



2021 Guide to Benefits

**NONREPRESENTED EMPLOYEES OF THE
JOHNS HOPKINS HOSPITAL AND THE JOHNS
HOPKINS HEALTH SYSTEM CORPORATION**



JOHNS HOPKINS
MEDICINE

Contact Information

Description	Vendor/Program	Telephone Number	URL/Email Address
Absence Management (FML/LOA)	Sedgwick	844-263-3121	timeoff.sedgwick.com
Accident Insurance	UNUM	800-635-5597	unum.com
After-Hours Clinic	Employee Health & Wellness Center	410-955-7374	hopkinsmedicine.org/human_resources/benefits/healthy_at_hopkins/employee_health_wellness_center.html#afterhoursclinic
Auto & Homeowners Insurance	MetLife	800-438-6388	metlife.com/mybenefits
Back Up Child & Adult Care	Care.com	855-781-1303	care.com/backupcare
Banking Services	Johns Hopkins Federal Credit Union	410-534-4500 800-543-2870	jhfcu.org
Benefits Enrollment	SmartSource	443-997-5400	my.jh.edu
Care Management Program	EHP	800-557-6916	ehp.org
COBRA and Direct Bill	WageWorks/HealthEquity	877-502-6272	wageworks.com
Commuter Benefits (METRO Pass)	WMATA	202-637-7000	wmata.com
Commuter Benefits (SmartTrip Card)	WMATA	888-762-7874	wmata.com
Critical Illness Insurance	Aflac	800-433-3036	aflacgroupinsurance.com
Day Care Center	Bright Horizons	410-614-4111	jhbrighthouse.org
Dental	Delta Dental	800-932-0783	deltadentalins.com
Employee Assistance Program	mySupport	443-997-7000	hopkinsmedicine.org/human_resources/benefits/jh_worklife_programs/worklife-support-programs.html
Employee Discount Program	LifeMart		discountmember.lifecare.com
Employee Well-being	Healthy at Hopkins	833-554-4554	my.jh.edu
Flexible Spending Accounts	WageWorks/HealthEquity	855-774-7441	wageworks.com
Health, Safety and Environment	Occupational Health (JHH)	410-955-6211	hopkinsmedicine.org/hse/occupational_health
Hospital Indemnity Insurance	Aflac	800-433-3036	aflacgroupinsurance.com
HR Customer Service	HR Solution Center	443-997-5400	HRSC@jhmi.edu
Illnesses and injuries (non-emergency, non-work related)	Employee Health & Wellness Center	410-614-1620	hopkinsmedicine.org/human_resources/benefits/healthy_at_hopkins/employee_health_wellness_center
Life and Accidental Death & Dismemberment Insurance	MetLife	443-997-5400	HRSC@jhmi.edu
Long Term Care	UNUM	800-227-4165	unuminfo.com/hopkinsmedicine
Long Term Disability	MetLife	833-622-0136	
Medical	EHP	410-424-4450	ehp.org
Pet Insurance	MetLife	800-438-6388	metlife.com/mybenefits
Prepaid Legal Services	MetLife	800-821-6400	www.legalplans.com
Prescription Drugs	CVS/Caremark	888-543-4921	caremark.com
Retirement Plans	Transamerica	410-955-5828 800-755-5801	hopkinsmedicine.org/jhhr/pensionjhm.trsrretire.com
Short Term Disability	MetLife	833-622-0136	
Tuition Assistance (Dependent Child)	Ebix	443-997-5400	HRSC@jhmi.edu
Tuition Assistance (Employee)	Ebix	443-997-5400	HRSC@jhmi.edu
Vision	EHP	410-424-4450	ehp.org
Whole Life Insurance	UNUM	800-635-5597	unum.com
WorkLife Program	Live Near Your Work	410-516-2000	hr.jhu.edu/benefits-worklife/live-near-your-work

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Summary Plan Description

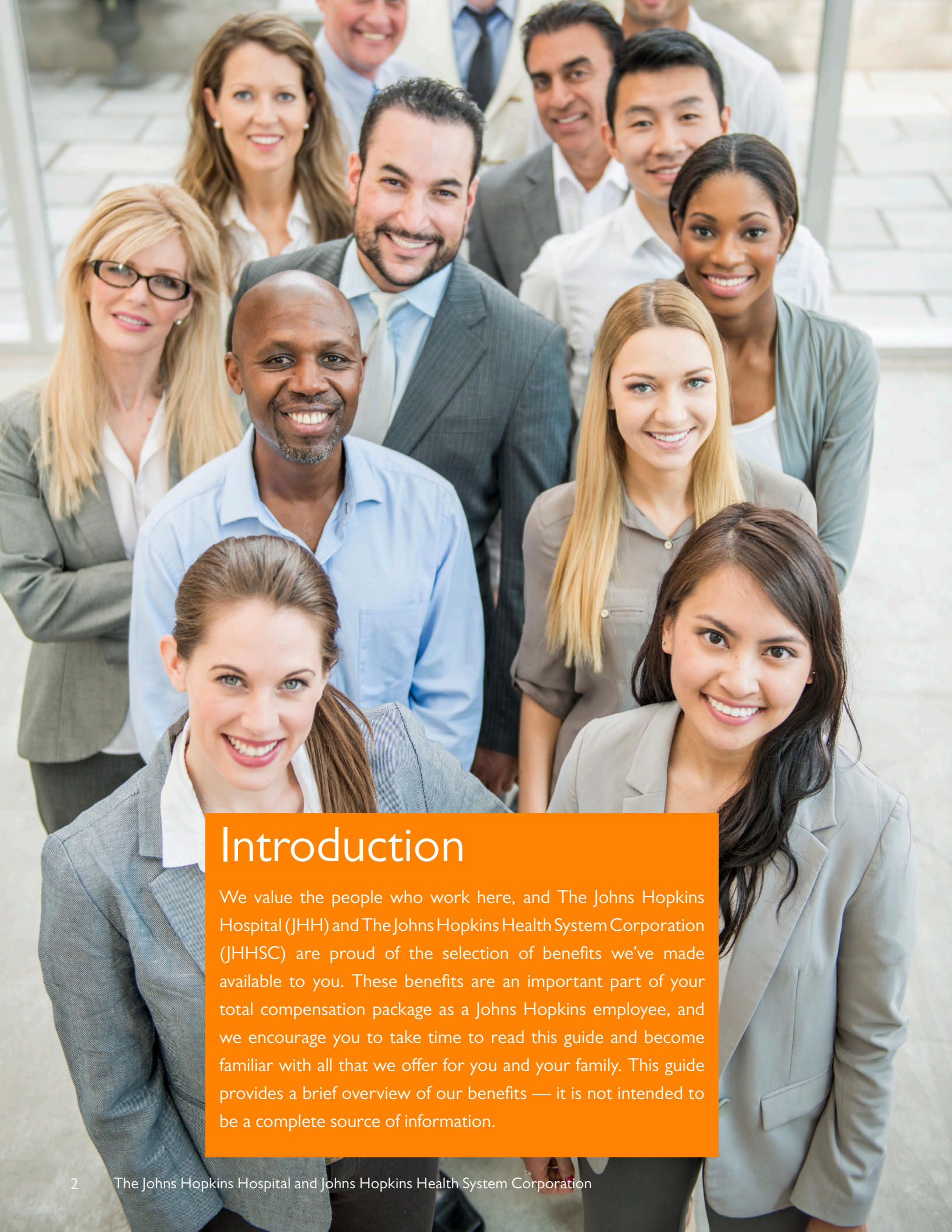
The Johns Hopkins Summary Plan Descriptions (SPDs) provide detailed information about the plans provided under the Employment Retirement Income Security Act of 1974. It contains the plan administrator’s identity, requirements for eligibility and participation in the plan, circumstances that may result in disqualification or denial of benefits, and the identity of insurers. The SPDs can be obtained from the Benefits section of the Human Resources website:

hopkinsmedicine.org/human_resources/benefits/guides_summary_plan_descriptions.html

SPDs provide information about:

- Medical, dental and vision
- Flexible spending accounts
- Life insurance
- Short term and long term disability
- Pension and 403(b) plans

If you want a free hard copy of any of the resources above, or if you have benefits-related questions, contact the HR Solution Center at 443-997-5400 or hrsc@jhmi.edu.



