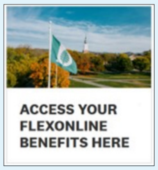
Get Ready to Enroll

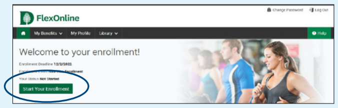
ENROLL WITH FLEXONLINE

Access the FlexOnline system during the Open Enrollment period from October 27-November 10, 2025.



1. Go to **dartgo.org/benefits-oe**. Click on **ACCESS YOUR FLEXONLINE BENEFITS HERE.**

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.** If needed, update your address at **employee.dartmouth.edu**. Please click **CONTINUE** to proceed with your enrollment.

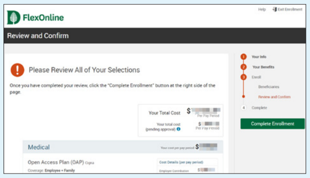
5. Review and update your **FAMILY INFORMATION**. Please click **CONTINUE** to proceed with your enrollment.

6. Answer a few **QUESTIONS** about benefits eligibility, then click **CONTINUE**.

7. Use the **ASK EMMA** tool to help with the decision making process, and to learn more about each benefit.

8. On the **ENROLLMENT** page, you will add/remove coverage, add/remove dependents from coverage, and/or change plans. When done, click **CONTINUE**.

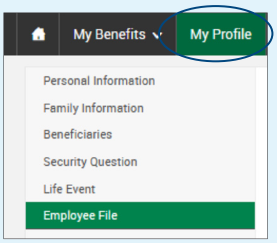
9. Review and/or update your life insurance beneficiaries on the **BENEFICIARIES** page, then click **CONTINUE**.



10. **REVIEW & CONFIRM** your choices, then click the **COMPLETE ENROLLMENT** button.

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

11. Once you receive the message that your enrollment is complete, your elections will be saved. **Please review your final elections carefully before submitting, and remember to print and/or save a copy for your records.**



12. Don't forget to upload your dependent verification documentation by clicking on **MY PROFILE** off the main menu and then selecting **EMPLOYEE FILE**.

You may continue to log in and make changes to your 2026 elections until 11:59 p.m. on Monday, November 10. Changes cannot be made after November 10, 2025. Open enrollment is the only time outside of a qualifying event when you can make changes to plans and/or level of coverage. We encourage you to use this information to review and select the benefits that are the best for you and your family.

Enrollment Worksheet

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

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

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