



2023 BENEFITS ENROLLMENT GUIDE

Log in and enroll October 17 - October 31

DARTMOUTH

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Welcome

The 2023 Benefits Enrollment Guide provides an overview of the comprehensive benefits program Dartmouth offers to help care for you and your family's physical, emotional, and financial well-being.

Our annual Open Enrollment period is just around the corner. This means it's time for you to think about your benefit needs for next year. Rather than defaulting into what you have today, we encourage you to take this opportunity to understand your options and make sure you have the right mix of coverage. For example,

- › Have you compared your medical plan choices recently? The premium you pay upfront out of your paycheck is only part of the story. Our new online tool, Ask Emma, makes comparing and choosing plans easier than ever.
- › Are you getting the “triple tax advantage” from our Health Savings Account (HSA)? It's a great opportunity to lower your taxable income today while also helping you save for the future.
- › Have you checked out all of the Wellness at Dartmouth and emotional well-being resources available to you and your family, including the F/EAP, Headspace, and virtual behavioral health options?

See the [Checklist](#) inside this Guide for other things to consider as you weigh your options.

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

Sincerely,
The Human Resources Benefits Office



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

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 allow coverage for family members of benefits-eligible employees. Family members include spouses, children, and stepchildren.

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

Plan cost/rates: For some benefits, Dartmouth will pay the full plan cost/rate, some you will share the plan cost/rate with Dartmouth, and others you will pay the full plan cost/rate. Your share of the plan cost/rate is deducted from your paycheck.

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

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



Checklist

Review these key steps before making your benefit elections



Evaluate

- Think about your health history and health care needs.
- Review your current **FSA and HSA contributions** and expenses to determine if you'd like to make an election based on your anticipated expenses for 2023.
- Determine if your current **life, dependent life and disability insurance coverage** provides 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 **Benefits Enrollment Guide** to make sure you understand the full spectrum of benefits available to you.
- View the **Benefits & Health Care Presentation by Rick Mills, Executive Vice President**, starting on October 10, to better understand the decision-making process for annual benefit changes. Watch the recording at dartgo.org/benefits2023.
- Attend a **live educational webinar** on October 18 or October 20 to learn about benefits and the upcoming changes for 2023. Sign up to attend or watch a recorded version at dartgo.org/benefits2023.
- Use our new, interactive tool within FlexOnline, **Ask Emma**, to help you evaluate your medical and tax-advantaged plan options and choose the best plans based on your needs.
- Review Dartmouth's newly updated **Benefits Website** at dartgo.org/benefits.
- Use the **Benefits Cost Estimator** to determine your plan rates for 2023. You will need to know your annual base salary and FTE. Visit dartgo.org/benefits-cost-estimator.
- Need help navigating the FlexOnline system? Sign up for a 30-minute one-on-one **FlexOnline Enrollment Assistance Session** and meet with a member of the Benefits team via zoom, phone or in person, between October 17 and October 31 at dartgo.org/benefits2023.



Enroll

- Complete and save your 2023 elections during the annual **Open Enrollment period** (8:00 a.m., Monday, October 17, 2022 through 11:59 p.m., Monday, October 31, 2022) at dartgo.org/benefits2023.
- Print a confirmation page and keep it for your records as proof of your elections.
- Complete your life insurance statement of health (if required).
- While you can change your retirement elections at any time during the year, you may want to review your contributions during open enrollment at dartgo.org/retirement.



FlexOnline

Log in at dartgo.org/benefits2023.
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 and Enrollment

As a benefits-eligible employee, Dartmouth College offers a choice of three different medical plans, two dental plans, life insurance for you and your family members, disability insurance, and a number of other tax- and money-saving options.

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.

Eligibility

Employees who are regularly scheduled to work at least half of the normal full-time schedule, at least nine months each year, are considered eligible for benefits at Dartmouth College. The amount that you pay for coverage may be affected by the amount of hours you work, as well as the amount of annual salary received. This is important to know when you are considering a change in hours or FTE. Temporary employees are not eligible for benefits.

When Benefits Begin

Benefits elected during the Open Enrollment period will begin January 1, 2023.

When You Can Make Changes To Your Plans

Once you have made your benefits elections, you may not make changes to most of your benefits until the following plan year due to IRS regulations. You will not have another opportunity to change your benefits coverage election until the next Open Enrollment period held each fall, unless you have a qualifying life status change. This can be a marriage, a divorce, a birth or adoption of a child, or anytime you or a dependent loses or gains coverage. 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.

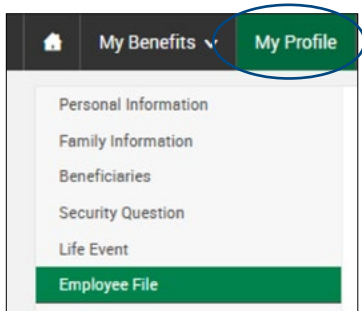
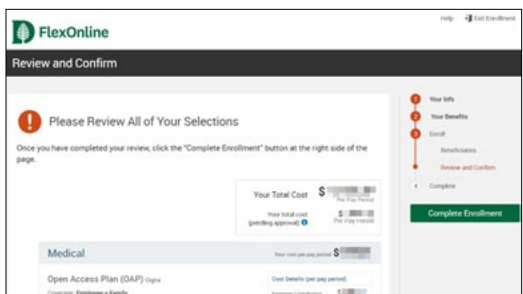
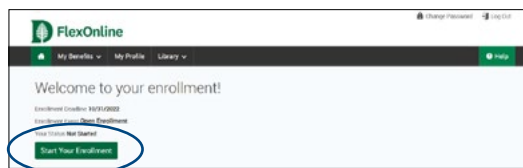
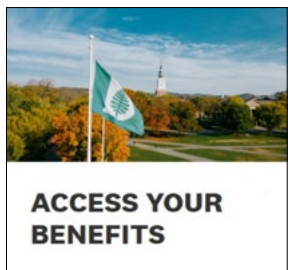




Eligibility and Enrollment (cont'd)

How To Enroll Online

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



1. Go to dartgo.org/benefits2023. Click on **Access Your Benefits**.
2. Enter your **Single Sign On** (SSO) ID and password. (HINT: This is the same ID and password you use for email.) If you have forgotten your ID or password, follow the instructions on the Web Authentication page to retrieve them.
3. Your enrollment window will be at the top of the screen. Click on the green **Start Your Enrollment** button.
4. Review the **EMPLOYEE INFORMATION**, then click **CONTINUE**.
5. Review and update your **FAMILY INFORMATION** then click **CONTINUE**.
6. Answer a few **QUESTIONS** about benefit eligibility then click **CONTINUE**.
7. On the **OPEN ENROLLMENT** page, you will add/remove coverage, add/remove dependents from coverage and/or change plans.
8. Use the new, interactive **ASK EMMA** tool to help with the decision making process, and to learn more about each benefit. (See [page 17](#) to learn more!) When finished making all of your changes, click **CONTINUE**.
9. Review and update your life insurance beneficiaries if needed on the **BENEFICIARIES** page, then click **CONTINUE**.
10. **REVIEW & CONFIRM** your choices, then click the **COMPLETE ENROLLMENT** button.
11. 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.**
12. Don't forget your dependent verification, by clicking on **MY PROFILE** off the main menu and then selecting **EMPLOYEE FILE**. You may upload documentation here.