Introduction

We value the people who work here, and The Johns Hopkins Hospital (JHH) and The Johns Hopkins Health System Corporation (JHHSC) are proud of the selection of benefits we've made available to you. These benefits are an important part of your total compensation package as a Johns Hopkins employee, and we encourage you to take time to read this guide and become familiar with all that we offer for you and your family. This guide provides a brief overview of our benefits — it is not intended to be a complete source of information.

Eligibility

Employees

All employees regularly scheduled to work 20 or more hours per week, as well as weekend option nurses, are eligible for most benefits.

- **For all benefits except paid time off, short-term disability and tuition assistance**, coverage for new hires or newly eligible employees is effective the first day of the month after their date of hire or eligibility with completion of enrollment. All newly hired employees have 30 days from their date of hire to complete enrollment.
- **For paid time off and short term disability benefits**, employees regularly scheduled to work 20 or more hours per week are eligible after completion of any probationary period.
- **Employee tuition assistance** is available after completion of any probationary period, and **dependent tuition assistance** is available to regular full-time employees after four years of continuous service (or two years of continuous service for employees hired before Jan. 1, 2018).

Dependents

When you enroll in a medical, dental, vision or dependent life insurance plan, you may also elect coverage for:

- **Your children** (with submission of a birth certificate and Social Security number) up to age 26, regardless of the child's student or marital status.
- **Your legal spouse** (with submission of a certified marriage certificate and Social Security number).

If your spouse works for a Johns Hopkins Medicine affiliate, you cannot be covered as both an employee and a dependent. In addition, your eligible dependents may only be covered under one plan.

Family Status Changes

Outside the annual enrollment period, the only time during the plan year that you can add or drop coverage or dependents is when you have a family status change. Qualifying events include marriage or divorce, birth of a child, death of a dependent, gain or loss of a spouse's coverage, and a change in your spouse's employment status.

To make a mid-year change in benefits, you must create a Qualifying Life Event request in the enrollment system and upload supporting documentation within 30 days of the life event.

WHO IS ELIGIBLE:

Employees scheduled
30+ hours/week:

- All benefits in this guide

Employees scheduled
20-29 hours/week:

- All benefits except dependent tuition and paid parental leave

Weekend Option Nurses:

- All benefits except dependent tuition, paid time off, paid parental leave and short-term disability

Medical Plans

Choosing Your Health Plan

Plans under our Employer Health Programs (EHP) include prescription drug coverage, feature low deductibles and copays, and offer reduced costs when you use Johns Hopkins preferred providers and facilities. You can choose between two plans.

EHP EPO (EXCLUSIVE PROVIDER ORGANIZATION) PLAN

The EHP EPO plan is designed to help lower your monthly health care costs while providing a wide choice of providers. If you only use in-network providers, the EHP EPO plan may be a cost-effective option. The plan offers in-network coverage only (it does not cover out-of-network care) — you can visit any provider in the Preferred Network or the EHP Network.

EHP EPO PLAN:

- In-network care only
- Lower biweekly premiums
- Higher deductibles and out-of-pocket maximums
- Reduced costs at preferred providers and facilities

EHP PPO PLAN:

- In- and out-of-network care
- Higher biweekly premiums
- Lower deductibles and out-of-pocket maximums
- Reduced costs of services by preferred providers and facilities

Biweekly premiums are lower in the EPO plan than in the **preferred provider organization plan**, but out-of-pocket costs may be higher when you seek care.

EHP PPO (PREFERRED PROVIDER ORGANIZATION) PLAN

You can visit both in-network and out-of-network providers under this plan. Biweekly premiums are higher in the PPO plan than in the EPO plan, while out-of-pocket costs when you seek care may be lower.

Please see the Plan Rates section of this guide for medical plan rates.

For details on the Employer Health Programs' medical plans, please visit benefits.ehp.org.

Finding In-Network Care: Know Your Costs

Preferred Network

What you pay for care depends on the services you need and where you go. For most covered services from Preferred Network providers and facilities, both plans pay 90% of the costs and you pay 10% (after any deductible). This is often the most affordable option.

EHP Network

You also have access to the EHP Network, which pays 80% of the cost, while you pay 20%. Fees vary among providers, so sometimes a low-cost EHP network provider is the most affordable choice.

Preventive care services from Preferred and EHP Network providers are covered 100%, including diagnostic services for preventive exams, preventive mammograms and preventive colonoscopy.

Take time to compare plans and decide what works best for you. If you're not sure how your provider is covered, go to ehp.org to learn more.

Cigna Network

Cigna is an extended network of over 1 million nationwide in-network providers beyond those directly contracted in the EHP Network. Cigna's PPO network providers in all U.S. states, including Maryland, are available to all EHP members. Cigna PPO network services are covered as in-network benefits. To find a Cigna PPO provider visit ehp.org.

Out-of-Network Care

Under the PPO plan, out-of-network providers (those not in the EHP Network) are covered at 70%, and you pay 30% of the costs. However, under the EPO plan, out-of-network care is not covered, and you will pay 100% of the costs.

Prescription Drug Benefits

When you enroll in a Johns Hopkins EHP medical plan, prescription drug benefits are included. This four-tier benefit offers savings for using EHP's approved drug formulary. A mail order option is available for most maintenance medications.

Terms You Should Know

Allowed amount: This is the amount the plan has negotiated with network providers to accept as full payment. For example, if a service is covered at 90%, you only pay 10% of the allowed benefit, up to your out-of-pocket maximum. Out-of-network providers are not obligated to accept the allowed benefit as payment in full and may charge you more. This is called balance billing.

Balance billing: When an out-of-network provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$200 and the allowed amount is only \$155, \$45 won't be considered when your claim is processed and the provider may bill you for it. An in-network provider or facility cannot balance bill you for covered services.

Coinsurance: Coinsurance is the percentage of the cost you pay for certain covered services. The coinsurance percentage is lower for services received from in-network providers than for the same services from out-of-network providers.

Copayment: This is a fixed dollar amount you pay at the time service is rendered. This money goes directly to the health care provider.

Deductible: The amount you pay each year before your medical plan begins providing benefits for care.

EHP Network providers: These professional providers and facilities have contracts with EHP and have agreed to accept certain fees for their services. They submit insurance claims to EHP on your behalf. You are responsible for any copays, deductibles and coinsurance.

