible, then no cost for urgent care	Not covered
Office visit	$25	Deductible/Coinsurance	$35	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Specialist visit	$35	Deductible/Coinsurance	$50	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Chiropractic	$25	Deductible/Coinsurance	$35	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Physical, occupational, and speech therapies	$25	Deductible/Coinsurance	$35	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Well-child care	Covered at 100%[3]	Deductible/Coinsurance	Covered at 100%[3]	Deductible/Coinsurance	Covered at 100%[3]	Deductible/Coinsurance
Lab, X-Ray, and diagnostic tests	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Acupuncture	$35	Deductible/Coinsurance	$50	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Hearing aid coverage – maximum one pair for 36 months	Covered at 100%[3]	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Durable medical equipment	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance

1. **Each family member pays toward their individual deductible and out-of-pocket maximum.** Family limits help minimize the total amounts your family must pay in a given year.
2. Employer contributions to HRAs are available to use as of January 1 and prorated based on date of enrollment.
3. Certain in-network preventive care services and well-child care services are covered at no added cost to you. You have no deductible or copays to meet for these services.

Medical Plan Comparison Chart (cont'd)

	Open Access Plus (OAP) Plan		Cigna Choice Fund (CCF) Plan		High Deductible Health Plan (HDHP)	
Hospital care						
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**	**In-Network**	**Out-of-Network**
Inpatient hospitalization	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient surgery	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Emergency room	$125	$125	$175	$175	Deductible/Coinsurance	In-Network Deductible/ Coinsurance
Urgent care center	$50	$50[1]	$50	$50[1]	Deductible/Coinsurance	In-Network Deductible/ Coinsurance[1]
Ambulance	Deductible/Coinsurance	In-Network Deductible/ Coinsurance[1]	Deductible/Coinsurance	In-Network Deductible/ Coinsurance[1]	Deductible/Coinsurance	In-Network Deductible/ Coinsurance[1]
Mental health and substance abuse						
Inpatient	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient	$25	$25 after MHE benefit[2]	$35	$35 after MHE benefit[2]	Deductible/Coinsurance	In-Network Deductible/ Coinsurance after MHE benefit[2]

1. Out-of-network urgent care and ground ambulance service charges are based on Maximum Reimbursable Charge (MRC) criteria and eligible billed charges. In rare cases, you may be subject to balance billing. Contact Cigna at 855-869-8619.
2. Mental Health Exception (MHE) Benefit: When utilizing out-of-network mental health providers through any Dartmouth medical plan, you or your covered family members may attend up to 12 lifetime visits with an out-of-network provider at a 10% member coinsurance cost. (See **page 15**.) Visits beyond the initial 12 lifetime MHE visits are subject to in-network copayments on the OAP and CCF plans, and up to in-network deductible and coinsurance levels on the HDHP plan (balance billing may apply).

Ask Emma Decision Support Tool

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

Ask Emma provides a summary of your benefits and every attempt has been made to ensure its accuracy. Cost estimates are based on national averages and may not directly reflect medical costs in your geographic area. It is important to fully utilize all of the educational tools provided to you prior to enrolling in benefits, including, but not limited to, Ask Emma. This tool may provide estimates or suggestions, but only you can elect benefits to best suit your needs. Ask Emma is not an application for enrollment. Ask Emma does not create, receive, maintain, transmit, collect, or store any identifiable end-user information.

Open Access Plus (OAP) Plan

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

Key Benefits

- You pay set dollar amounts (copays) for PCP, specialist, and therapy visits, along with prescription drugs. See **page 6** for more information.
- One Medical at Dartmouth is available (no cost PCP visits).
- This plan has additional hearing aid coverage.

Other Considerations

- The OAP plan has the highest rates of all three plans.
- Medical and prescription copays DO NOT count toward annual deductibles, but DO count toward annual out-of-pocket maximums.

