

## Summary Annual Report

for

### DICKINSON COLLEGE CONSOLIDATED HEALTH AND WELFARE BENEFIT PLAN

This is a summary of the annual report for the DICKINSON COLLEGE CONSOLIDATED HEALTH AND WELFARE BENEFIT PLAN, (Employer Identification No. 23-1365954, Plan No. 515) for the period July 1, 2016 to June 30, 2017. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Dickinson College has committed itself to pay the following types of claims incurred under the terms of the plan:

All health care flexible spending claims

#### INSURANCE INFORMATION

The plan has contracts with HealthAmerica of Pennsylvania, Inc., Hartford Life and Accident, Life Insurance Company of North America, United Concordia Life and Health Insurance Company, Vision Benefits of America and ACE American Insurance Company to pay the following types of claims incurred under the terms of the plan:

All health, prescription drug, dental, vision, long-term disability, life insurance, accidental death, accidental death and dismemberment, business travel accident claims and global medical with accidental death and dismemberment.

The total premiums paid for the plan year beginning July 1, 2016 and ending June 30, 2017 were \$897,762.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending June 30, 2016, the premiums paid under such "experience-rated" contracts were \$490,026 and the total of all benefit claims paid under the "experience-rated" contracts during the plan year was \$366,183.

## YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Financial Operations at:

Dickinson College  
P.O. Box 1773  
Carlisle, PA 17013-2896  
717-245-1383

The charge to cover copying costs will be \$0.25 per page.

You also have the legally protected right to examine the annual report at the main office of the plan:

Dickinson College  
Financial Operations  
P.O. Box 1773  
Carlisle, PA 17013-2896

and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: U.S. Department of Labor, Employee Benefits Security Administration, Public Disclosure Room, 200 Constitution Avenue, NW, Suite N-1513, Washington, D.C. 20210.