Welcome Faculty and Staff!

Dear Colleagues:

It’s choice time again—time to think about your family, your health and your benefits needs for 2010.

For the coming year we are offering new voluntary benefits and some new tools to help you with your choices. *For most JHU faculty and staff, there will be no significant changes to your 2010 health and welfare benefits. In addition, health care premiums will remain the same until July 1, 2010.*

This year you will receive $900 tax-free Benefit Dollars ($1,100 for those who qualify for Rate Relief). Please note that health care premiums will increase effective July 1, 2010, so be sure to check the [What's New tab](#) for complete details of what's new for 2010 Annual Enrollment.

This past year has brought much change within and outside of the university community. With so much change around us, I’d like to encourage you to get “back to basics” this year—taking care of your health and smart money management. Throughout this Enrollment Toolkit, we’ve provided some ideas on how to make the most of your JHU benefits program to protect the personal and financial health of you and your family. Just look for the “Back 2 Basics” logo for tips and pointers.

Don’t forget to explore the rest of this Enrollment Toolkit to learn everything you need to know about 2010 Annual Enrollment. [Please be sure to review the Legal Notices section, which provides you with important changes and legal updates for our benefit plans.](#)

Best wishes for a healthy and happy 2010!

Heidi E. Conway
Senior Director for Benefits Services and HR Shared Services
How to Use This Guide

How to Use This Guide

There are two ways to view this guide:

1. Use the links to navigate the guide like a web page.
2. Read the pages like a printed document.

Remember to use the navigation tool bars within this document instead of using the back button on your web browser.

There are two sets of links that appear on every page. You can click on these links to jump to another section at any time.

Use the “breadcrumb trail” to determine which section of the document you are visiting.

This interactive toolkit provides highlights of the Johns Hopkins University Benefit Plans for full-time faculty and staff. The university has made every effort to ensure that this toolkit accurately reflects the plan documents and contracts. If there is a discrepancy between this guide and those documents or contracts, the documents, summary plan descriptions, or contracts will take precedence.
What's New in 2010?

What follows is a brief summary of the 2010 benefit changes:

- **No Cost Increases until July 2010.** Health care is one of the most expensive employee benefits the university offers—in fact, it runs around $90-$100 million annually. Recognizing these difficult economic times, the university is holding off making any cost increases to health care premiums until July 2010. Learn more about the premiums that take effect July 1, 2010.

- **Your 2010 Benefit Dollars.** For 2010, the university will provide eligible faculty and staff with $900 tax-free Benefit Dollars. In addition, if you earn a full-time salary of $40,000 or less as of 9/30/2009, you will receive $200 additional Benefit Dollars (for a total of $1,100) for Rate Relief.

- **2010 Retirement Plan Year Maximums.** Each year, the Internal Revenue Service (IRS) determines the amount you can set aside pre-tax for retirement. For 2010, you may contribute any whole dollar amount that equals $15 or more per month, not to exceed the IRS annual maximum of $16,500. If you will be age 50 or older in 2010, you may make additional pre-tax, catch-up contributions up to the IRS maximum of $22,000. Learn more here.

- **Health Risk Assessment (HRA)—Now Offered By Your Health Plan.** Starting in 2010, the Health Risk Assessment will no longer be administered through the university. To complete your HRA, visit your medical plan’s Web site. You can link to the medical plan’s site from the Benefits Web site. In addition, Benefit Dollars will no longer be tied to the HRA. Learn more on the importance of taking the HRA.

- **New Voluntary Benefits.** We are pleased to offer a Voluntary Benefits Program this year for you. Through this program you can purchase specific products and services online and pay for them over time by convenient payroll deduction.
What's New

- **New Online Benefits Enrollment Tool.** This annual enrollment season, make your elections using the university's new online benefits enrollment tool. This enrollment site captures your annual enrollment choices and allows you to make edits to your personal and dependent information. The site also includes important benefits information, such as a complete overview of your elections, costs, and more! To log on to the new site, visit the Benefits Web site and click on the link.

- **Mental Health Benefit Enhancement.** Recently, legislation passed to ensure that medical plans provide the same level of benefits for mental health as physical health. For 2010, we've enhanced our mental health benefits to ensure they are in line with our physical health benefits. See the 2010 Health Plan Comparison Chart for coverage levels.