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

How an individual OAP plan works (in-network)

YOU OR A DEPENDENT INCURS AN ELIGIBLE HEALTH CARE EXPENSE

FOR DOCTORS VISITS, AS WELL AS EMERGENCY ROOM AND URGENT CARE VISITS

→ **YOU PAY A FIXED DOLLAR AMOUNT (COPAY) PER VISIT**
\+
MEDICAL PLAN PAYS THE REST

FOR ALL OTHER SERVICES

→ **YOU PAY UP TO THE $600 DEDUCTIBLE**

→ **THEN YOU PAY 10% COINSURANCE**
\+
MEDICAL PLAN PAYS 90%

→ **UNTIL YOU REACH THE $2,500 ANNUAL OUT-OF-POCKET MAXIMUM**

→ **THEN YOUR MEDICAL PLAN PAYS AT 100% FOR THE REMAINDER OF THE PLAN YEAR**

Cigna Choice Fund (CCF) Plan

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

Key Benefits

- You pay set dollar amounts (copays) for PCP, specialist, and therapy visits, along with prescription drugs. See **page 6** for more information
- Dartmouth contributes to an HRA. See **page 11** for more information.
- One Medical at Dartmouth is available (no cost PCP visits).

Other Considerations

- Medical and prescription copays DO NOT count toward annual deductibles, but DO count toward annual out-of-pocket maximums.

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

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

YOU OR A DEPENDENT INCURS AN ELIGIBLE HEALTH CARE EXPENSE

FOR DOCTORS VISITS, AS WELL AS EMERGENCY ROOM AND URGENT CARE VISITS AND PRESCRIPTIONS

→ **YOU PAY A FIXED DOLLAR AMOUNT (COPAY) PER VISIT**
+ MEDICAL PLAN PAYS THE REST

FOR ALL OTHER COVERED MEDICAL SERVICES

→ **HRA AUTOMATICALLY PAYS UNTIL EXHAUSTED**

→ **YOU PAY REMAINING DEDUCTIBLE UP TO $1,600***

→ **THEN YOU PAY 10% COINSURANCE**
+ MEDICAL PLAN PAYS 90%

→ **UNTIL YOU REACH THE $4,000 ANNUAL OUT-OF-POCKET MAXIMUM**

→ **THEN YOUR MEDICAL PLAN PAYS AT 100% FOR THE REMAINDER OF THE PLAN YEAR**

* Your HRA contribution from Dartmouth will help pay your portion of the annual deductible each year, until the account is exhausted.

High Deductible Health Plan (HDHP)

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

Key Benefits

- The plan has the lowest rates of all three plans.
- One Medical at Dartmouth is available (no cost PCP visits).

Other Considerations

- This plan has the highest deductible of the three plans.
- You pay 100% of all medical and prescription costs until your annual deductible has been met.
- This plan is not eligible for the HRA.

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

How an individual HDHP works (in-network)

YOU OR A DEPENDENT INCURS AN ELIGIBLE HEALTH CARE EXPENSE

FOR ALL NON-PREVENTIVE SERVICES YOU WILL HAVE TO PAY UP TO THE $3,300 DEDUCTIBLE

YOU PAY 10% COINSURANCE
+
MEDICAL PLAN PAYS 90% COINSURANCE

UNTIL YOU REACH THE $4,200 ANNUAL OUT-OF-POCKET MAXIMUM

THEN YOUR MEDICAL PLAN PAYS 100% FOR THE REMAINDER OF THE PLAN YEAR

Health Reimbursement Account (HRA)

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

Eligibility

- Retirees who elect the Cigna Choice Fund (CCF)plan will receive a Dartmouth contribution in an HRA.

Key Benefits

- Dartmouth will contribute $500 annually for individuals and $1,000 annually for families.
- HRA dollars are solely funded by Dartmouth to help reduce the amount you pay toward medical care during the year.
- When you receive care, HRA dollars are automatically deducted to cover your deductible and coinsurance costs – they even count toward your out-of-pocket maximum.
- Your full HRA balance is available January 1, so you can use the funds immediately.