Out-of-Pocket maximum: This is the most you will pay out of pocket each year in deductible, copay and coinsurance charges. When the total amount you have paid in a year reaches the out-of-pocket limit, the plan will pay 100% of your copays and coinsurance for the remainder of the plan year (through Dec. 31).

Out-of-Network providers: These are professional providers and facilities who do not have a contract with EHP. Their services are subject to applicable copays, deductibles and coinsurance. These providers may balance bill you for charges above the allowed benefit amount.

Preauthorization: This is a decision by your insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. This is sometimes called prior authorization, prior approval or precertification. EHP may require preauthorization for some services before you receive them, except in an emergency. Preauthorization isn't a promise that EHP will cover the cost.

Preferred Network providers: Johns Hopkins and other select providers have contracts with EHP and have agreed to accept discounted fees for their services. Preferred providers will submit insurance claims to EHP on your behalf. You are responsible for any copays, deductibles and coinsurance.

SPECIALTY APPOINTMENT LINE 866-206-7210

The Johns Hopkins EHP Specialty Appointment Line helps facilitate more timely appointments for specialty care with Johns Hopkins preferred providers.

It is designed to improve all EHP members' access to Johns Hopkins specialty providers. The line is not intended to guarantee a specific turnaround time but instead to ensure that whenever possible, EHP members are seen within a reasonable time for their health issue.

Medical Plan Comparison

Coverage Details	EHP EPO Plan (in-network only)		EHP PPO Plan		
	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Out-of-network
Annual Deductible					
per person	\$500		\$150 (<\$50K), \$200 (\$50K-\$120K), \$300 (>\$120K) <i>(determined by salary tier)</i>		\$750 <i>(all salary tiers)</i>
per family	\$1,000		\$300 (<\$50K), \$400 (\$50K-\$120K), \$600 (>\$120K) <i>(determined by salary tier)</i>		\$1,500 <i>(all salary tiers)</i>
Annual Out-of-Pocket Max.					
per person	\$3,000		\$1,500 (<\$50K), \$2,000 (\$50K-\$120K), \$3,000 (>\$120K) <i>(determined by salary tier)</i>		\$3,500 <i>(all salary tiers)</i>
per family	\$6,000		\$3,000 (<\$50K), \$4,000 (\$50K-\$120K), \$6,000 (>\$120K) <i>(determined by salary tier)</i>		\$7,000 <i>(all salary tiers)</i>
Coinsurance	pay 10%	pay 20%	pay 10%	pay 20%	pay 30%
Office Visits	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Out-of-network
Primary Care Office Visit	\$20 copay	\$20 copay	\$10 copay at designated PCP, otherwise \$20 copay		pay 30%*
Specialist Office Visit	pay 10%*	pay 20%*	pay 10%*	pay 20%*	pay 30%*
Mental Health Visit	\$20 copay	20 copay	\$10 copay	\$10 copay	pay 30%*
Wellness Visit	\$0 copay	\$0 copay	\$0	\$0	pay 30%*
Facility Services	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Out-of-network
Hospital Inpatient	\$250 copay, then pay 10%*	\$250 copay, then pay 20%*	\$150 copay, then pay 10%	\$150 copay, then pay 20%*	\$500 copay, then pay 30%*
Hospital Outpatient	pay 10%*	pay 20%*	pay 10%*	pay 20%*	pay 30%*
Lab Services	pay 10%*	pay 20%*	pay 10%*	pay 20%*	pay 30%*
Emergency Room	\$250 copay*	\$250 copay*	\$250 copay*	\$250 copay*	\$250 copay*
Urgent Care	\$40 copay	\$40 copay	\$25	\$25	pay 30%*

* For select services such as hospitalization, coverage begins once you have met the deductible for the year.

** You can locate providers in the Preferred Network and EHP Network at ehp.org. The Preferred Network includes facilities and providers.

Medical Plan Comparison (cont'd)

Lab and Diagnostics	EHP EPO Plan		EHP PPO Plan		
	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Out-of-Network
Routine Lab Tests	you pay 10%*	you pay 20%*	you pay 10%*	you pay 20%*	you pay 30%*
Radiology Procedures (X-Ray, Ultrasound)	you pay 10%*	you pay 20%*	you pay 10%*	you pay 20%*	you pay 30%*
Advanced Radiology (MRI, CT, PET Scan)	you pay 10%*	you pay 20%*	you pay 10%*	you pay 20%*	you pay 30%*
Emergency Services	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Out-of-Network
Urgent Care	\$40 copay		\$25 copay	\$25 copay	you pay 30%*
Emergency Room (copay waived if admitted)	\$250 copay*		\$250 copay*	\$250 copay*	\$250 copay*
Ambulance (Medically Necessary Transport)	you pay 10%*		deductible, then no charge	deductible, then no charge	deductible, then no charge
Mental Health, Substance Abuse	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Out-of-Network
Inpatient Facility (pre-authorization required)	\$250 copay per admission, then pay 10%*	\$250 copay per admission, then pay 20%*	\$150 copay per admission, then pay 10%*	\$150 copay per admission, then pay 20%*	\$500 copay per admission, then pay 30%*
Outpatient Facility	\$20 copay		\$10 copay	\$10 copay	you pay 30%*
Outpatient Professional	\$20 copay		\$10 copay	\$10 copay	you pay 30%*
Therapy Services	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Out-of-Network
Physical & Occupational Therapy (60 visits per year, pre-authorization required for visits 13-60)	you pay 10%*	you pay 20%*	you pay 10%*	you pay 20%*	you pay 30%*
Speech Therapy (30 visits per year, pre-authorization required)	you pay 10%*	you pay 20%*	you pay 10%*	you pay 20%*	you pay 30%*
Chiropractic Care (20 visits per year)	you pay 10%*	you pay 20%*	you pay 10%*	you pay 20%*	you pay 30%*
Acupuncture (20 visits per year)	you pay 10%*	you pay 20%*	you pay 10%*	you pay 20%*	you pay 30%*
Other Services	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Out-of-Network
Home Health Care (40 visits per year, pre-authorization required)	you pay 10%*	you pay 20%*	you pay 10%*	you pay 10%*	you pay 30%*
Hospice Care (pre-authorization required)	you pay 10%*	you pay 20%*	you pay 10%*	you pay 10%*	you pay 30%*

* For select services such as hospitalization, coverage begins once you have met the deductible for the year.

** You can locate providers in the Preferred Network and EHP Network at ehp.org.

Prescription Drug Benefits

Using Your Prescription Drug Benefits

Prescription drugs are covered under the EHP medical plans.

Prescription drugs are available in four tiers, with savings when you use generic drugs or EHP's preferred drug formulary.

Your cost to fill a prescription depends on which health care plan you are enrolled, the tier your drug is in, and whether you obtain the drug at a retail pharmacy or through mail order (for maintenance medications).

Retail versus Mail Order Prescriptions

You can fill a prescription at any in-network CVS Caremark pharmacy. Depending on your prescription, you may be able to order a 90-day supply of maintenance medications, either at a retail pharmacy or through mail order. Mail order is a convenient way to make sure your medications are current. If you are enrolled in the PPO medical plan, you can receive a discount when you use mail order to fill prescriptions for maintenance medications.