For additional assistance using FlexOnline, please use the step-by-step Navigation Guide at dartgo.org/oenavguide.

You may continue to log in and make changes to your 2023 elections until 11:59pm on Monday October 31, 2022. **Changes cannot be made after October 31, 2022.**



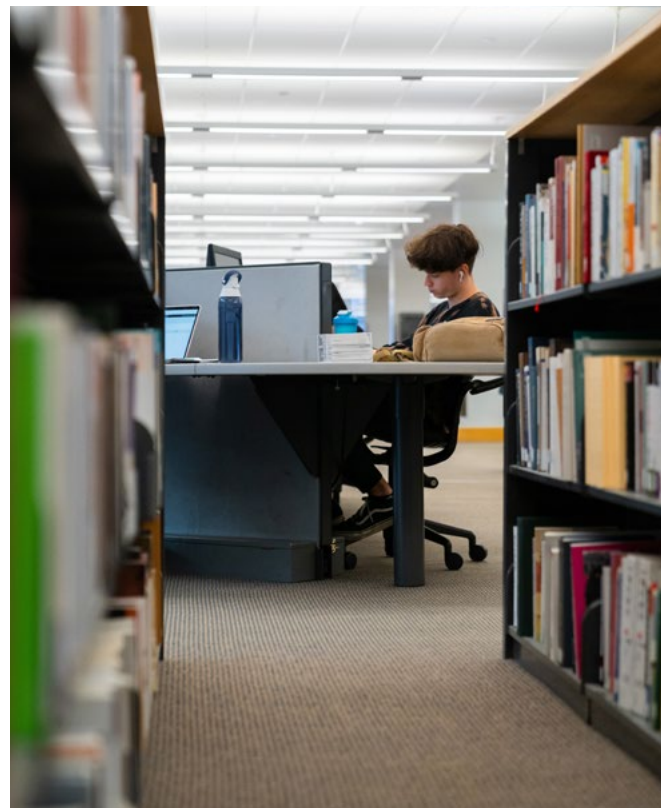
What Happens if You Don't Enroll

If you do not make any active elections during the enrollment window, you will be defaulted to the same benefits you had for 2022 with two exceptions: your current Flexible Spending Accounts (FSAs) and Health Savings Account (HSA) elections. If you do not make new elections, you will not contribute to these accounts for 2023.

Please log into FlexOnline during the Open Enrollment period to elect or waive these benefits.

Benefit	Default coverage for 2023
Medical/Vision/Prescription Drug Coverage	The same coverage that you had at the end of 2022
Health Reimbursement Account (HRA)	Employer contribution (if eligible) plus any carryover remaining from 2022 if you stay in the same plan
Health Savings Account (HSA)	Employer contribution only (if eligible). You can elect and make changes to this benefit during the year
Health Care Flexible Spending Account (HCFSA)	Employer contribution only (if eligible). You will not be able to start or change a contribution mid-year except for certain qualifying life status events
Dependent Care Flexible Spending Account (DCFSA)	No contribution
Dental	The same coverage that you had at the end of 2022
Life Insurance	The same coverage that you had at the end of 2022
Voluntary Benefits	You will not be enrolled
Disability Coverage	The same coverage that you had at the end of 2022
Wellness	The same coverage that you had at the end of 2022

IMPORTANT NOTE: Unless you have a qualifying life status change, you will not have another opportunity to change your benefit coverage elections until the next Open Enrollment period held each fall. Please review your elections carefully prior to the close of Open Enrollment (11:59 p.m. on October 31, 2022) and print a copy of your final confirmation page for your records.





Changes for 2023

Medical Plans

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; however, rates will increase approximately 6.7% across all plan options.

On average, Dartmouth pays 75% of the cost of the health insurance premium, while employees pay 25%. Also:

- To comply with IRS regulations for 2023 HSA plans, **in-network deductibles for the HDHP plans will increase** to \$3,000 individual/\$6,000 family. IRS guidelines will also allow an **increased contribution to the HSA** of \$3,850 per year/individual and \$7,750 per year/family.
- **Deductibles for the OAP Plan will increase** to \$600 individual/\$1,200 family in-network, and \$1,200 individual/\$2,400 family out-of-network. **Deductibles for the CCF Plan will increase** to \$1,600 individual/\$3,200 family in-network, and \$3,200 individual/\$6,400 family out-of-network.
- **Copayments for generic prescription drugs will increase slightly**, to \$8.50 retail pharmacy (up to a 30-day supply) and \$17 for mail service or CVS pharmacy (up to a 90-day supply).

In addition, there will be several enhancements across all medical plan options. You will have new access to acupuncture benefits, and will have broadened coverage for behavioral health and fertility benefits:

- **Acupuncture benefits will now be covered at the same level as a specialist.**
- **Out-of-network behavioral health care will be expanded.** You will still have coverage for up to 12 mental health visits as part of the Mental Health Exception benefit. In addition, after the 12 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). This change is in recognition of the current difficulty of receiving in-network behavioral health services in our area.

- **Fertility benefits will be enhanced.** There will be immediate access to artificial insemination treatment without a prior infertility diagnosis. This change will provide fertility benefits to an expanded group of employees to continue to build on Dartmouth's priority of diversity and inclusion.

Flexible Spending Accounts (FSAs)

IRS limits are subject to change. New IRS limits will not be available until middle to late October.

New Headspace Mindfulness App

As part of our continued evaluation and expansion of our wellness offerings, the Headspace app became available to Dartmouth faculty and staff on September 7, 2022. Headspace is a global leader in mindfulness and well-being, and offers thousands of hours of content designed to help you reduce stress, sleep better, move and eat mindfully, improve focus, and more.

Enhanced Enrollment System and Ask Emma!

You'll elect your 2023 benefits on an improved enrollment system through Flex Online that:

- Is streamlined, with fewer steps.
- Features a new interactive tool, Ask Emma, to help you choose your benefits. **Ask Emma provides additional education, makes personalized recommendations based on your needs, and is directly tied to our enrollment system so it is easy to use!**

The Dartmouth Fitness Membership at Alumni Gym will now begin on January 1, rather than July 1.



Medical Plans

Dartmouth offers a choice of three different medical plans through Cigna:

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

All three plans include prescription drug coverage through Express Scripts, and preventive vision care (see [pages 23](#) and [24](#)).

All three medical plans offer:

- › Coverage for medical care, including visits to your doctor's office, hospital stays, mental health and substance use services, chiropractic treatment, physical therapy, acupuncture, infertility, 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 providers (Open Access Plus/Carelink), as well as emergency coverage when traveling abroad for personal travel.
- › No referral needed to see a specialist, although precertification may be required.
- › In-network preventive care* services covered at no additional cost to you. See your plan materials for a list of covered preventive care services.
- › 24-hour coverage for emergency care, in- or out-of-network.
- › Limits on what you'll pay out-of-pocket. Once you spend the annual out-of-pocket maximum amount, the medical plan pays your covered health care costs at 100%.
- › No claim paperwork when you receive care in-network.
- › Access to Dartmouth Health Connect (except when contributing to or receiving contributions to an HSA).
- › The ability to manage and track claims, order ID cards, find doctors, and track account balances at myCigna.com.

Your share of medical premiums are deducted from your paycheck pre-tax. Research Fellows pay on a post-tax basis.

Please note that 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 your family must pay in a given year.