Other Considerations

- Your unused balance only carries forward into the new calendar year if you re-enroll in the Cigna Choice Fund (CCF) medical plan.
- If you choose the CCF medical plan, your HRA dollars **cannot** be used to pay for prescription drugs or medical copays.
- The Dartmouth contribution is prorated if you come onto the plan mid-year, or could change mid-year if you add or remove dependents.

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

How an HRA works

YOU OR A DEPENDENT INCURS AN ELIGIBLE HEALTH CARE EXPENSE

→ **CIGNA PROCESSES THE CLAIM AND DETERMINES IF ANY DEDUCTIBLE OR COINSURANCE IS OWED**

→ **IF COPAY IS OWED, YOU PAY AT TIME OF VISIT, OR RECEIVE A BILL FOR THE COPAY AMOUNT**

→ **IF DEDUCTIBLE OR COINSURANCE IS OWED, CIGNA PAYS DIRECTLY FROM YOUR HRA UNTIL THE FUND IS EXHAUSTED**

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

Prescription Drug Coverage

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

Pharmacy	OAP	CCF	HDHP*
Retail pharmacy network (up to a 30-day supply)			
Generic	$8.50	$8.50	Deductible/Coinsurance
Preferred brand	$30	$30	Deductible/Coinsurance
Non-preferred brand	$50	$50	Deductible/Coinsurance
Home Delivery from Express Scripts Pharmacy or at a CVS Pharmacy (up to 90-day supply)			
Generic	$17	$17	Deductible/Coinsurance
Preferred brand	$60	$60	Deductible/Coinsurance
Non-preferred brand	$100	$100	Deductible/Coinsurance

* Certain preventive prescriptions offered at no cost to members enrolled in the HDHP medical plan.

For more information, visit dartgo.org/pharmacy.

FOR MEDICATION COSTS AND MORE

Call Express Scripts at **877.788.5766** or visit their website at **www.express-scripts.com/Dartmouth** to check drug coverage and cost. You can also search for pharmacies, and view other plan information.

ID CARDS

Each covered family member receives their own ID card from Express Scripts.

PLEASE TAKE NOTE

- Periodically, medications can change tier levels or be removed from the list of covered medications (the formulary). Please watch your mail for these notifications.
- Some prescription drug coupons cannot be used in conjunction with Dartmouth's prescription drug plans. Please check with your pharmacist prior to using a coupon.
- Dartmouth works with PillarRx to assist employees and family members who take specialty medications for complex or chronic medical conditions. If you or your covered spouse or dependent take a specialty medication through Accredo for which the Copay Assistance program is available, you will receive information directly from PillarRx.

  Note: Participation in the PillarRx program is required to avoid 30% coinsurance if you are taking a Copay Assistance-eligible medication.

Vision Coverage

Offered as part of the preventive care services under your Dartmouth medical plan

	OAP and CCF Plans		HDHP	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Exam copay	$0	N/A	$0	N/A
Exam coinsurance (once per year)	Covered 100%	Covered 70%	Covered 100%	Covered 100% up to reasonable and customary amount

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/retirees.

* 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 Cigna plan includes coverage for any of these services, this program is in addition to, not instead of, your plan benefits. A discount program is NOT insurance, and you must pay the entire discounted charge.

ID CARDS-CIGNA VISION

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

Wellness at Dartmouth

Retirees enrolled in a Dartmouth medical plan automatically have the Fitness Reimbursement Benefit as your wellness benefit (if you retired in 2024, your current wellness benefit only continues through December 31, 2024).

- This benefit will provide a reimbursement of up to $225 per family enrolled in a Dartmouth medical plan for expenses limited to fitness facility and exercise class (includes apps, online, and DVD exercise classes) fees.
- Please note: Any reimbursements received as part of the Fitness Benefit are considered taxable income. Consider consulting your personal tax advisor regarding the proper reporting of this income.
- All submissions for 2025 must be digitally submitted to Cigna via email by January 15, 2026. The form, and additional details, can be found at **dartgo.org/fitness-benefit-retirees**.