Drugs by Tier: Generic versus Brand Name

When you get medications at a pharmacy, you are responsible for paying a copay or coinsurance.

- In most instances, your cost is the lowest when you select a **generic drug** — an affordable and effective alternative to a brand name drug.
- **Preferred brand drugs** have the next highest cost, but still cost less than other brand-name drugs. They are chosen for their clinical value and cost-effectiveness.
- **Nonpreferred brand name drugs** are covered under the plan but have the highest cost.
- Finally, the cost of **specialty drugs**, which include expensive injectable and oral specialty medications for specific conditions, depends on the drug. They are only available at a retail pharmacy.

Need More Information?

You can find a list of preferred and nonpreferred drugs, learn about quantity limits and prior authorization, and find a network pharmacy at:

ehp.org/plan-benefits/pharmacy

SUMMARY OF PRESCRIPTION DRUG COSTS

Drugs by Tier	EPO Plan			PPO Plan		
	In-Network Retail Pharmacy 30-Day	90-Day	Mail Order 90-Day	In-Network Retail Pharmacy 30-Day	90-Day	Mail Order 90-Day
Generic	\$10 copay	\$30 copay	\$30 copay	\$10 copay	\$30 copay	\$20 copay
Preferred Brand	25%, \$40 min; \$60 max	25%, \$120 min; \$180 max	25%, \$120 min; \$180 max	\$40 copay	\$120 copay	\$80 copay
Non-Preferred Brand	50%, \$65 min; \$105 max	50%, \$195 min; \$315 max	50%, \$195 min; \$315 max	\$65 copay	\$195 copay	\$130 copay
Specialty Medications	As Preferred/ Non-Preferred		Restricted to Retail 30-day supply	As Preferred/ Non-Preferred		Restricted to Retail 30-day supply
Benefits	EPO Plan			PPO Plan		
Annual Deductible	\$0 per person, \$0 per family			\$0 per person, \$0 per family		
Out-of-Pocket Max	\$4,100 per person, \$8,200 per family			\$3,600 per person, \$7,200 per family		

Note: Oral generic contraceptives are 100% covered.

Dental Plans

Choosing Your Dental Plan

Johns Hopkins EHP offers you a choice of two dental plans through Delta Dental.

- **Comprehensive Plan**
- **High Option Plan**

You may receive care from any in-network or out-of-network provider, but your out-of-pocket costs may be higher if you choose a non-PPO dentist. The two dental plans are similar, the High Option Plan offers better benefits (including orthodontic care) and slightly higher premiums.

Please see the **Plan Rates** section of this guide for dental plan rates.

Set up an online account

Get 24/7 information about your plan with an online services account at deltadentalins.com. Check benefits and eligibility, find a network dentist and more.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date, and ID or Social Security number. If your family members are covered under your plan, they will need your information. If you prefer to show a paper or electronic dental ID card, sign in to Delta Dental's online services to print or e-mail your card.

Go to deltadentalins.com for more information, or call customer service at 1-800-932-0783.

**IF YOU NEED TO
SUBMIT A CLAIM, MAIL
IT TO:**

Delta Dental of Pennsylvania
P.O. Box 2105
Mechanicsburg, PA 17055-6999

SUMMARY OF DELTA DENTAL COSTS

Benefits and Covered Services*	Comprehensive Plan		High Plan	
	Delta Dental PPO Dentists**	Out-of-Network Dentists	Delta Dental PPO Dentists**	Out-of-Network Dentists
Annual Deductible	None	\$50 per person, \$150 per family	None	\$50 per person, \$150 per family
Maximums	\$1,500 per person each calendar year		\$3,000 per person each calendar year	
Diagnostic & Preventive Services Exams, cleanings, x-rays & sealants	you pay 0%	you pay 20%	you pay 0%	you pay 20%
Basic Services Fillings, oral surgery	you pay 20%	you pay 40%	you pay 20%	you pay 40%
Major Services Crowns, inlays, onlays, prosthodontics	you pay 50%	you pay 70%	you pay 40%	you pay 60%
Orthodontic Benefits Adults and dependent children	not covered	not covered	you pay 50%	not covered
Orthodontic Maximums	N/A	N/A	\$1,500 Lifetime	N/A

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental contract allowances and not necessarily each dentist's actual fees.

** Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and PPO contracted fees for non-Delta Dental dentists.

Vision Plan

EHP Vision Plan

Under the EHP vision plan, you can receive a full range of optometry and ophthalmology services. You and your covered family members may each have one vision exam every year. Eyeglasses or contact lenses are available for a \$10 copay and are covered from \$70–\$175, depending on the frames or lenses required. The plan covers vision care services by providers in the Routine Vision Care network as well as out-of-network providers. If you receive care from an out-of-network provider you may pay more for some services.

You can locate providers at ehp.org.

Please see the **Plan Rates** section of this guide for vision plan rates.

SUMMARY OF EHP VISION COSTS

		Routine Vision Care Network	Out-of-Network
Contact Lenses	Medically necessary	\$10 co-pay, then up to \$170	\$10 co-pay, then up to \$170
	Elective	\$10 co-pay, then up to \$100	\$10 co-pay, then up to \$100
Eyeglasses/ Materials*	Single Vision	\$10 co-pay then up to \$75	\$10 co-pay then up to \$70
	Bifocal	\$10 co-pay then up to \$95	\$10 co-pay then up to \$80
	Trifocal	\$10 co-pay then up to \$120	\$10 co-pay then up to \$110
	Lenticular	\$10 co-pay then up to \$175	\$10 co-pay then up to \$160
	Frames	\$10 co-pay then up to \$120	\$10 co-pay then up to \$120
Vision Exam**	Vision Exam	\$10 co-pay, then 100%	Up to \$35

* One copay is charged for all materials combined.

** One routine exam or contact lens fitting is covered every 12 months; contact lens fitting fee may be provided in lieu of eye exam, but not in the same benefit year.



Flexible Spending Accounts (FSA)

Save on Taxes Each Year

Keep more of the money you earn by enrolling in a flexible spending account (FSA). FSAs offer you an easy way to save: You set aside money each paycheck on a pre-tax basis to use for eligible expenses. There are two types of FSA, which cover different types of expenses. You can enroll in one or both.

- **Health care flexible spending account**
- **Dependent care flexible spending account**

HealthEquity, formerly WageWorks, administers our flexible spending accounts. For more information, visit [wageworks.com](https://www.wageworks.com).

HEALTH CARE FSA

With a health care FSA, you can set aside pre-tax funds each pay period to pay for medical expenses for you and your dependents, including:

- Deductibles, coinsurance, office copayments and prescription drug copayments
- Eyeglasses, contact lenses, prescription sunglasses
- Orthodontia
- Immunizations/vaccinations (including flu shots)

The maximum amount you may contribute per calendar year is \$2,750. If you enroll midyear, be sure to choose your contributions based on the pay periods left in the year.

Carry Over \$550 of Health Care FSA Funds Each Year

You can carry over up to \$550 from one year to the next. That means you don't have to worry if there's a little money in your health care FSA at the end of year — it will still be there when you need it in the following year. However, funds over \$550 are forfeited at the end of the year.

Payment Card

The first time you enroll in a health care FSA, you will receive a prepaid card from HealthEquity to be used for eligible medical expenses. Always remember to save your receipts.