For an estimate of plan rates in 2023, 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).

Cigna Telehealth Connection Can Be 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. There is no office visit copay under the Open Access Plus or Cigna Choice Fund plan to use Telehealth Connection. For the High Deductible Health Plan, 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."**

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



Medical Plan Comparison Chart

Open Access Plus (OAP) Plan

You may be eligible for a separate contribution in your HCFA. Please see page 21.

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	\$600	\$1,200	\$1,600	\$3,200	\$3,000	\$4,100
Family	\$1,200	\$2,400	\$3,200	\$6,400	\$6,000	\$8,200
Out-of-pocket maximum						
Individual	\$2,500	\$5,000	\$4,000	\$6,000	\$4,000	\$6,500
Family	\$5,000	\$10,000	\$8,000	\$12,000	\$8,000	\$13,000
Coinsurance						
Individual	10%	30%	10%	30%	10%	30%
Family	10%	30%	10%	30%	10%	30%
Contribution from employer¹	You may be eligible for a separate contribution in your HCFA.			HRA	HSA²/HRA	
Individual				\$500	\$500	
Family				\$1,000	\$1,000	

Office/Routine care

	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Adult preventive care	Covered at 100% ³	Deductible/Coinsurance	Covered at 100% ³	Deductible/Coinsurance	Covered at 100% ³	Deductible/Coinsurance
Office visit	\$25	Deductible/Coinsurance	\$35	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Specialist visits	\$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, diagnostic tests	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Accupuncture	\$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. Employer contributions to HRAs are available to use as of your first paycheck in January. Employer HSA contributions will be available to spend once you have activated your account with Fidelity.

2. The 2023 maximums for both employer and employee contributions are \$3,850 for an individual and \$7,750 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.



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	\$50	\$50	Deductible/Coinsurance	In-Network Deductible/Coinsurance
Ambulance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Mental health and substance abuse						
Inpatient	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance	Deductible/Coinsurance
Outpatient	\$25	\$25 after MHE benefit ¹	\$35	\$35 after MHE benefit ¹	Deductible/Coinsurance	In-Network Deductible/Coinsurance after MHE benefit ¹
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	
Express Scripts mail service or 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	

1. Mental Health Exception (MHE) 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 lifetime visits with an out-of-network provider at a 10% member coinsurance cost. (See [page 18](#).) **New for 2023, all visits beyond the initial 12 lifetime MHE visits are subject to in-network copayments on the OAP and CCF plans, and up to in-network deductible and coinsurance levels on the HDHP plan (balance billing may apply).**



Open Access Plus (OAP) Plan

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

Key Benefits

- › The deductible and medical copays are the lowest of the three plans.
- › Dartmouth Health Connect is available.

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.
- › This is the only plan available to J-VISA holders.
- › This plan has additional hearing aid coverage.

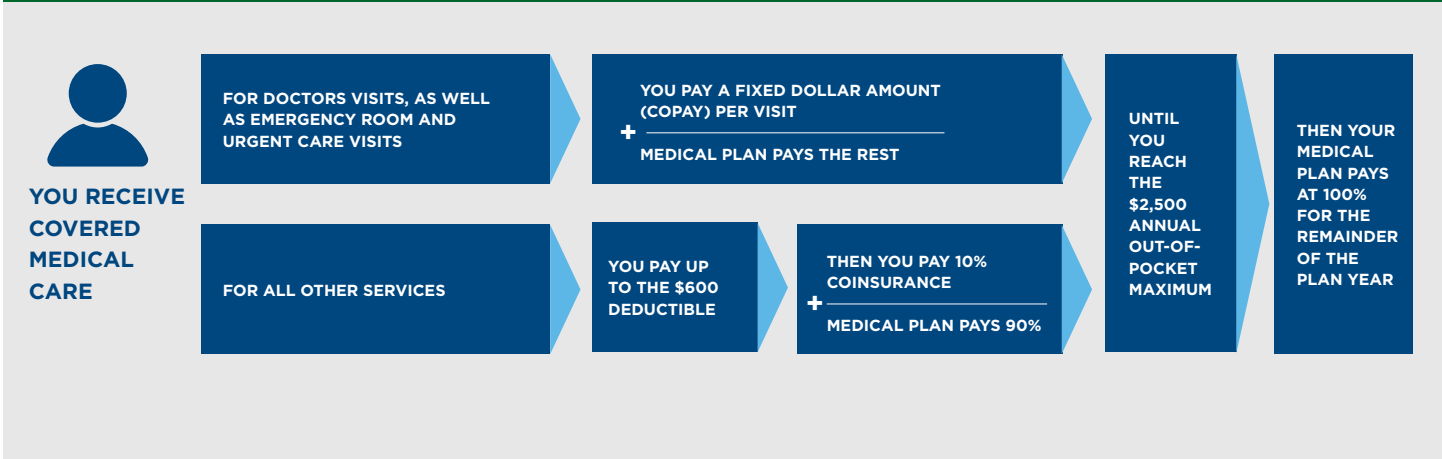
For more information, visit dartgo.org/medical.

If you enroll in the OAP Plan, you can also participate in a Health Care FSA (and/or **receive a Dartmouth contribution if eligible**). See [page 21](#) for eligibility.

	In-network	Out-of-network ¹
Medical deductible		
Individual	\$600	\$1,200
Family	\$1,200	\$2,400
Out-of-pocket maximum		
Individual	\$2,500	\$5,000
Family	\$5,000	\$10,000
Coinsurance		
Individual	10%	30%
Family	10%	30%
Copays		
Office visit	\$25	Deductible/ Coinsurance
Specialist visit	\$35	Deductible/ Coinsurance
Emergency room	\$125	\$125
Urgent care	\$50	\$50
Prescription drugs – Generic/Preferred/Non-Preferred		
30-Day retail pharmacy	\$8.50/\$30/\$50	N/A
90-Day mail order	\$17/\$60/\$100	N/A
90-Day CVS retail	\$17/\$60/\$100	N/A

¹ Balance Billing can apply when using out-of-network providers

How an individual OAP plan works (in-network)





Cigna Choice Fund (CCF) Plan

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

Key Benefits

- › The deductible and copays are mid-level.
- › Dartmouth contributes to an HRA.
- › Dartmouth Health Connect is available.

Other Considerations

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

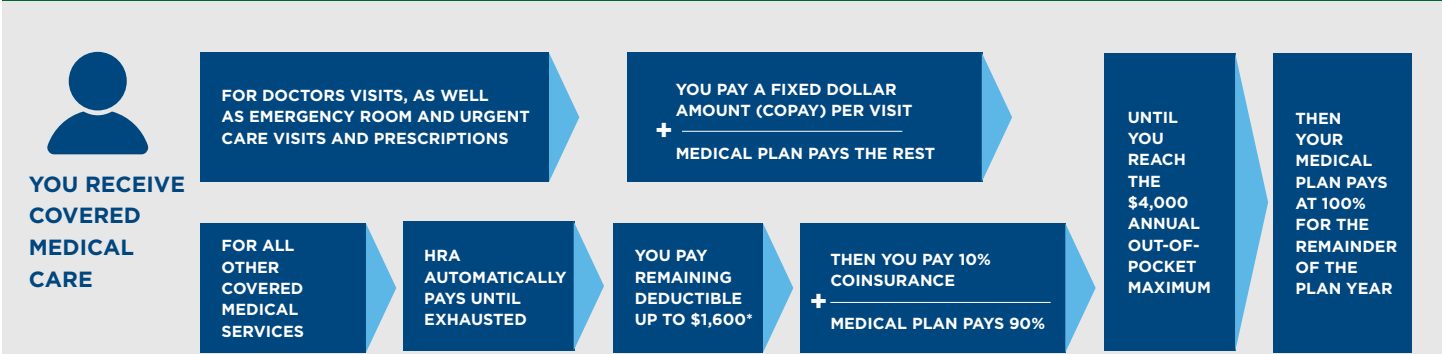
For more information visit dartgo.org/medical.