Emotional Well-Being Resources

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

Resources if Enrolled in the Medical Plan

If you are enrolled in a Dartmouth medical plan, there are a variety of emotional well-being resources available:

- **Mental Health Exception –** Dartmouth offers the Mental Health Exception benefit for employees using out-of-network mental health providers. This benefit allows for out-of-network claims to be paid at 90% for a lifetime maximum of 12 mental health visits for employees and covered dependents. Regardless of who submits the claim (individual or provider), Cigna will pay 90% of the provider's charged fee and the individual will be responsible for 10% of the provider's charged fee. After the 12 lifetime Mental Health Exception visits, you'll have coverage for additional visits at the same copay and deductible/coinsurance amounts you pay for in-network visits (balanced billing may apply), in recognition of the current difficulty of receiving in-network behavioral health services in our area. For more information, please visit **http://dartgo.org/mhe**.
- **MDLive telehealth services** offer care for behavioral/mental health care around the clock, even on weekends and holidays. Connect with quality licensed counselors and psychiatrists via video or phone. If you are enrolled in the OAP or CCF plans, no copayment applies. For the HDHP, there is no cost-share after you meet your deductible.
- **TalkSpace online therapy** allows you to connect with a licensed behavioral therapist via text, video, and phone. If you are enrolled in the OAP or CCF plans, a copayment applies. For the HDHP, there is no cost-share after you meet your deductible.
- **Headspace Care** provides access to behavioral health coaches via text any time you need immediate support. Plus, you can access licensed therapists and psychiatrists with flexible hours, including weekends and evenings via video. If you are enrolled in the OAP or CCF plans, a copayment applies. For the HDHP, there is no cost-share after you meet your deductible.
- **iPrevail App** teaches you to boost your mood and improve mental health with on-demand coaching 24/7. Complete a brief assessment to receive a program tailored to your needs that includes interactive lessons and tools. You'll also be assigned a peer coach who is matched based on your symptoms, and you can join support communities focused on stress, anxiety, depression, and more. There is no cost if you are enrolled in a Dartmouth medical plan. (Note: Medicare-eligible enrollees in the Dartmouth College Medicare Supplement Plan are not eligible.)
- **Happify App** provides science-based activities and games 24/7 to help you manage stress and build resilience. There is no cost if you are enrolled in a Dartmouth medical plan. (Note: Medicare-eligible enrollees in the Dartmouth College Medicare Supplement Plan are not eligible.)

Visit mycigna.com for more information.

Turning Age 65 and Becoming Medicare Eligible

You or your spouse become eligible for Medicare on the first day of your 65th birth month, or if your birthday is on the first day of the month, Medicare will begin the first day of the prior month. At that time, Medicare will become your primary medical insurance.

Dartmouth offers Medicare supplemental coverage called the **Dartmouth College Medicare Supplement (DCMS) plan**. The DCMS plan is available to qualifying Dartmouth retirees age 65+, members who are Medicare eligible due to disability, and qualifying Medicare eligible dependents.

The Dartmouth Benefits office will contact you up to three months prior to your 65th birth month to provide the appropriate retiree health enrollment information and application forms for enrollment in the DCMS plan. You must contact Social Security up to three months prior to your effective date to enroll in Medicare.

Enrollment in the DCMS plan requires that you have Medicare Part A and Part B at the time your DCMS plan begins. Submit a copy of your Medicare ID card showing Medicare Part A and Part B to the Dartmouth Benefits Office, along with your retiree health enrollment application, at least 45 days prior to your effective date in order to be enrolled in the DCMS plan on time. Late enrollments may result in a delay in your enrollment or uncovered claims. Upon electing the DCMS plan, you will automatically be enrolled in Dartmouth's Medicare Part D prescription drug plan through Express Scripts.

To avoid paying additional costs, we encourage you to use participating Medicare providers.

Prescription Drugs

You should not enroll in a separate Medicare Part D plan if you want to be covered on the DCMS plan. Dartmouth will enroll you in prescription drug coverage through Express Scripts upon enrolling in the DCMS plan. Once enrolled in the DCMS plan, you and your eligible dependents will receive new ID cards from Cigna and Express Scripts. Please be sure to present your new ID cards to your providers when you seek services on or after your effective date to avoid delays in processing your claim.