DEPENDENT CARE FSA

A dependent care FSA reimburses you for expenses such as day care, before and after school programs, nursery school or preschool, and adult day care.

The maximum amount you may contribute per year is \$5,000. Your contributions are distributed across all pay periods. No carry-over option is available in dependent care FSA plans — all unused funds at the end of the calendar year are forfeited. If you enroll midyear, be sure to choose your contributions based on the pay periods left in the year.

SUBMITTING A CLAIM

You have until March 31 each year to file a claim, if necessary, for expenses you incurred during the previous year.

- **EZ Receipts mobile app.** Download this free mobile app to take a photo of receipts and instantly submit them for payment.
- **Pay My Provider.** Access your FSA online and fill out a simple form to pay providers directly. This is best used to pay for dependent care monthly, or for health care that requires a recurring payment, such as orthodontia.
- **Pay Me Back.** File claims quickly and easily online, and get reimbursed quickly by direct deposit or check. HealthEquity processes claims in one to three business days.

Visit irs.gov/pub/irs-pdf/p502.pdf (health care) or irs.gov/pub/irs-pdf/p503.pdf (dependent care) for a list of eligible expenses.

Note: If your employment ends, FSA accounts and the payment card are terminated on the last day of employment. Only claims incurred before your last day of employment will be processed for reimbursement. All claims must be submitted within 90 days of employment end date.

Well-Being

Support and Guidance on Your Well-Being Journey

As a leader in health care, the Johns Hopkins Health System is committed to promoting healthy lifestyles and supporting our employees by creating an overall culture of health and well-being. We have built a workplace where it is easy to make healthy choices. We hope you'll take advantage of the wide variety of programs and resources, such as smoking cessation, nutrition management and fitness. A comprehensive list of offerings can be found at bit.ly/HealthyatHopkinsResources.

The Healthy at Hopkins portal is another way we help you take charge of your health. The portal provides a one-stop shop for employee health, including health and wellness events, integration of activity data with wearable devices, tracking tools, an extensive library of Johns Hopkins-sponsored health information and our Healthy at Hopkins Rewards Program.

Through Healthy at Hopkins, employees can complete activities throughout the year to earn points for a onetime award at the end of the year. Regular full-time and regular part-time employees are eligible to earn up to a \$500 reward, and limited part-time employees can be awarded as much as \$250.

To get started, go to the Healthy at Hopkins portal by logging onto my.jh.edu and clicking on the Healthy at Hopkins tile. If you have questions, please call the Healthy at Hopkins support team at 833-554-4554 or email contactus@healthyathopkinssupport.com

Tobacco-Free?

Don't Miss Out On the Savings!

The Johns Hopkins Health System rewards employees who don't use tobacco products. If you affirm your tobacco-free status as a new hire, or each year during open enrollment, you will receive a credit of \$20 each pay period if you are enrolled in one of our medical plans.

You must participate in a voluntary, free tobacco screening through LabCorp to begin receiving the tobacco-free credit. Once you have tested as tobacco-free for two years in a row, you no longer need an annual screening — just sign on during open enrollment and affirm your tobacco-free status.

If you want to quit using tobacco products, Healthy at Hopkins offers tobacco cessation classes and coaching at no cost to you.

After receiving a completion certificate, you can start receiving the tobacco-free credit. To learn more, call Healthy at Hopkins at 833-554-4554 or email contactus@healthyathopkinssupport.com.

To print a screening form for LabCorp visit the Healthy at Hopkins portal at my.jh.edu and click on the Benefits tab. The link to the form can be found in the Healthy Benefits section.

Care Coordination

Manage Your Daily Health

When faced with health challenges, remember that you are not alone. Through EHP, a team of nurses and care coordinators is available to help you better manage your daily health. Let them support you with:

- **Transition of care.** To ensure everything you need is in place when you leave the hospital.
- **Complex care coordination.** Support for a variety of complex health issues.
- **Behavioral health care coordination.** Confidential support regarding depression, autism spectrum disorder, anxiety or addiction, and more.
- **Maternal/child health.** Support throughout pregnancy and after birth until the child is a young adult.

If you want to participate, or if you have questions about EHP's care coordination programs, please email populationhealth@jhhc.com, or call 800-557-6916, Monday–Friday from 8 a.m.–5 p.m.

mySupport

The mySupport program is a resource for all employees and household family members to find confidential counseling and referral services for help with stress at work or home, emotional distress, a difficult life transition or other challenges. Through mySupport, you have 24/7 telephone access to a daily-life assistance counselor who can offer resources and referrals for child care, elder care, pet care, parenting issues — even household help, such as finding a contractor. mySupport's online services also can help you locate services and resources for prenatal care, adoption, emergency care, summer camps, school and college search, and phone and in-person legal help, as well as financial services such as assistance with budgeting, debt management, tax preparation, and identity theft resolution and consultation. Call 443-997-7000 or visit hopkinsmedicine.org/human_resources/benefits/jh_worklife_programs/work-life-support-programs.html for more information.

Life and Disability Plans

Life Insurance

Basic and Supplemental Life & Accidental Death and Dismemberment

You are eligible to receive **basic life insurance**, equal to one time your annual base salary rounded up to the next \$1,000, to a maximum of \$300,000. Coverage for new employees with a completed enrollment is effective on the first of the month following date of hire.

Your life insurance includes **basic accidental death and dismemberment (AD&D) insurance** equal to the amount of life insurance coverage to which you are entitled. AD&D insurance may pay benefits if you die or suffer certain serious injuries as a result of an accident.

Cost: Basic Life and AD&D is offered at no cost to you.

You also have the option to buy **supplemental life insurance** and AD&D coverage. Supplemental life and AD&D options include an additional one to seven times your annual base salary rounded up to the next \$1,000, to a maximum of \$2 million.

Please note that the amount of life insurance available if you become insured at certain ages or have reached certain ages while insured is subject to a reduction.

- If you become age 70 but not age 75, your amount of life insurance will be 65% of the amount of life insurance you had before age 70.
- If you become age 75 or more, your amount of life insurance will be 50% of the amount of life insurance you had before your first reduction.

Any increase or decrease in the amount of your insurance due to a change in your annual earnings will be added or subtracted from the original amount in force before age 70, and the recalculated amount will be lessened according to the above reduction. If you become insured on or after age 70, the reduction shown above will be applied to your amount of insurance.

IRS regulations require JHH/JHHSC to include, in your taxable income, the cost of employer-paid group life insurance in excess of \$50,000. The value of this insurance is based on an IRS premium table, not on the actual cost. The value of any coverage in excess of \$50,000 will automatically be reflected on your paycheck as taxable income.

Dependent Life Insurance

Employees can purchase dependent life insurance to cover their legal spouse and dependent children in the event of their

death. Coverage options for a spouse range from \$10,000 to \$250,000 and from \$5,000 to \$25,000 for children.

Cost: Your cost is 0.055 cents biweekly, post-tax, per \$1,000 of coverage for your spouse and 0.092 cents biweekly, post-tax, per \$1,000 of coverage for dependent children, regardless of the number of dependent children.

Family and Medical Leave/Leave of Absence

If you need time away from work because of a health condition, to care for a sick or injured family member, or for personal reasons, leave programs are available that may help. You must call Sedgwick, our leave management program administrator, to approve your time away from work. They will take your claim information and provide you with the appropriate paperwork based on your claim.