- **BlueChoice HMO Closed to New Participants.** Please note that the BlueChoice HMO plan will be closed to new participants as of January 1, 2010. If you currently participate in the BlueChoice HMO, you may continue in the plan for 2010. If you are not currently a participant in BlueChoice HMO, you will not be able to enroll in the plan for 2010. For more information on health plans available to you and to compare plans, visit the 2010 Health Plan Comparison Chart.

- **Dependent SSNs Now Required for Benefits Coverage.** Be sure to have your dependents' Social Security numbers handy when it comes time to make your enrollment elections online. If you are covering eligible dependents as part of your benefit elections, you must list the Social Security number, along with name, relationship, date of birth, and gender in order to cover them on your insurance. This requirement is one of the new Medicare secondary-payer (MSP) program provisions, which went into effect January 1, 2009.
# Plan Highlights

## Your 2010 Benefits At-A-Glance

The chart below summarizes your health and welfare plan options. The university pays the majority of the **cost of your benefits**.

<table>
<thead>
<tr>
<th>Medical (includes Prescription Drug coverage through Medco Health Solutions and Kaiser Permanente)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ CareFirst BlueCross® BlueShield® Medical Plan</td>
</tr>
<tr>
<td>□ Employer Health Program — EHP Classic Plan</td>
</tr>
<tr>
<td>□ Kaiser Permanente HMO</td>
</tr>
<tr>
<td>□ Waive coverage</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ CareFirst BlueCross® BlueShield® Dental Plan (PPO)</td>
</tr>
<tr>
<td>□ CIGNA Dental Plan (PPO)</td>
</tr>
<tr>
<td>□ United Concordia ConcordiaPLUS® Dental Plan (DHMO)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Flexible Spending Accounts (FSAs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Health Care Flexible Spending Account</td>
</tr>
<tr>
<td>□ Dependent Care Flexible Spending Account</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Life Insurance*</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Note: JHU pays the full cost for $10,000 of coverage; if you select additional coverage, you pay the difference and evidence of insurability may be required</td>
</tr>
<tr>
<td>□ $10,000 of coverage</td>
</tr>
<tr>
<td>□ $50,000 of coverage</td>
</tr>
<tr>
<td>□ 150% of your base annual salary</td>
</tr>
<tr>
<td>□ 250% of your base annual salary</td>
</tr>
<tr>
<td>□ 400% of your base annual salary</td>
</tr>
</tbody>
</table>

**Dependent Life Insurance:**
- □ $4,000 for spouse/same-sex domestic partner and $2,000 per child
- □ $10,000 for spouse/same-sex domestic partner and $5,000 per child

<table>
<thead>
<tr>
<th>Accident Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Accident Insurance:</td>
</tr>
<tr>
<td>□ $10,000 of coverage for you</td>
</tr>
<tr>
<td>□ Additional coverage for you and your family up to $300,000 in increments of $50,000</td>
</tr>
</tbody>
</table>

**Business Travel Accident Insurance:**
- □ $200,000 of coverage

<table>
<thead>
<tr>
<th>Disability Protection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Note: Eligible on first day of month coincident with or next following one year of employment unless proof of prior immediate coverage provided</strong></td>
</tr>
<tr>
<td>□ Short-Term Disability: after 14 day elimination period benefits generally continue 60% of pre-disability pay for up to 11 weeks</td>
</tr>
<tr>
<td>□ Long-Term Disability**: after 90 day elimination period, benefits generally continue 60% of pre-disability pay</td>
</tr>
</tbody>
</table>

Benefits marked with a check ✓ are fully paid by Johns Hopkins University.
Resources

Below you’ll find contact information for each of our benefit plan vendors and administrators.