Coordination of Benefits

If you enroll in a non-Dartmouth Medicare part D plan, Medicare will not allow you to be enrolled in Dartmouth's DCMS plan.

Medicare Adjustments

EXTRA HELP: If you are a low-income beneficiary, you may be eligible for the Federal EXTRA HELP program. If you are eligible, you will receive notice from the Social Security Administration. Eligibility is determined by Social Security according to income and Federal low-income tables. If you think you may be eligible but have not received notice from Social Security, contact your local Social Security office for additional information. See **page 20** for contact information.

Income Related Monthly Adjustment Amount (IRMAA): If you are a higher-income beneficiary, according to Medicare Income limits, you will pay an Income Related Monthly Adjustment Amount (IRMAA) for your Medicare Part B and Part D plans. The adjusted amount is determined by income information you have reported to the IRS through your Federal tax returns.

Under 65 Dependent Coverage

If you cover family members on your plan who are under age 65, they may remain on the same plans offered to active Dartmouth employees.

Dartmouth College Medicare Supplement (DCMS) Plan

What will my out-of-pocket costs be on the DCMS plan?

Medical coverage	Administered by Cigna
Deductible	$250
Coinsurance	20% (up to $200)
Annual medical out-of-pocket maximum	**$450**

Prescription drug coverage	Express Scripts (PDP)		
	Generic	**Preferred brand**	**Non-preferred brand**
1–30-Day supply	$5	$25	$40
31–60-Day supply	$10	$50	$80
61–90-Day supply	$15	$75	$120
Home delivery			
90-Day supply	$10	$50	$80
Annual prescription out-of-pocket maximum	**$450**		
Total annual out-of-pocket maximum	**$900**		

Who pays what?	
Medicare Part A (Federal Hospital Coverage) (premium-free)	Dartmouth College Medicare Supplement (DCMS) Plan (Administered by Cigna)
Medicare Part B (Federal Medical Coverage) (you pay a premium to Social Security*)	
Medicare Part D (Express Scripts) Prescription Drug Plan * **Dartmouth pays the base premium**	

Coverage administered through Federal Government

The DCMS plan coverage

* If you are considered to be a Higher-Income Beneficiary, according to Social Security income tables, you will pay more for Medicare Part B and an additional premium for your Medicare Part D (drug) plan – even if you are on the DCMS plan.

Dartmouth's Medicare Supplement plan is a self-insured group retiree medical plan. It is NOT a standardized Medicare Supplement (Medigap) plan and is NOT offered under a contract with the Federal Government. Cigna Health and Life Insurance Company is not connected with or endorsed by the U.S. Government or the Federal Medicare program.

Annual Required Notices

Prescription Drug Coverage and Medicare, Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Dartmouth and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

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

When Can You Join A Medicare Drug Plan?

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

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

Coordination of Benefits

If you enroll in a non-Dartmouth Medicare part D plan, Medicare will not allow you to be enrolled in Dartmouth's DCMS plan.

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

If you decide to join a Medicare drug plan, your current Dartmouth coverage will be impacted. If you do decide to join a Medicare drug plan and opt out of your current Dartmouth coverage, be aware that you and your dependents will also be opting out of your Dartmouth medical coverage and you and your dependents will only be able to get this coverage back if you experience a qualifying event.

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

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

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

Annual Required Notices

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

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

For more information about Medicare prescription drug coverage:

- Visit **www.medicare.gov**.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call them at **1-800-772-1213 (TTY 1-800-325-0778)**.

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

For more information about this Notice or your current prescription drug coverage, contact one of the following: Dartmouth Human Resources Benefits Office at: **603-646-3588** Monday through Friday, 8:00 a.m. thru 5:00 p.m., Express Scripts Customer Care at **877-788-5810** toll-free 24/7.

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

Women's Health and Cancer Rights Act (WHCRA)

In compliance with the Women's Health and Cancer Rights Act this letter serves as your annual notification regarding benefits for mastectomies and various related services.