The link below provides information about leave programs, as well as resources to help you understand and guide you through the process of applying for and taking leave: [intranet.insidehopkinsmedicine.org/jhhs_human_resources/leave_management_employee](https://insidehopkinsmedicine.org/jhhs_human_resources/leave_management_employee)

Contact the HR Solution Center at 443-997-5400 or hrsc@jhmi.edu for answers to general questions about employee leave.

Short-Term Disability

Your **short-term disability** benefits are designed to provide you with a continuing source of income during short periods of illness or injury. Short-term disability benefits replace 60% of your biweekly base pay for up to 25 weeks of disability, after seven days. Short-term disability benefits also run concurrently with family medical leave (FML) benefits.

You are eligible for this short term disability benefit the first day of the month after your date of hire and after completion of any employment probationary period that applies to you.

Cost: Coverage is provided at no cost to you. Employees who are regularly scheduled to work 20 or more hours per week, except weekend option nurses, are automatically enrolled in this benefit.

Long-Term Disability

All newly hired, benefit-eligible employees are automatically enrolled in **long-term disability (LTD) insurance**.

This valuable coverage will help you and your family if you are unable to work for an extended period of time due to a non-work related injury or illness. LTD replaces 60% of your monthly base pay, to a maximum of \$8,000 per month, after you have been continuously disabled for 26 weeks. Benefits may continue up to normal retirement age if the insurance carrier certifies you as disabled.

Cost: To calculate the biweekly cost of your LTD coverage, use the following formula: **(hourly rate) x (number of scheduled work hours) x .00944 = biweekly cost of coverage**

For example: If you regularly work 40 hours per week and your hourly rate is \$14.42 (\$30,000 annually), your calculation would look like this: $\$14.42 \times 40 \times .00944 = \5.45 biweekly.

If you do not want LTD coverage, you must opt out by logging on to the enrollment site and waiving the benefit.

Proof of Good Health

If electing disability, supplemental life or dependent life benefits during your initial hire, you are not required to provide proof of good health. However, if you choose coverage any time after your first 30 days of employment, you must provide proof of good health. The insurance company must approve your coverage before the new benefit can become effective. Payroll deductions will not start until coverage is approved.

Visit hopkinsmedicine.org/human_resources/benefits/health_life/ for more information.



Education Benefits

Tuition Assistance

After 90 days of employment, employees regularly scheduled to work 20 or more hours per week are eligible for tuition assistance for degree-seeking studies for courses starting 91 days or more after the hire date.

Assistance is provided only if you attend an accredited college/university for studies toward an approved degree. In this educational partnership, you agree to work for JHH/JHHSC for a pre-determined period of time as detailed in the JHH/JHHSC Tuition Assistance Policy (HR332).

Employees hired on or after Jan. 1, 2007, are eligible for assistance as follows:

- \$10,000 per fiscal year (July 1 to June 30) for degree-seeking students, with satisfactory completion of approved courses as detailed in policy HR332. Degree-seeking studies include associate's degrees (A.A./A.S.), bachelor's degrees (B.A./B.S.), master's degrees (M.A., M.S.) and doctorate degrees (Ph.D., J.D.).
- \$15,000 per fiscal year (July 1 to June 30) for degree-seeking students at the Johns Hopkins University School of Nursing, with satisfactory completion of approved courses as detailed in policy HR332.

View the full Tuition Assistance Policy at hpo.johnshopkins.edu/enterprise (Policy HR332). Please direct tuition-related inquiries to: tuitionapplications@jhmi.edu.

Dependent Child Tuition

Dependent children of regular, full-time employees (see eligibility) may receive tuition assistance if the dependent is age 26 or younger, enrolled in an undergraduate program at an accredited college or university and in good academic standing.

Assistance is available for mini-sessions and summer courses only if the courses will count toward a degree, the dependent child is a full-time student who participated in the Dependent Tuition Assistance Program for a previous fall or spring semester, and the student has not received the maximum benefit allowance for the fiscal year. Accredited institutions that do not offer degrees, but instead issue diplomas or certificates, not degrees, are not eligible.

Payment is for 50% of the tuition and eligible mandatory academic fees. Assistance combined with grants, scholarships, awards, employer benefits, etc. (excluding loans) may not exceed 100% of the tuition and eligible mandatory fees. The benefit is up to a maximum of 50% of The Johns Hopkins University's freshman undergraduate tuition. Payment is limited to four academic years of full-time undergraduate study per dependent child at an accredited, degree-granting institution. Room and board, books, and part-time and graduate study are not eligible.

Please note that this benefit is taxable.

DEPENDENT CHILD TUITION ELIGIBILITY:

- Full-time employees include those scheduled to work 36 hours or more per week.
- Employees hired before Jan. 1, 2018, must be in a regular, full-time position with two years of continuous full-time service to be eligible for this benefit.
- Employees hired on or after Jan. 1, 2018, must be in a regular, full-time position with four years of continuous full-time service to be eligible for this benefit.
- View the full Dependent Child Tuition Assistance Policy online at hpo.johnshopkins.edu/enterprise under "JHHS/JHM Human Resources Manual" (policy HR335).

Time Off

Paid Time Off

Paid time off (PTO) combines vacation, sick and personal time under one bank of leave to allow employees to use leave time for any reason. Eligible employees accrue PTO on the following basis:

- **Full-time:** PTO accrues based on scheduled hours (up to a maximum of 80 scheduled hours per pay period).
- **Part-time:** Prorated PTO accrues based on hours of work paid (up to a maximum of 80 hours per pay period).
- **New Hires:** PTO accrues from the date of hire, but is available for use only after completion of your probationary period.

For information about additional paid leave benefits, go to hopkinsmedicine.org/human_resources/benefits/pto.

The annual accrual schedules for regular full-time employees shown in the charts below are based on an eight-hour day, 40-hour workweek.

Non-Exempt Employees		
Years of Service	Accrual	Maximum Accrual
Less than 2	17 days/year, 5.23 hours/pay period	204 hours
2 to 4	19 days/year, 5.85 hours/pay period	228 hours
5 to 9	22 days/year, 6.77 hours/pay period	264 hours
10 to 19	27 days/year, 8.31 hours/pay period	324 hours
20 or more	32 days/year, 9.85 hours/pay period	384 hours
Exempt Employees		
Years of Service	Accrual	Maximum Accrual
Less than 2	22 days/year, 6.77 hours/pay period	264 hours
2 to 4	25 days/year, 7.69 hours/pay period	300 hours
5 to 9	27 days/year, 8.31 hours/pay period	324 hours
10 to 19	28 days/year, 8.62 hours/pay period	336 hours
20 or more	32 days/year, 9.85 hours/pay period	384 hours

Note: Upon termination, your PTO balance will be paid out at 50%

Holidays

We provide you with seven paid holidays each year. You are eligible for holidays immediately after employment. Employees are paid for holidays according to the number of hours they are scheduled to work, up to a maximum of eight hours. The seven observed holidays are:

- New Year's Day
- Martin Luther King, Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

Family And Medical Leave

Up to 12 weeks of unpaid job-protected leave is given to employees for certain family and medical reasons under the Family and Medical Leave Act (FMLA) of 1993. You are eligible if you have worked for JHH/JHHSC for at least one year and for 1,250 hours over a period of 12 months. Family medical Leave (FML) runs concurrently with any other paid or unpaid leave (short-term disability, workers' compensation, PTO, or any unpaid absence that qualifies under FMLA).