If you enroll in the CCF Plan, you can also participate in a Health Care FSA.

	In-network	Out-of-network ¹
HRA contribution from Dartmouth*	\$500 individual \$1,000 family	
Medical deductible		
Individual	\$1,600	\$3,200
Family	\$3,200	\$6,400
Out-of-pocket maximum		
Individual	\$4,000	\$6,000
Family	\$8,000	\$12,000
Coinsurance		
Individual	10%	30%
Family	10%	30%
Copays		
Office visit	\$35	Deductible/ Coinsurance
Specialist visit	\$50	Deductible/ Coinsurance
Emergency room	\$175	\$175
Urgent care	\$50	\$50
Prescription drugs – Generic/Preferred/Non-Preferred		
30-Day retail pharmacy	\$8.50/\$30/\$50	N/A
90-Day mail order	\$17/\$60/\$100	N/A
90-Day CVS retail	\$17/\$60/\$100	N/A

¹ Balance Billing can apply when using out-of-network providers

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



* Your HRA contribution from Dartmouth will help pay up to the first \$500.



High Deductible Health Plan (HDHP)

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

Key Benefits

- › The plan has the lowest rates of all three plans.
- › Dartmouth may contribute to an HRA or HSA—this is the only plan that allows HSA contributions.
- › Dartmouth Health Connect is available for employees with an HRA.

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.

For more information, visit dartgo.org/medical.

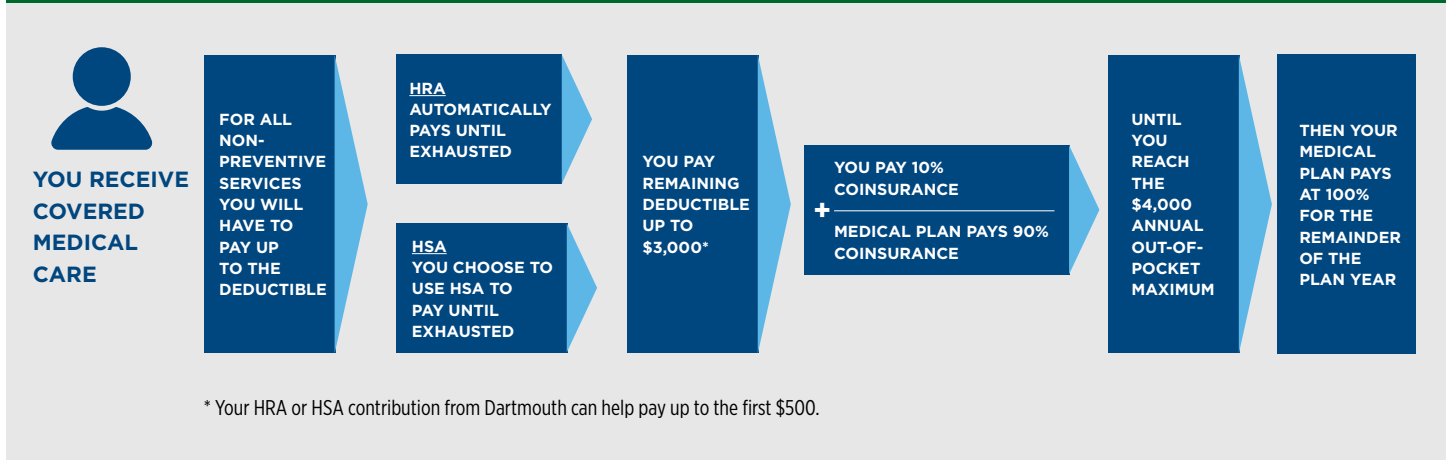
If you enroll in the HDHP with HRA, you can also participate in a Health Care FSA. You should only choose the HDHP with HRA plan if want to use Dartmouth Health Connect for your primary care, or if you are not eligible for an HSA but would still like to participate in the HDHP.

To see if you are eligible for an HSA, please see [page 15](#).

	In-network	Out-of-network ¹
HSA/HRA contribution from Dartmouth*	\$500 individual \$1,000 family	
Medical deductible		
Individual	\$3,000	\$4,100
Family	\$6,000	\$8,200
Out-of-pocket maximum		
Individual	\$4,000	\$6,500
Family	\$8,000	\$13,000
Coinsurance		
Individual	10%	30%
Family	10%	30%
Office visit	Deductible/Coinsurance	Deductible/Coinsurance
Specialist visit	Deductible/Coinsurance	Deductible/Coinsurance
Emergency room	Deductible/Coinsurance	In-Network Deductible/Coinsurance
Urgent care	Deductible/Coinsurance	In-Network Deductible/Coinsurance
Prescription drugs		
30-Day retail pharmacy	Deductible/Coinsurance	N/A
90-Day mail order	Deductible/Coinsurance	N/A
90-Day CVS retail	Deductible/Coinsurance	N/A

¹ Balance Billing can apply when using out-of-network providers

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



* Your HRA or HSA contribution from Dartmouth can help pay up to the first \$500.



Health Reimbursement Account (HRA)

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

Eligibility

- › All benefits-eligible employees who elect either the Cigna Choice Fund (CCF) plan or the High Deductible Health Plan (HDHP) with HRA will receive a Dartmouth contribution in an HRA.

Key Benefits

- › 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 2022 balance will only be available to you in 2023 if you re-enroll in the same medical plan.
- › If you choose the CCF plan, your HRA dollars **cannot** be used to pay for prescription drugs or medical copays.
- › The Dartmouth contribution will change mid-year if you add or remove dependents.

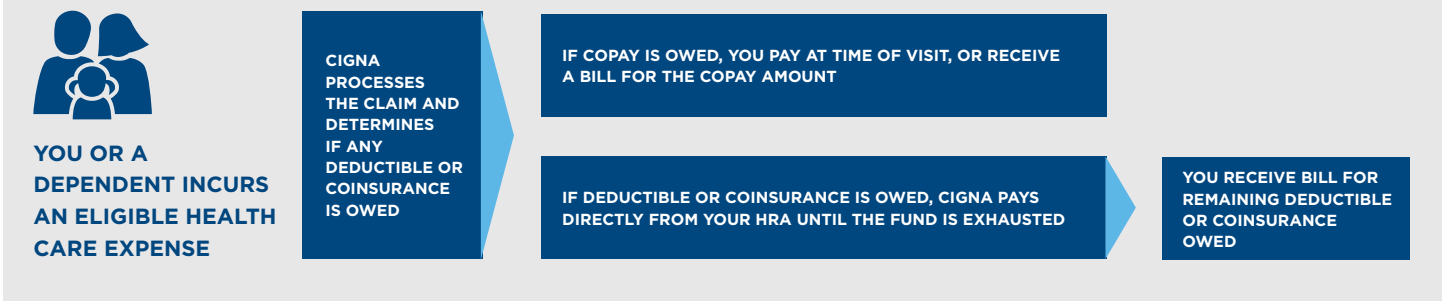
At-a-Glance

Which medical plan must I elect to participate?	› CCF › HDHP with HRA
Who can contribute to the account?	Dartmouth
What is the annual Dartmouth contribution?	\$500 for individuals, \$1,000 for families.
What is the maximum I can contribute?	\$0
How are Dartmouth's contributions taxed?	Dartmouth contributions are excluded from your gross income.
Can funds be carried over from one year to the next?	Yes – as long as you remain on the same medical plan.

