Important Health Resources at Dartmouth College

Dartmouth Health Service
dartgo.org/healthservice

Dartmouth Counseling Services
dartgo.org/cht

Dick Hall's House Pharmacy
dartgo.org/dickhousepharmacy

For full details of the DSGHP, or the Dartmouth College annual waiver process, please visit our website:
dartgo.org/studentinsurance

Photo: Jeff Woodward
Dartmouth College Insurance Requirement

By College policy, all students (Undergraduate, Graduate, and Professional) including those on leave or not taking classes, on or off campus, are automatically enrolled in the DSGHP and charged the premium each year unless a waiver is submitted and approved. This premium charge will appear on the student’s tuition account.

*Exchange students will be enrolled and charged for the terms they attend Dartmouth, unless a waiver is submitted and approved. J1 Visa holding students are not permitted to waive the DSGHP coverage.

Why Choose the DSGHP?

- DSGHP is primary over all other plans for students.
- Lower deductibles, copayments, out-of-pocket maximums, and premiums as compared to the lower cost options offered through the Exchanges/Marketplaces.
- Unlimited lifetime maximum.
- Worldwide coverage for care including medical evacuation and repatriation.
- Complies with a general provision of the Patient Protection and Affordable Care Act (PPACA).
- Emergency medical assistance through ISOS while traveling abroad.
- Dental Savings program through Basix.
- Prescription drug benefits for the campus pharmacy and nationwide participating pharmacies.
- Optional additional coverage for a student’s spouse, domestic partner, and/or children.
- In most cases, Financial Aid and loans can be used to pay for part or all of the DSGHP premium.
- Coverage for injuries sustained in NCAA sanctioned and club sports.
- The DSGHP is purchased through Dartmouth College at preferred pricing. Though there is no premium tax credit (subsidy) available, there are also no tax implications.
- On-campus assistance for eligibility, claim submission, and coverage details.

Dental Savings Program

The cost of dental care is a major concern to nearly everyone! The DSGHP has incorporated the Basix Dental Savings Program. As part of your membership in the DSGHP, you automatically have access to the Basix Dental Savings Program. Basix contracts with dentists who agree to charge a reduced fee to individuals enrolled in the DSGHP. You must pay the dental fees at the time of service to receive the negotiated rates.

It is important to understand that the Dental Savings Program is not a dental insurance. Because it is a discount program and not an insurance, there are no lifetime maximums, exclusions, or claim forms to fill out.

Savings vary depending upon the type of service received and the contracted dentist providing the service, but can be as high as 50%!

Full details of the program can be viewed at:

http://www.basixstudent.com

Are You Participating in Sports?

Students participating in athletics should note the College provides separate catastrophic insurance coverage with unlimited coverage for injuries sustained in a sanctioned intercollegiate or club sport, practice or game, for expenses incurred within two years of injury. The policy has a $90,000 deductible for intercollegiate and $30,000 deductible for club sport injuries, which the DSGHP will process as any other medical condition. This coverage is subject to DSGHP deductibles, co-insurance, and out-of-pocket maximums.

Are You Traveling or Studying Abroad?

The DSGHP covers you during breaks, vacations, traveling, or studying abroad.

- When outside of the United States, you will likely be asked to pay for your medical care first and then need to seek reimbursement. Covered expenses will be reimbursed at the out-of-network level.

As an added benefit the College provides a comprehensive program that provides emergency medical assistance with International SOS (ISOS). Services range from consultation by telephone, medical referrals, and legal aide, to full-scale evacuation by private air ambulance. The ISOS network of 5,000 employees, including multilingual critical care and aero-medical specialists, operate 24 hours a day, 365 days a year from over 26 ISOS Alarm Call-In Centers around the world. Contact information may be found at:

http://www.internationalsos.com &
http://www.dartmouth.edu/~rmi/rmstravel/.

Please note: ISOS guarantees medical payment but expects reimbursement from your insurer.

Thinking of Waiving DSGHP Coverage? Before You Do, Consider the Following

Before assuming that you are covered adequately by another policy, evaluate its eligibility rules and levels of coverage in the Hanover, NH area.

- Will your current plan cover medical care beyond emergency services (i.e. doctor’s office visits, x-rays, prescription drugs, mental health, etc.) on and off campus?
- Does your plan cover you if you are studying abroad?
- Does your plan have doctors and hospitals near campus?
- Check the cost. Is the annual cost of the DSGHP less expensive than the cost of your plan? Be sure to compare deductibles and total out-of-pocket costs, not just the annual premium.
- Are there administrative pre-requisites, pre-certification, or Primary Care Physician referrals required under your current plan that may delay receipt of care?