For any participant or beneficiary of the Plan who receives plan benefits for a mastectomy, your Group Health Plan provides coverage for performance of a mastectomy; the procedures necessary to effect reconstruction of the breast on which a mastectomy was performed; the cost of prostheses (implants, special bras, etc.) as well as physical complications of all stages of mastectomy, including lymphedema; and surgery or reconstruction of the breast on which a mastectomy was not performed in order to produce a symmetrical appearance as maybe recommended by an attending physician of any patient on whom a mastectomy has been performed.

Coverage for such surgery or reconstruction will be subject to the same deductibles and copayments that apply to mastectomies under the Plan's current terms, which are described in your Group Health Plan Summary Plan Description. For more information visit **dartgo.org/whcra**.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed on the notice, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible underyour employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**. For more information visit **dartgo.org/chip**.

Notice of Privacy Practices

Under the Health Insurance Portability and Accountability Act (HIPAA), Dartmouth is required to maintain the privacy of protected health information. For information visit **dartgo.org/hipaa**.

Contacts and Other Resources

Don't forget!

Open Enrollment is October 21 through November 4, 2024.

DARTMOUTH BENEFITS OFFICE

For questions on enrolling in your benefits.

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

HEALTH AND WELFARE BENEFITS

CIGNA – Medical

Phone: 855.869.8619
Website: Cigna.com
Account login: myCigna.com

CIGNA – Vision

Phone: 888.353.2653

EXPRESS SCRIPTS – Pharmacy

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

ONE MEDICAL AT DARTMOUTH Primary Care

Phone: 603.738.1164
Website: onemedical.com/dartmouth
Email: dartgo.org/omd

WELLNESS AT DARTMOUTH – Wellness Benefit

Phone: 603.646.3706
Website: dartmouth.edu/wellness
Email: wellness@dartmouth.edu

MEDICARE

Phone: 800.MEDICARE (800.633.4227)
Websites: www.mymedicare.gov

SOCIAL SECURITY ADMINISTRATION

Phone: 800.772.1213
Websites: www.ssa.gov

Mailing Addresses:
177 Main Street
Littleton, NH 03561

330 ASA Bloomer Bldg.
88 Merchants Row
Rutland, VT 05701

Suite 100
70 Commercial Street
Concord, NH 03301

Benefit Terms to Know

This Guide was created to help you make important decisions about your benefits. Before you begin, we think that understanding the definitions of certain words and phrases will help you better understand the choices you need to make.

Medical Plans

Deductible: A fixed annual dollar amount that you pay out-of-pocket during the calendar year toward health care services before the medical plan begins to pay.

Copay: A fixed dollar amount you pay at the time health care services or prescription drugs are received, regardless of the total charge for service. The medical plan pays the rest.

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

Balance billing: When a provider bills you for the difference between the allowed amount under the plan, and the provider's charge. For example, if the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30.

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

In-network: 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.

Specialty medication: A specialty medication is a prescription drug that is either a self-administered (non-diabetic) injectable medication; a medication that requires special handling, special administration, or monitoring; or, is a high-cost oral medication.

Tax-Advantaged Account

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.

Other

Dependent: Certain benefits at Dartmouth allow coverage for family members of benefits-eligible retirees. Family members include spouses, children, and stepchildren to age 26, unless they were disabled prior to the date of coverage. Coverage is available only for a person who is your spouse or legal dependent at the time of your retirement.

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.

BACK TO TOC

The information included in this Retiree Guide constitutes a Summary of Material Modification ("SMM") modifying some information contained in the Summary Plan Description ("SPD") for the Health & Welfare Benefits Plan of Dartmouth College ("the "Plan") as of January 1, 2025. Every attempt has been made to ensure its accuracy. If there is any inconsistency between the information in this Guide and Dartmouth's Plan documents, the Plan document will always govern. Dartmouth reserves the right to modify, revoke, suspend, terminate or change any and all such plans, benefits, policies and procedures at any timeit deems necessary, with our without notice. For more information on plan benefits, exclusions, and limitations, please refer to the Plan documents or contact the Benefits Office.