For more information, visit dartgo.org/hra.

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

How an HRA works





Health Savings Account (HSA)

A tax-free,* individually owned savings account you use to pay for qualified medical expenses, funded by Dartmouth and you

Eligibility

- All benefits-eligible Faculty, Exempt, Non-Exempt, SEIU and Research Associate B employees who elect the High Deductible Health Plan 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 Health Care FSA of a spouse or a parent.

Key Benefits of an HSA

- The HSA provides a triple tax advantage: money goes in tax-free, grows tax-free, and is tax-free when used to pay for eligible health care expenses.
- You and Dartmouth contribute. You can change your annual contribution amount anytime during the plan year.
- When you have an eligible expense, you have the option of using a Fidelity-provided debit card, or checkbook, or you may submit claims manually.
- Expenses you pay with HSA dollars count toward your annual deductible and out-of-pocket maximums.
- You choose how to invest the money in your account, and your account can grow through investment earnings or interest payments.
- The money is always yours. Besides being free to choose when and how much of your HSA funds to use, any money left over at year's end is yours to keep. You can even take your HSA dollars with you when you leave the plan, change jobs or retire.

- Administration is easy with no submission deadlines.
- The Dartmouth contribution to your HSA is available with your first paycheck in January and can be used once you have activated your account. Your own contributions are available as they are deposited.

Other Considerations

- Unlike the HRA, payments are not automatic. You decide when and how to use the money in your HSA. Spend it during the year, save it for the future, or open an investment account.
- Consider consulting a tax professional when contributing to an HSA.
- If you will be Medicare eligible in 2023, please see the HSAs & Medicare Enrollment section on [page 33](#) of this guide.

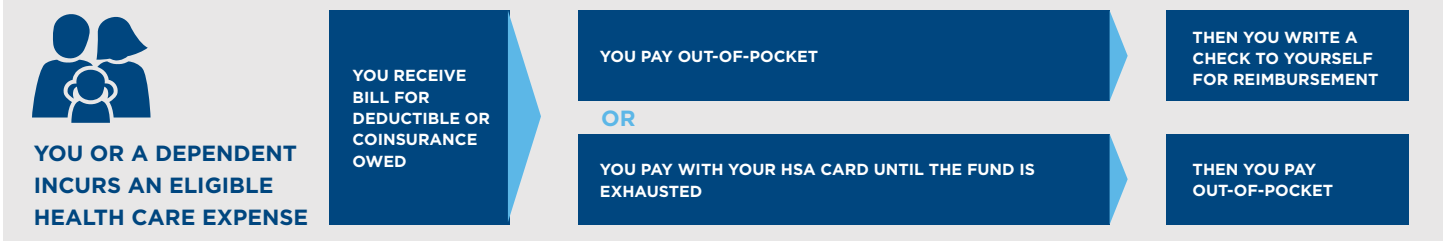
At-a-Glance	
Which medical plan must I elect to participate?	➤ HDHP with HSA
Who can contribute to the account?	You and/or Dartmouth
What is the annual Dartmouth contribution?	\$500 for individuals, \$1,000 for families.
What is the maximum I can contribute?*	\$3,850 for individuals which includes Dartmouth contribution of \$500, and \$7,750 for families which includes Dartmouth contribution of \$1,000—plus an extra \$1,000 if you are over age 55.
How are contributions taxed?	**Your contributions are tax deductible. Dartmouth contributions are excluded from your gross income.
Can funds be carried over from one year to the next?	Yes

For more information, visit dartgo.org/hsa.

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

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

How an HSA works





HRA vs. HSA Comparison Chart

Feature	HRA	HSA
Which medical plan must I elect to participate?	<ul style="list-style-type: none"> > CCF > HDHP with HRA 	<ul style="list-style-type: none"> > HDHP with HSA
Who may contribute to the account?	Solely funded by Dartmouth.	You, Dartmouth, or both.
What is the annual Dartmouth contribution?	Individual maximum: \$500 Family of two or more: \$1,000	Individual maximum: \$500 Family of two or more: \$1,000
What is the maximum I can contribute?*	Employees do not contribute to this plan.	Individual maximum: \$3,850 Family of two or more: \$7,750 Age 55+: Additional \$1,000
Which expenses are eligible?	Only those which require you to pay a deductible or coinsurance. The HRA does not cover copays, dental, or vision expenses.	Money in your HSA can be used for medical expenses, as well as dental and vision expenses.
Can my account grow tax-free?	No	Yes, interest and investment income accrue tax-free.
What is the tax treatment of the contributions?	Dartmouth contributions are excluded from your gross income.	**Your contributions are tax deductible. Dartmouth contributions are excluded from gross income and not subject to employment taxes (e.g., FICA).
Can funds be carried over from one year to the next?	Yes, unused amounts can carry into the next year if you remain in the same medical plan.	Yes, HSA funds can be carried over indefinitely during your lifetime, regardless of the plan you pick the following year.
Can I take my funds with me if I leave Dartmouth?	No, unused HRA balances are forfeited if you leave or change jobs. COBRA regulations also apply.	Yes, you may take funds with you when you leave or change jobs.
Can my Dartmouth contribution change mid-year?	Yes, if you add or drop dependents, switching between individual coverage and a family of two or more.	No
Can I change my contribution mid-year?	N/A	Yes, as long as you do not change your annual election to an amount less than what you have contributed year-to-date.
Can I contribute to a Health Care FSA?	Yes, you may contribute up to the annual maximum.	No, and you are not eligible for the HSA if your spouse or parent can claim you on their general purpose Health Care FSA.
Can I use Dartmouth Health Connect?	Yes	Not while actively contributing to an HSA.
Who administers the account?	Cigna	Fidelity

* 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.

** 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.



New! Ask Emma Decision Support Tool

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

Dartmouth is pleased to introduce a new, 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.



Unlike our prior interactive tool, Ask Emma is tied directly to our FlexOnline enrollment system, and makes it easier to choose and enroll. 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. We hope Ask Emma is an improved resource for decision support at the point of making your enrollment elections.

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.



Dartmouth Health Connect

Dartmouth Health Connect is an innovative, relationship-based primary care practice that provides the type of healthcare patients deserve. It offers highly personalized, friendly, expert care delivered by a team of professionals who are passionate about managing health in a better way.

Other key benefits include:

- More time with your provider and care team, resulting in better relationships.
- Personal health coach dedicated to your well-being.
- Meetings available with a behavioral health specialist in the comfort and privacy of your doctor's office.
- A convenient location 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.

Employees and adult family members (age 18+) enrolled in any medical plan through Dartmouth College are able to join Dartmouth Health Connect.