If you have a question about FML or you need to start an FML or leave of absence claim, call Sedgwick, the leave management program administrator, at 844-263-3121.

Paid Parental Leave

Up to 4 weeks of paid leave is provided to regular full-time and regular part-time employees who are welcoming a new child into their family through birth or adoption and have completed at least one full year of service. This includes paid time off for male and female parents and is inclusive of birth recovery for birth parents and bonding time for non-birth parents. Manager approval is required. All provisions applicable to paid parental leave can be found in the Paid Parental Leave Policy online at hpo.johnshopkins.edu/enterprise under "JHHS/JHM Human Resources Manual" (Policy HR939).

Retirement Benefits

Pension Plan

Employees hired before January 1, 2016

JHH/JHHSC pays the full cost of this retirement benefit. You become eligible to participate in the pension plan after one year of employment during which you have worked 1,000 hours or more. You become eligible for a pension benefit once you meet the five-year vesting requirement. The amount of your pension benefit is calculated using a formula based on your JHH/JHHSC years of service and your final average earnings.

Employees hired on or after January 1, 2016, and certain rehired employees

Effective Jan. 1, 2016, the pension plan was closed to new employees, and to rehired employees who were originally hired prior to Jan. 1, 2016, but were not rehired within 365 days of their termination date.

Retirement Savings Plan: 403(b)

All Employees

New employees are automatically enrolled in the 403(b) program with an initial 2% pre-tax contribution level unless you elect not to participate. You may also choose to have a different percentage of your salary deposited into an account each pay period on a pre-tax or after-tax (Roth) basis.

Employees hired on or after January 1, 2016, and certain rehired employees

These employees become eligible to receive employer contributions in the 403(b) plan after one year of employment during which they worked 1,000 hours or more. JHH/JHHSC will make an integrated contribution equal to 4% of your earnings plus an extra 1% of your earnings in excess of the Social Security Taxable Wage Base. In addition, JHH/JHHSC makes a matching contribution up to 50% of the first 4% the employee contributes to the 403(b) plan. To receive these employer contributions, you must be actively employed on Dec. 31 of that year. You become partially vested in this plan after two years of service and fully vested after five years.

COBRA Bridge to Medicare

Retiring employees who are at least age 62 and have 15 or more years of service may elect to continue their EHP health coverage beyond the regular 18-month COBRA period. This additional COBRA coverage can help bridge the gap from when regular COBRA coverage ends to when the retiree becomes eligible for Medicare.

You can receive more information by contacting the HR Solution Center at 443-997-5400 or HRSC@jhmi.edu.



Voluntary Benefits

Unum Whole Life Insurance

Unum's whole life insurance pays a death benefit to your beneficiaries, but it also builds cash value you can use while you are living. The policy accumulates cash value at a guaranteed rate of 4.5%.* Once your cash value builds to a certain level, you can borrow from the cash value or use it to buy a smaller "paid-up" policy with no more premiums due.


*For complete details on coverage and availability, please call Unum at 800-635-5597 or visit unum.com.

Unum Group Accident Insurance

Unum's accident insurance can pay benefits based on the injury you receive and the treatment you need, including emergency room care and related surgery. The benefit can help offset the out-of-pocket expenses that medical insurance does not pay, including deductibles and copays. Family coverage is available.

Employees must be legally authorized to work in the U.S. and actively working at a U.S. location. Spouses and dependents must live in the U.S. to receive coverage. For complete details of coverage and availability, please call Unum at 800-635-5597 or visit unum.com.

PLEASE NOTE:

Benefits marked with a  are voluntary benefits, which JHH/JHHSC makes available to employees directly through various vendors. We do not contribute to or sponsor these benefits; they are 100% employee-paid.

Aflac Group Hospital Indemnity Insurance

The Aflac group hospital indemnity plan provides cash benefits directly to you that help pay for some of the costs — medical and nonmedical — associated with a covered hospital stay due to a sickness or accidental injury. This benefit does not exclude anyone due to pregnancy. For complete details on coverage and availability, please call Aflac at 800-433-3036 or visit aflac.com/johnshopkinshealthsystem.

Aflac Group Critical Illness Insurance

Group critical illness insurance provides a lump-sum benefit upon the diagnosis of not only one covered illness, but for each covered illness. For complete details of coverage and availability, please call Aflac at 800-433-3036 or visit aflac.com/johnshopkinshealthsystem.

Long-Term Care Insurance (LTC)

Long-term care insurance is a voluntary program that can help you preserve your independence, as well as help relieve your family's stress if you need home care, nursing home care or assisted living care. Coverage is also available for spouses and parents of employees. Discounts are available for preferred health and spousal coverage. For more information, call 800-227-4165 or visit unuminfo.com/hopkinsmedicine.

Prepaid Legal Services

MetLife prepaid legal services offers a special group rate to employees who participate. You can receive legal advice for a wide range of matters, including identity theft, defense of civil lawsuits, will preparation, premarital agreements, and real estate issues. Call 800-821-6400 or visit metlife.com/mybenefits for more information. Identify yourself as a Johns Hopkins Health System employee. Click on View MetLife Legal Plans Resource Center under Group Legal Services then enter the code 1380010.

Auto/Homeowners

MetLife offers special group rates with discounts from 10% to 20%, and the opportunity to pay by payroll deduction. For more information, call 800-GET-MET8 or visit metlife.com/mybenefits. Identify yourself as a Johns Hopkins Health System employee, and register for an online account.

Pet Insurance

MetLife provides discounted health insurance for dogs and cats, to help you be prepared for unexpected vet costs. For more information, call 800-GET-MET8 or visit [metlife.com/mybenefits](https://www.metlife.com/mybenefits). Identify yourself as a Johns Hopkins Health System employee, and log in or register for an online account.

Adoption Assistance

A lump sum payment of up to \$5,000 to help with adoption expenses is available for eligible employees who adopt a child. This payment can be used to assist with agency adoption fees, court costs, attorney fees and round-trip transportation to bring the child home. Visit the following web page for more details: hopkinsmedicine.org/human_resources/benefits/health_life/voluntary.html#Adoption.

Care@work Offers

Child and Adult Daycare

Through Care.com's Care@Work program, all full-time staff members receive a free premium membership to Care.com's portal. The membership includes the ability to conduct self-directed searches and view provider profiles, which include experience, references and background checks already conducted. Parents can request additional background checks for a fee. Care.com's portal also includes a Safety Center, with guidance on assessing providers, a background check overview and answers to frequently asked questions. Call 443-997-7000 for more information.

Johns Hopkins Federal Credit Union

As an employee of Johns Hopkins, you are eligible to join the Johns Hopkins Federal Credit Union (JHFCU) and take advantage of its competitive, high-quality financial services. JHFCU members can use ATM or Visa check cards for withdrawals at over 50,000 CU24 and CO-OP network ATMs nationwide, without surcharges from the ATM owner. With a full range of savings and loan products and conveniently located branches, JHFCU is a smart and trusted banking option. To learn more about JHFCU call 410-534-4500 or visit [jhfcu.org](https://www.jhfcu.org).