You can also use the following tools provided on our website, to help you decide:

- Summary of Benefits and Coverage (SBC)
- Glossary of Health Coverage and Medical Terms

www.dartgo.org/studentinsurance
# 2023-2024 Dartmouth Student Group Health Plan Benefit Chart

## Deductibles & Out-of-Pocket Maximums

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Deductible</td>
<td>$100 Individual</td>
<td>$500 Individual</td>
</tr>
<tr>
<td></td>
<td>$200 Family</td>
<td>$1,000 Family</td>
</tr>
<tr>
<td>Prescription Deductible</td>
<td>$100 Individual / $200 Family</td>
<td></td>
</tr>
<tr>
<td>(Does not apply to Dick Hall’s House Pharmacy, Dartmouth-Hitchcock Pharmacy, Dartmouth-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical and Prescription Out-of-Pocket Maximum</td>
<td>$2,500 Individual</td>
<td>$6,000 Individual</td>
</tr>
<tr>
<td></td>
<td>$5,000 Family</td>
<td>$10,000 Family</td>
</tr>
<tr>
<td></td>
<td>(of usual and customary charges)</td>
<td></td>
</tr>
</tbody>
</table>

## Benefit Description

<table>
<thead>
<tr>
<th>Benefit Description</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care Services (If in Hanover, NH area: Services received at Dartmouth College Health Service, or with referral if services are not available at Dartmouth College Health Service. If no referral is obtained, services will automatically fall under Out-of-Network)</td>
<td>100%</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Services at Dartmouth College Health Service</td>
<td>100%</td>
<td>N/A</td>
</tr>
<tr>
<td>Emergency Room Services</td>
<td>100% after $100 co-payment</td>
<td></td>
</tr>
<tr>
<td>Ambulance (Emergency Ground)</td>
<td>100% after $100 co-payment</td>
<td></td>
</tr>
<tr>
<td>Outpatient Mental/Nervous, Outpatient Substance Abuse Treatment &amp; Outpatient Biologically Based Mental Health Care Services (Includes telemedicine)</td>
<td>90%; no deductible</td>
<td>80% of usual and customary charges; no deductible</td>
</tr>
<tr>
<td>Inpatient Mental/Nervous and Substance Abuse Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In &amp; Outpatient Services for Physician Expenses (Includes office visits, telemedicine, hospital visits, surgery, diagnostic, X-rays, and laboratory tests.)</td>
<td>90% after deductible</td>
<td>70% of Usual and Customary charges after deductible</td>
</tr>
<tr>
<td>Inpatient Hospital Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Health Care Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision/Eyecare (One routine vision/eye exam every twelve (12) months)</td>
<td>100%</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Vision/Eyecare - Corrective Lens Hardware (No coverage after allowance)</td>
<td>$110 Allowance</td>
<td>$110 Allowance</td>
</tr>
<tr>
<td>Dick Hall’s House Pharmacy, Dartmouth-Hitchcock Pharmacy, Dartmouth-Hitchcock Pharmacy at Centerra &amp; Cheshire Medical Center Pharmacy (Not subject to prescription plan year deductible, $10 Generic drug copayment per 30-day prescription, $20 preferred brand name drug copayment per thirty (30) day prescription, $50 non-preferred and/or specialty drug copayment per thirty (30) day prescription, 100% coverage for generic contraception medication and medically necessary brand name and/or specialty contraception medication. If receiving a ninety (90) day supply, there will be a $20 copayment for generic drugs, a $40 copayment for preferred brand name drugs, and a $100 copayment for generic contraception medication. 80% Express Scripts participating pharmacies after deductible, 100% coverage (not subject to prescription plan year deductible) for generic contraception medication and medically necessary brand name and/or specialty contraception medication. If receiving a ninety (90) day supply, there will be a $20 copayment for generic drugs, a $40 copayment for preferred brand name drugs, and a $100 copayment for</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>All Other Pharmacies</td>
<td>80% of usual and customary charges after deductible</td>
<td></td>
</tr>
</tbody>
</table>

**Dispensing Limits:** The amount of drug which may be dispensed per prescription or refill (regardless of dosage form) is limited to a 90
Benefits for Services from Dartmouth Health Service

For services received from Dartmouth College Health Service, the DSGHP pays 100 percent of Covered Expenses/Services and the plan year deductible does not apply. These services are for covered immunizations, inpatient services, and clinic & physical exam visits.

~ General Assistance ~

The DSGHP Office is available remotely only. Give us a call at 603-646-9438 or 603-646-9449, or send us an email at Dartmouth.Student.Health.Plan@Dartmouth.edu. We assist with claim submission, enrollments, terminations, proof of coverage and general coverage questions.

Office Hours: 8:00 a.m.—4:00 p.m.

(Limited availability during the lunch hour)

The DSGHP Assistance Group

Claims Administrator/Health Care Management

Wellfleet
P.O. Box 15369
Springfield, MA 01115-5369
Phone: 833-443-5338
Website: Wellfleetstudent.com
Email: customercservice@wellfleetinsurance.com

Pharmacy Network

Wellfleet Rx
Phone: 888-265-7884
Email: pharmacy@wellfleetinsurance.com

Network

Cigna OAP
PO Box 188061
Chattanooga, TN 37422-8061
Website: www.cigna.com

Confidentiality

DSGHP and Dartmouth College Health Service are committed to protecting your privacy. In accordance with the Health Insurance Portability and Accountability Act (HIPAA), medical information is gathered solely for the purpose of fulfilling our obligations to you under the terms of your policy. This information is kept private and confidential. We do not share or distribute this information unless required to do so under the law; or to facilitate or coordinate medical treatment for you, in which case information would be shared on a strict “need to know” basis.

This brochure does not constitute a promise of benefits on behalf of Dartmouth College, and is intended to provide an overview of the plan benefits. A complete description of benefits, limitations, exclusions, and special provisions is provided in the Plan Document which is posted on the Dartmouth Student Group Health Plan website located at:

dartgo.org/studentinsurance