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 also accepts Medicare-eligible patients on the Dartmouth College Medicare Supplement Plan, AARP Medicare Advantage plans, as well as traditional Medicare with or without most other supplemental plans. Also, residing or traveling outside of NH or VT may impede care.

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



Faculty/Employee Assistance Program (F/EAP)

The F/EAP, in partnership with GuidanceResources, gives you and your household 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. You can access the F/EAP three ways:

1. **Call toll-free 844.216.8308**

Available 24/7, you can speak to a counseling professional who will listen to your concerns and guide you to the appropriate services, including meeting with a provider for in-person or virtual counseling.

2. **Visit GuidanceResources® Online at www.guidanceresources.com and enter your Company ID: “Dartmouth” during the registration process**

Find timely, expert information on topics such as relationships, work, school, children, wellness, legal, financial, and other work-life issues. 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**

Fast, easy access to your F/EAP. After downloading the app, tap Member Resources and enter your Single Sign On (SSO) username and password to access your services.

For more information please visit dartmouth.edu/eap.

Mental Health Exception

Dartmouth offers the Mental Health Exception benefit for those employees using out-of-network mental health providers. This Exception 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. For more information, please visit <http://dartgo.org/mhe>.

For 2023, out-of-network behavioral health care will be expanded. 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). This change is in recognition of the current difficulty of receiving in-network behavioral health services in our area.





Other Emotional Well-Being Resources

Emotional well-being means accepting your feelings and being able to manage your emotions in a constructive and supportive way. It helps to have tools and resources to navigate life's challenges.

Cigna Resources

If you are enrolled in a Cigna medical plan through Dartmouth College, there are a variety of virtual behavioral health resources available to you:

- › **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 platform** 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.
- › **Ginger App** provides access to behavioral health coaches via text any time you need immediate support. Plus, via video you can access licensed therapists and psychiatrists with flexible hours, including weekends and evenings, all from the privacy of your smartphone. 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 join support communities focused on stress, anxiety, depression, and more. This is covered at no additional cost if you are enrolled in any Dartmouth medical plan.
- › **Happify App** provides science-based activities and games 24/7 to help you manage stress and build resilience. This is covered at no additional cost if you are enrolled in any Dartmouth medical plan.

Visit mycigna.com for more information.

New Headspace App and More Support

Dartmouth offers a variety of other tools to support emotional well-being, including the Headspace App. Headspace is a leading mindfulness and meditation app, and offers free access to hundreds of meditations and exercises to combat stress and to help with focus, sleep, and movement.

Additional resources include:

- › Webinars
- › Yoga, meditation, and mindfulness sessions
- › Relaxation recordings
- › Dartmouth Health Connect behavioral health specialist if you are enrolled as a patient (see [page 17.](#))

Access dartgo.org/emotionalwellbeing to learn more.





Flexible Spending Accounts

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

Dartmouth offers eligible employees:

- **Health Care Flexible Spending Account (HCFSA)** for health care expenses
- **Dependent Care Flexible Spending Account (DCFSA)** for dependent care expenses

IMPORTANT INFORMATION:

- You cannot start, stop, or change your annual FSA contribution outside of Open Enrollment unless you have a very specific type of qualifying life status event (with event verification documentation), and the change is processed within 30 days of the event. Please contact the Benefits Office for more information.
- Spouses who work at the college must maintain their own individual Flexible Spending Accounts, and cannot combine their balances or contribute to each other's accounts.
- All HCFSAs funds must be spent within the same calendar year in which they were contributed (with the exception of carryover funds).
- All DCFSA funds must be spent within the same calendar year in which they were contributed (with the exception of those spent through March 31 of the following year).
- All FSA claims must be submitted no later than March 31st of the following calendar year.

* 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.





Health Care Flexible Spending Account (HCFSA)

Allows you to use pre-tax dollars to pay eligible health care expenses not covered by your medical or dental plan

Eligibility

- 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 also 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.
- You are NOT eligible to contribute to a HCFSA if you are eligible for medical-reimbursement under your spouse's or parent's Health Savings Account (HSA).

Key Benefits

- Set aside pre-tax dollars that you can use during the year to pay for eligible medical expenses.
- Use your Sentinel Benefits & Financial Group (Sentinel) Benny Card to pay for eligible expenses.
- The account can be used together with an HRA to help pay vision and dental expenses, copays, and additional deductible and coinsurance amounts not paid by the HRA.

At-a-Glance

Who can contribute to the account?	You and Dartmouth
What is the annual Dartmouth contribution?	Up to \$250 for those who are eligible.
What is the maximum I can contribute?	\$2,850 per calendar year. Amount is subject to change pending IRS guidelines.
How are my contributions taxed?	You pay no Federal, Social Security or state taxes.
Can funds be carried over from one year to the next?	Yes. Note that you must have a minimum of \$30 in your account to carry it over (otherwise the balance will be forfeited). You will be able to carry over \$30 - \$570 from your 2023 account into the 2024 plan year. If you elect HDHP with HSA for the 2023 plan year, you may only access carryover dollars for expenses incurred in the 2022 plan year.

For more information, visit dartgo.org/fsa

Other Considerations

- Some expenses require substantiation as you spend. Keep your receipts for any expense that is paid by your HCFSA.
- There is a \$30 minimum to carry over unused HCFSA funds to the following year. If your balance is below \$30, be sure to spend the balance before the end of the year so you don't lose it.
- HCFSA's have claim deadlines regulated by the IRS. For 2023 into 2024, funds in excess of the \$570 carryover will be forfeited.

How an HCFSA works





Dependent Care Flexible Spending Account (DCFSA)

Allows you to use pre-tax dollars to pay for child care or care for an elderly or disabled family member

Eligibility

- 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.
- Married couples filing separately may only contribute \$2,500 each.
- You may NOT contribute to a DCFSA while you or a spouse are not working (i.e., leave of absence, hiatus, unemployed).

Key Benefits

- 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.
 - Nursing care for dependents with disabilities.
- Funds are available as they are deposited.
- You will receive a Benny Card to use to pay eligible expenses.

At-a-Glance

Who can contribute to the account?	You
What is the annual Dartmouth contribution?	\$0—Dartmouth does not contribute.
What is the maximum I can contribute?	\$5,000 per year per household.
How are contributions taxed?	You pay no Federal, state or Social Security taxes.
Can funds be carried over from one year to the next?	No—all funds must be used by March 15 of the following year.

For more information, visit dartgo.org/fsa

- Qualifying dependents are children under age 13, or a child or relative who is physically or mentally incapable of self-care.
- If you don't use your Benny Card to pay for qualifying DCFSA expenses, claims can either be submitted online through Sentinel's portal or manually by using the claim form found at dartgo.org/hrforms.
- DCFSA's have deadlines regulated by the IRS. All funds for 2023 accounts not used by the end of the grace period of March 15, 2024 will be forfeited.

How a DCFSA works



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



Prescription Drug Coverage

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

Key Features

- **Broad retail network** of more than 56,000 pharmacies nationwide, including independent pharmacies and chain pharmacies such as CVS and Walgreens.
- **The same flexible prescription service** for maintenance medications. 90-day supplies of maintenance medications may be filled through home delivery from Express Scripts Pharmacy or at a CVS Pharmacy.
- **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.
- **Tiered drug pricing:**

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 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

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

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.
- Current enrollees who are impacted by formulary changes will receive information from Express Scripts before the end of 2022.
- 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.