Live Near Your Work

Through the Live Near Your Work Program, the Johns Hopkins Health System, in partnership with the city of Baltimore and the state of Maryland, provides financial assistance for eligible employees to purchase homes in designated areas near their place of employment.

Visit hopkinsmedicine.org/human_resources/benefits/jh_worklife_programs/worklife-live-near-your-work.html or call the program manager at 410-516-2000 for more information.

Discounts Through LifeMart

Save money through our LifeMart employee discount program, which offers savings on many products and services — from new and used cars to travel, dining, car rentals and tickets to your favorite theme parks. LifeMart even offers discounts on child care, pet insurance, home-delivered meal kits, computers and other purchases.

Visit hopkinsmedicine.org/human_resources/benefits/jh_worklife_programs/worklife-discounts.html and click on “Register now” to create a free account.

Enrollment Instructions

After attending benefits orientation, you can log in to the enrollment system to make your benefits elections. If you are unable to access any part of the site immediately after orientation, please wait until the next Wednesday and try again.

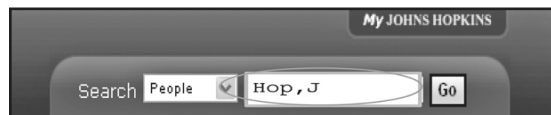
To enroll in benefits:

- Visit the My Johns Hopkins site at my.jh.edu to obtain your Johns Hopkins Enterprise ID (JHED ID — you will hear employees call it the “jed-ID”) and password.
- Scroll down and click on the HR drop-down and click the “SmartSource” tile then click “Go” under Benefits Marketplace.
- Follow the instructions on each screen to make your elections. Be sure to print a confirmation statement for your records.

Once you’ve completed the online enrollment portion, visit hopkinsmedicine.org/human_resources/benefits to access any other forms you need.

How Do I Find My JHED ID?

The first step in initiating your JHED account is to determine your JHED login ID. You can find your login ID by performing a lookup on yourself from any campus computer at my.jh.edu. Type your name in the JH Enterprise Directory search box at the top right of the screen, then enter.



If you find your name on the JHED Search Results screen, you may click on your name to view detailed information about yourself. Your JHED login ID will be displayed near the top of the screen.

Full Name	Institution	Division	Department	Title
J Hop	JHMI	Johns Hopkins Hospital	Weinberg OR	NURSE CLINICIAN II-PACE
J Hop	JHMI	Johns Hopkins Hospital	Materials Management-Shared-Services	SUPPLY COORDINATOR
J Hop	JHMI	Johns Hopkins Health System	Benefits Admin	BENEFITS SPEC-H&W

PROBLEMS ENROLLING?

Please allow up to a full week for your information to be loaded into the SmartSource enrollment system. If you cannot access the SmartSource enrollment system after one week, please contact the HR Solution Center at 443-997-5400 or hrsc@jhmi.edu.

PROBLEMS FINDING YOUR JHED ID?

If you cannot conveniently get to a campus computer, or if you cannot find yourself in the directory, call the IT help desk at 410-516-HELP for assistance.

If you are not able to access the site on your day of hire, wait a day or two and try again.

Plan Rates

Medical, Dental and Vision Plan Premiums

Our goal is to ensure that our benefits remain affordable to all employees.

Johns Hopkins pays most of the cost of your medical and dental coverage, and all of the cost of your short-term disability and basic life insurance.

Your biweekly cost of medical, prescription and vision coverage for yourself and your covered dependents is determined by salary level. Salary levels are grouped into four tiers: Employees who earn the least pay the lowest premiums. Our goal is to ensure that the medical plan remains affordable to all employees.

See the rate table below for the 2021 tiers. Your tier is determined by your salary on Jan. 1, 2021, and salaries of part-time employees will be annualized to determine tier (hourly rate x 2,080). Full time rates apply to regular full-time and regular part-time employees (30+ hours per week). Part time rates apply to limited part-time employees (20-29 hours per week).

2021 MEDICAL PLAN PREMIUMS (BI-WEEKLY)

Full Time Rates by Salary	EHP EPO				EHP PPO			
	\$49,999 & Under	\$50,000-\$119,999	\$120,000-\$249,999	\$250,000 & Over	\$49,999 & Under	\$50,000-\$119,999	\$120,000-\$249,999	\$250,000 & Over
Employee	\$53.83	\$60.24	\$70.89	\$109.38	\$65.87	\$72.27	\$82.92	\$121.41
Employee & Child(ren)	\$117.66	\$132.47	\$154.95	\$236.03	\$142.93	\$157.74	\$180.22	\$261.30
Employee & Spouse	\$142.42	\$159.84	\$185.67	\$278.67	\$171.30	\$188.72	\$214.55	\$307.55
Family	\$151.50	\$170.21	\$198.13	\$298.13	\$182.78	\$201.50	\$229.41	\$330.05

Part Time Rates by Salary	EHP EPO				EHP PPO			
	\$49,999 & Under	\$50,000-\$119,999	\$120,000-\$249,999	\$250,000 & Over	\$49,999 & Under	\$50,000-\$119,999	\$120,000-\$249,999	\$250,000 & Over
Employee	\$129.87	\$143.83	\$171.89	\$275.05	\$141.91	\$155.86	\$183.92	\$287.08
Employee & Child(ren)	\$245.40	\$271.61	\$316.91	\$481.20	\$270.67	\$296.88	\$342.17	\$506.47
Employee & Spouse	\$300.09	\$331.21	\$383.36	\$562.77	\$328.97	\$360.09	\$412.24	\$589.51
Family	\$321.40	\$354.84	\$411.04	\$615.24	\$352.68	\$386.13	\$442.32	\$646.53

2021 DENTAL PLAN PREMIUMS (BI-WEEKLY)

	Comprehensive		High Option	
	Full Time	Part Time	Full Time	Part Time
Employee	\$ 5.18	\$7.60	\$8.64	\$12.66
Employee & Child(ren)	\$10.36	\$15.19	\$17.27	\$25.31
Employee & Spouse	\$14.25	\$20.88	\$23.75	\$34.81
Family	\$15.54	\$22.78	\$25.91	\$37.97

2021 EHP VISION PREMIUMS (BI-WEEKLY)

	Full Time	Part Time
Employee	\$1.64	\$2.63
Employee & Child(ren)	\$2.96	\$4.73
Employee & Spouse	\$3.29	\$5.26
Family	\$4.93	\$7.89



The benefits described in this booklet are for nonrepresented employees who work for The Johns Hopkins Health System Corporation or The Johns Hopkins Hospital. The Johns Hopkins Health System Corporation and The Johns Hopkins Hospital expect to continue these plans indefinitely, but it reserves the right to modify, amend, suspend or terminate any plan at any time and for any reason without prior notification.

You will be notified of any changes to these plans and how they affect your benefits, if at all. The plans described in this booklet are governed by insurance contracts and self-insured plan documents, which are available for examination at the HR Solution Center. We have tried to make the explanation of the plans in this booklet as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of the plans, since the written descriptions in the insurance contracts or plan documents will always govern.

Fall 2020 for 2021 Plan Year
The Johns Hopkins Hospital
The Johns Hopkins Health System Corporation