

2024-2025

**Dartmouth Student Group**  
**Health Plan**  
**(DSGHP)**  
**Summary Brochure**



Photo: Jeff Woodward

**Important Health Resources at  
Dartmouth**

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**Dartmouth Health Service**

[dartgo.org/healthservice](https://dartgo.org/healthservice)

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**Dartmouth Counseling Services**

[dartgo.org/chd](https://dartgo.org/chd)

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**Dick Hall's House Pharmacy**

[dartgo.org/dickshousepharmacy](https://dartgo.org/dickshousepharmacy)

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*For full details of the DSGHP, or the Dartmouth annual  
waiver process, please visit our website:*

**[dartgo.org/studentinsurance](https://dartgo.org/studentinsurance)**

# Dartmouth Insurance Requirement



**Dartmouth's policy: All students (Undergraduate, Graduate, and Professional) listed as active, 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 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 will then need to seek reimbursement. Covered expenses will be reimbursed at the out-of-network level.

To assist Dartmouth travelers in coping with the risks of travel, Dartmouth has partnered with International SOS & Starr to provide medical and security assistance and international travel medical insurance when traveling internationally on Dartmouth-sponsored programs. Information may be found at:

[https://www.dartmouth.edu/finance/financial-management/risk\\_insurance/rmstravel.php](https://www.dartmouth.edu/finance/financial-management/risk_insurance/rmstravel.php)

Please contact Risk Management and Insurance or call 603-646-2442 for a complete description of ISOS &/or Starr's terms, conditions, limitations, and charges.

## 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-requirements, 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](http://www.dartgo.org/studentinsurance)

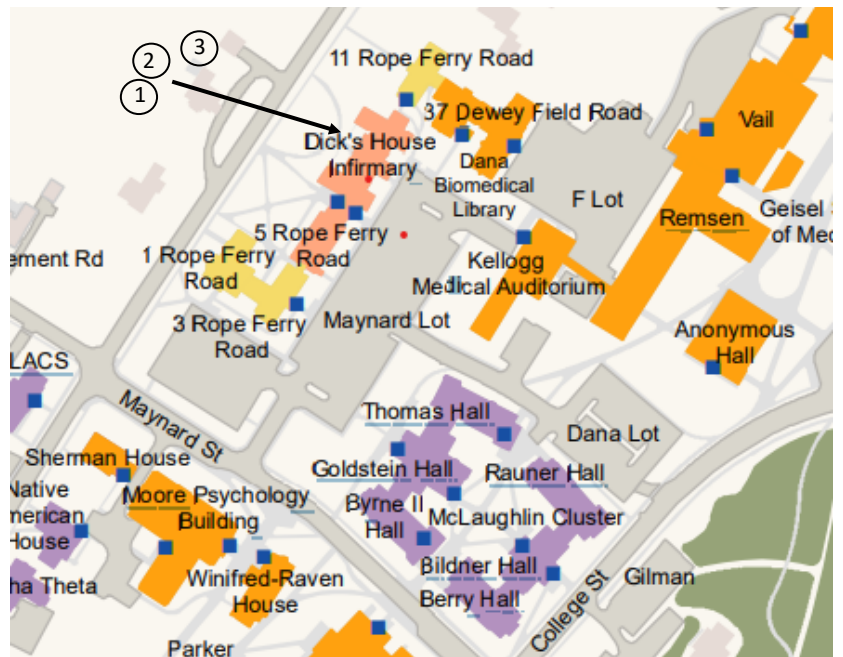
## 2024-2025 Dartmouth Student Group Health Plan Benefit Chart

Deductibles & Out-of-Pocket Maximums	In-Network	Out-of-Network
Medical Deductible	\$100 Individual \$200 Family	\$500 Individual \$1,000 Family
Prescription Deductible <small>(Does not apply to Dick Hall's House Pharmacy, Dartmouth-Hitchcock Pharmacy, Dartmouth-Hitchcock Pharmacy at Centerra, or Cheshire Medical Center Pharmacy)</small>	\$100 Individual / \$200 Family	
Medical and Prescription Out-of-Pocket Maximum	\$2,500 Individual \$5,000 Family	\$6,000 Individual \$10,000 Family <small>(of usual and customary charges)</small>
Benefit Description	In-Network	Out-of-Network
Preventive Care Services <small>(If in Hanover, NH area: Services received at DartmouthHealth 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)</small>	100%	Not Covered
Services at Dartmouth Health Service	100%	N/A
Emergency Room Services	100% after \$100 co-payment	
Ambulance (Emergency Ground)	100% after \$100 co-payment	
Outpatient Mental/Nervous, Outpatient Substance Abuse Treatment & Outpatient Biologically Based Mental Health Care Services <small>(Includes telemedicine)</small>	90%; no deductible	80% of usual and customary charges; no deductible
Inpatient Mental/Nervous and Substance Abuse Treatment	90% after deductible	70% of Usual and Customary charges after deductible
In & Outpatient Services for Physician Expenses <small>(Includes office visits, telemedicine, hospital visits, surgery, diagnostic, X-rays, and laboratory tests.)</small>		
Inpatient Hospital Services		
Home Health Care Services		
Vision/Eyecare <small>(One routine vision/eye exam every twelve (12) months)</small>	100%	Not Covered
Vision/Eyecare - Corrective Lens Hardware	\$110 Allowance <small>(No coverage after allowance)</small>	\$110 Allowance <small>(No coverage after allowance)</small>
Dick Hall's House Pharmacy, Dartmouth-Hitchcock Pharmacy, Dartmouth-Hitchcock Pharmacy at Centerra & Cheshire Medical Center Pharmacy <small>(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 non-preferred drugs.)</small>	N/A	N/A
All Other Pharmacies	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 contraception medication	80% of usual and customary charges after deductible

**Dispensing Limits:** The amount of drug which may be dispensed per prescription or refill (regardless of dosage form) is limited to a 90 day supply. Other dispensing limits may be imposed as required by federal or state regulation for other reasons.

## Health Care Locations on Campus

- 1 Dartmouth Health Service  
5-7 Rope Ferry Road  
(603) 646-9400  
[dartgo.org/healthservice](http://dartgo.org/healthservice)
- 2 Dick Hall's House Pharmacy  
5-7 Rope Ferry Road  
(603) 646-9456  
[dartgo.org/dickhousepharmacy](http://dartgo.org/dickhousepharmacy)
- 3 Dartmouth Counseling Services  
5-7 Rope Ferry Road  
(603) 646-9442  
[dartgo.org/chd](http://dartgo.org/chd)



### **Benefits for Services from Dartmouth Health Service**

For services received from Dartmouth 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](mailto: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 Program**

Wellfleet  
P.O. Box 15369  
Springfield, MA 01115-5369  
Phone: 833-443-5338  
Website: [Wellfleetstudent.com](http://Wellfleetstudent.com)  
Email: [customerservice@wellfleetinsurance.com](mailto:customerservice@wellfleetinsurance.com)

### **Pharmacy Network**

Wellfleet Rx  
Phone: 888-265-7884  
Email: [pharmacy@wellfleetinsurance.com](mailto:pharmacy@wellfleetinsurance.com)

### **Network**

Cigna OAP  
PO Box 188061  
Chattanooga, TN 37422-8061  
Website: [www.cigna.com](http://www.cigna.com)

### **Confidentiality**

DSGHP and Dartmouth 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](http://dartgo.org/studentinsurance)