For more information, visit dartgo.org/pharmacy.



Vision Coverage

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

	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
Materials allowance	Up to \$50	Up to \$50	N/A	N/A

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.

* 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.





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.

The High Plan

A higher-cost option that provides coverage for basic and major care, as well as orthodontia. Mouthguards for temporomandibular joint dysfunction are covered under this option.

Service	Low Plan	High Plan
Standard Dental Services		
Annual Deductible	\$50 Individual \$150 Family	No Deductible
Diagnostic and Preventive Services (e.g., exams, cleanings, X-Rays)	100% No Deductible	100%
Basic Restorative Services (e.g., fillings, extractions, root canals)	80% After Deductible	80%
Major Restorative Services (e.g., crowns, bridges, implants)	N/A	50%
Annual Plan Max (per person)	\$1,000	\$5,000
Orthodontia Coverage		
Orthodontia Coinsurance	N/A	50%
Orthodontia Lifetime Max	N/A	\$2,000**
Adult Orthodontia Coverage	N/A	Yes
Monthly Rates*		
Individual	\$36.94	\$68.04
2-Person	\$65.75	\$121.11
Family	\$113.04	\$208.21

* Amount paid by employee.

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

- Both plans offer in-network discounts through the Delta Dental PPO and Premier networks.
- 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.



Wellness at Dartmouth

Wellness at Dartmouth supports employees and family members through a variety of well-being programs and resources

Wellness Benefit Options

All benefits-eligible employees can elect a free Wellness Benefit option for 2023, even if you waive medical coverage. Wellness Benefit options are offered as a benefit of employment and not as part of the group health plan. You will not be able to change your election until the next Open Enrollment period. If you do not make an election, you will be defaulted to your 2022 option.

› Option 1: Pulse Program

This comprehensive program provides cash rewards of up to \$400 (\$800/family) for participating in a variety of activities, including fitness, mindfulness, sleep, and nutrition activities, challenges, and more!

› Option 2: Fitness Reimbursement Benefit

This benefit provides reimbursement of up to \$225 for expenses incurred for fitness facility memberships and exercise classes (includes apps, online and DVD exercise classes).

› Option 3: Dartmouth Fitness Membership at Alumni Gym

This benefit provides a free Dartmouth Fitness annual membership from January 1, 2023 through December 31, 2023 (value: \$450; for those who have this Wellness Benefit option for 2022, value: \$225).

See the chart on [page 27](#) to learn more about these Wellness Benefit options.

New for 2023: Memberships will begin on January 1, 2023 for employees who elect the Dartmouth Fitness Membership Wellness Benefit for 2023; all other memberships will remain on a fiscal year cycle.

Please note:

- If you elect Option 3 and are a current Dartmouth Fitness member at Alumni Gym, and paid out of pocket for your current membership, you will receive a refund of \$225 by February 1, 2023; the value of your Wellness Benefit for 2023 will be \$450.
- If you elect Option 3 and have the Dartmouth Fitness Membership wellness benefit for 2022, and are a current Dartmouth Fitness member at Alumni Gym, the value of your Wellness Benefit for 2023 will be \$225 as you have already received and been taxed on the value of a full year's membership through June 30, 2023.
- The Dartmouth Fitness Membership provides access to the indoor racquet and squash courts, indoor track and gymnasium, swimming pools within Alumni Gym, as well as the Zimmerman Fitness Center.

Other Well-Being Resources

Dartmouth provides other resources to promote well-being, including:

- › **Health Coaching** - Connect with a Health Coach to achieve your personal health and wellness goals. Health coaching is only available through Cigna or Dartmouth Health Connect.
- › **Omada** - If you are enrolled in a Dartmouth Medical Plan, you and your adult family members can access this digital lifestyle change program to lose weight and develop long-term healthy habits.
- › **Health Stations** - Check your weight, blood pressure, and/or waist circumference at a health station location near you.
- › **Webinars and Fitness Classes** - Participate in live and/or virtual classes.
- › **Dartmouth Health Connect** - Take advantage if you are enrolled in a Dartmouth Medical plan (see [page 17](#)).

Access www.dartmouth.edu/wellness to learn more.

Wellness Benefit Options At-a-Glance



Fitness Reimbursement Benefit

Dartmouth Fitness Membership at Alumni Gym

<p>How much money can I receive per year?</p>	<p>Up to \$400 per year as cash rewards.</p>	<p>Up to \$225 per year as a reimbursement.</p>	<p>A credit of up to \$450 (or \$225 for those who have this Wellness Benefit option for 2022) is applied at the time of membership purchase.</p>
<p>How much additional money can my spouse receive?</p>	<p>Up to \$400 per year. Spouse must be enrolled in the employee's Dartmouth College medical plan to be eligible.</p>	<p>None. However, a spouse may share the \$225 with the employee (spouse must be enrolled in the employee's Dartmouth College medical plan to be eligible).</p>	<p>None. This option is available to active benefits-eligible employees only.</p>
<p>What can I use the rewards/reimbursement/credit for?</p>	<p>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.</p>	<p>The reimbursement is for expenses you incurred for fitness facility and/or exercise class fees only (includes apps, online and DVD exercise classes).</p>	<p>Receive a free Dartmouth Fitness Membership at Alumni Gym from January 1, 2023 (or a later 2023 date) through December 31, 2023.</p>
<p>What do I have to do to receive my reward/reimbursement/credit?</p>	<p>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, attending webinars, and more!</p>	<p>Make an eligible purchase and mail your completed form and receipt(s) to Cigna. Reimbursements will be provided in your paycheck.</p>	<p>Sign up for a Dartmouth Fitness membership beginning on January 1, 2023, or later in 2023, and receive the value of a free annual membership through December 31, 2023.</p>
<p>Will I be taxed on the money I receive?</p>	<p>Yes, applicable taxes will be withheld from your paycheck as you and your spouse (if applicable) earn any rewards.</p>	<p>Yes, applicable taxes will be withheld from your paycheck when you receive your reimbursement.</p>	<p>Yes, applicable taxes will be withheld from your paycheck after you sign up for a membership.</p>
<p>Who do I contact if I have questions about the program?</p>	<p>Wellness at Dartmouth can assist with general Pulse questions (wellness@dartmouth.edu) and Virgin Pulse support can help with technical questions (844.394.9646).</p>	<p>Wellness at Dartmouth can assist with questions regarding the submission process and the status of your reimbursement (wellness@dartmouth.edu).</p>	<p>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 (athletics.sales@dartmouth.edu).</p>





Life Insurance

Dartmouth College offers a variety of insurance products and services to benefits-eligible employees.

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

Basic and Supplemental Life Insurance

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

Dependent Life Insurance

Plan coverage and rates:

Plan	Coverage	Rates
Spouse	\$25,000 coverage for spouse	\$5.98 per month
Dependents	\$10,000 coverage for each child	\$2.28 per month
Family	\$25,000 coverage for spouse and \$10,000 coverage for each child	\$7.68 per month

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

Travel Assistance

Lincoln Financial Group's TravelConnect® program provides employees with 24/7 access to a multilingual assistance coordinator who can assist with doctor referrals, transportation, prescriptions, and use of a 24/7 nurseline. This program, provided at no cost to you, also supports you in the event of a medical emergency, natural disaster, and political upheavals. Evacuation to the nearest hospital or safe haven can be arranged, or travel arrangements home can be made as needed. For general travel, LFG can assist with pre-trip travel services, lost travel documents, and legal consultation/referrals.

Beneficiary Support and Funeral Preparation Services

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





Voluntary Benefits

Voluntary 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 separate from medical coverage and are 100% portable, which means the coverage is yours to take with you, should you leave Dartmouth College for any reason.

All benefits-eligible Dartmouth employees can choose to enroll in any of these employee-paid voluntary benefits plans:

- › **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 information on enrollment and rates, call Winston Benefits at 855-805-5840.





Disability Coverage

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

Short Term Disability (STD)

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

- › **Non-Exempt employees** have an elimination period of five days, during which you can use Paid Time Off. The elimination period is the number of consecutive work days you would need to be totally disabled before benefits begin. The plan replaces salary at 100% for weeks two through eight and 60% for weeks nine through 26.
- › **Exempt employees and Research Associates Bs and Cs** have an elimination period of 10 work days which is paid for by the department. The elimination period is the number of consecutive work days you would need to be totally disabled before benefits begin. The plan replaces salary at 100% for weeks three through eight and 60% for weeks nine through 26.
- › **Faculty members**, 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.
 - 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 5 work day 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 up to a maximum of \$15,000* per month. During Open Enrollment, you may only increase your percentage of coverage by 10%. Please note, any pre-existing conditions diagnosed or treated during the 1-year period prior to January 1, 2023 will not be eligible for LTD coverage at the increased percentage rate. However, any new conditions diagnosed or treated after January 1, 2023 will be eligible for LTD coverage at the increased percentage rate.

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

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

* SEIU employees, refer to your contract.





Retirement Savings Benefits

Dartmouth College provides retirement savings plans to help eligible employees build toward future financial security. Retirement saving plans are not part of Open Enrollment. If eligible, you may enroll or make changes at any time. If you would like to enroll or change your contribution amount, you would need to make your change through the Retirement Planning website at dartgo.org/retirement.

401(a) Defined Contribution Retirement Plan

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

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

- › Participants become fully vested after three years of regular employment with Dartmouth.
- › For more information visit dartgo.org/401a.

Workshops

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

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.

Your age	2022 contribution limit
Under 50	\$20,500
50 and older	\$27,000

IRS limits are subject to change. **2023 limits will not be available until middle to late October.**

- › For more information visit dartgo.org/sra.

Dartmouth Matching SRA Contribution

- › Employees hired on or after July 1, 2009 may receive a matching contribution from Dartmouth College.
- › 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 are directed to your 401(a) account and are subject to the same vesting requirements.
- › Matching contributions will be proportionately distributed, consistent with the employee's 401(a) fund designation.

Accessing Retirement Benefits

Visit dartgo.org/retirement.



Additional Benefits

Dartmouth provides additional programs to support you. For details, please visit dartgo.org/benefits.

Paid Time Off

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

Educational Assistance Program

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

Tuition Grant for Dartmouth Courses

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

Faculty and Staff Loan Program

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

Adoption Reimbursement

Dartmouth 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.

Health Care Cost Hardship Program

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





Turning Age 65 and Becoming Medicare Eligible

If you are turning age 65 in 2023 but will continue working in a benefits-eligible position, Medicare will allow you to delay your enrollment in Medicare Part B until you officially retire, without a late enrollment penalty (**enrollment in Medicare Part A is optional**). The Dartmouth College active benefits plans are considered to be creditable plans, according to the Medicare Modernization Act (MMA).

If you are turning age 65 or older in 2023 and you are considering retiring in 2023, please contact Medicare three months before your retirement date to set up your Medicare coverage to begin the first of the month following the date you retire. For additional information on Medicare eligibility and enrollment periods, please visit www.Medicare.gov.

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

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

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

Health Savings Accounts (HSAs) and Medicare Enrollment

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

For additional information regarding the Dartmouth College retiree medical plans, please visit the retiree benefits website at dartgo.org/retirees.

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

Medicare as Primary Coverage

When using any Dartmouth health plan, where Medicare is billed as the primary insurance carrier and Dartmouth is billed as the secondary, please note that Cigna will not pay Medicare's portion if you choose to use a provider that does not accept Medicare.





Annual Required Notices

Women’s Health and Cancer Rights Act (WHCRA)

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

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

Coverage for such surgery or reconstruction will be subject to the same deductibles and copayments that apply to mastectomies under the Plan’s current terms, which are described in your Group Health Plan Summary Plan Description.

For more information visit dartgo.org/whcra.

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

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already

enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

For more information visit dartgo.org/chip.

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 who participates in your plan’s network and is accepting patients.

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 health care professional in our network who specializes in obstetrics or gynecology. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit myCigna.com or contact Cigna customer service at **855-869-8619**.

The health care professional, 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 more information visit dartgo.org/patient-protection.

Notice of Privacy Practices

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

Creditable Prescription Drug Coverage Notice

This notice is for Medicare eligible policy holders and it 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. For more information visit dartgo.org/credible_coverage.



Contacts and Other Resources



Don't forget!

Open Enrollment is October 17 through October 31, 2022.

Your current FSA and HSA elections will not automatically re-enroll in 2023. Please log into FlexOnline during the Open Enrollment period to elect or waive these benefits for 2023. Don't forget to print a copy of your confirmation page when you are done enrolling.

DARTMOUTH BENEFITS OFFICE

For questions on enrolling in your benefits.

Phone: 603.646.3588

Website: dartgo.org/benefits

Email: human.resources.benefits@dartmouth.edu

Fax: 603.646.1108

HEALTH AND WELFARE BENEFITS

CIGNA - Medical

Phone: 855.869.8619

Website: Cigna.com

Account login: myCigna.com

CIGNA - Vision

Phone: 877.478.7557

CIGNA - Global Health Medical Benefits Abroad

Toll-free: + 1.800.243.1348

Direct (Collect calls accepted): + 1.302.797.3535

Website: cignaenvoy.com

EXPRESS SCRIPTS - Pharmacy

Phone: 877.788.5766

Website: www.express-scripts.com/DartmouthCollege

SENTINEL - Flexible Spending Accounts

Phone: 888.762.6088

Website:

www.sentinelgroup.com

Claims fax: 781.213.7301

Claims address:

100 Quannapowitt Pkwy, Suite 300 Wakefield, MA 01880

DARTMOUTH HEALTH CONNECT - Primary Care

Phone: 603.738.1164

Website:

dartmouthhealthconnect.com

Email: info@dartmouthhealthconnect.com

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

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

Phone: 800.210.0268

Website:

www.mylincolnportal.com

Faculty/Employee Assistance Program (F/EAP)

Phone: 844.216.8308

Website:

www.guidanceresources.com

Company ID: Dartmouth

WELLNESS AT DARTMOUTH - Wellness Benefit Options

Phone: 603.646.3706

Website:

dartmouth.edu/wellness

Email: wellness@dartmouth.edu

WINSTON BENEFITS

Voluntary benefits are managed through Winston Benefits and cannot be found on the FlexOnline system.

Phone: 855.805.5840

RETIREMENT BENEFITS

TIAA - Retirement

Phone: 800.842.2252

Website: www.tiaa.org/dartmouth

FIDELITY - Retirement

Phone: 800.343.0860

Website:

www.netbenefits.com/dartmouth





The employee benefits programs described in this Benefits Guide are effective in 2023, 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.