Medical
- CareFirst BlueCross® BlueShield® 1-877-691-5856
- Employer Health Program 1-800-261-2393 or 410-424-4450
- Kaiser Permanente 1-800-777-7902
- BlueChoice HMO 1-877-691-5856

Prescription Drugs
- Medco 1-800-336-3862
- Kaiser Permanente 1-800-777-7902

Dental
- CareFirst BlueCross® BlueShield® 1-877-691-5856
- CIGNA 1-888-336-8258
- United Concordia 1-866-357-3304 or 1-800-332-0366

Flexible Spending Accounts
- WageWorks 1-877-924-3967

Life Insurance and Dependent Life Insurance
- MetLife 1-800-523-2894

Personal Accident Insurance
- Association Insurers Agency (AIA) 1-800-626-2427

Travel Accident Insurance
- The Hartford 1-800-303-9744

Disability Short- and Long-term
- The Hartford 1-800-303-9744

Voluntary Benefits
- Marsh Voluntary Benefits 1-866-795-9328

Wellness Programs
- Healthy@Hopkins 443-997-5800 or Web site

JHU Contact
- Benefits Service Center 410-516-2000 or benefits@jhu.edu
Enroll Choices 2010

• Participation Overview
  – Eligibility
  – Coverage Levels
  – Coverage During 2010
  – Benefit Dollars
  – Dependent Certification Requirements
• Voluntary Benefits (New)
• Medical and Rx
• Dental
• FSA
• Disability
• Additional Insurance

Healthy@Hopkins
• Back 2 Basics
• HRA
• Know Your Numbers

Retirement Plans

Legal Notices

Enroll

Enroll

Annual Enrollment 2010 runs from October 23 – November 10, 2009. You MUST ENROLL if you wish to:

- Participate in a flexible spending account for 2010
- Make changes to your current benefits (e.g., change medical plans, add coverage for a dependent)

If you don't enroll, your current options will carry over into 2010 with the new rates effective on July 1, 2010. Your flexible spending accounts will NOT carry over unless you actively enroll.

Follow the enrollment checklist to make enrolling for your benefits quick and easy!

You can make changes as often as you like during the enrollment period, but once annual enrollment is over, the benefits elected on the latest submission will become effective January 1, 2010.
Welcome to Choices 2010!
As an eligible JHU employee, you receive a wide array of benefits that give you and your family important protection, security and peace of mind:

- **Medical**—three options, each of which includes prescription drug coverage
  - An **indemnity plan** (CareFirst BlueCross BlueShield)
  - A **dual option, point-of-service (POS) plan** (EHP Classic)
  - A **health maintenance organization (HMO)*** (Kaiser Permanente)
- **Dental**—three options
  - Two **preferred provider organization (PPO) plans** (CareFirst BlueCross BlueShield, CIGNA)
  - A **dental health maintenance organization (DHMO)** (United Concordia)
- **Flexible Spending Accounts (FSAs)**
  - **Health Care Flexible Spending Account**
  - **Dependent Care Flexible Spending Account**
- **Life Insurance**
  - **Basic Life Insurance**
  - **Supplemental Life Insurance**
  - **Dependent Life Insurance**
- **Accident Insurance**
  - **Personal Accident Insurance**
  - **Business Travel Accident Insurance**
- **Disability**
  - **Short-Term** and **Long-Term** Protection
- **Voluntary Benefits**

*If you are currently enrolled in BlueChoice HMO, you may continue in that plan for 2010. New participants will not be accepted into the plan.
Participation Overview

Learn more:
- Eligibility
- Coverage Levels
- Coverage During 2010
- Benefit Dollars
- Dependent Certification Requirements
Eligibility

You are eligible to enroll in the Choices Program as long as you are a full-time member of the faculty or staff at the university. You may also cover your eligible dependents, as follows:

- Your legally married spouse or same-sex domestic partner*; and
- Your unmarried dependent child(ren) up until their 25th birthday. Coverage may be continued for unmarried dependent child(ren) up to any age, if they cannot support themselves because of a mental or physical disability (certification of disability is required; contact the appropriate provider for more information).

You will be required to provide the appropriate documentation for your spouse or dependents that are added to the plan. Please see our dependent certification summary for details.

For this purpose, “children” are: biological children, adopted children, children placed with the eligible employee for adoption, stepchildren, children of the employee’s same-sex domestic partner, or children for whom the eligible employee has been appointed legal guardian. In addition, they must live in the eligible employee’s household (or live away from home as a full-time student) and depend on the eligible employee for a majority of their support.

Learn more about the dependent audit.

*Must qualify for coverage under the Johns Hopkins University Same-sex Domestic Partnership Benefits Policy.
Coverage Levels

When you enroll, you'll choose your coverage level for medical and dental coverage. Dependents may only be covered under the plan you elect for yourself. The types of coverage available are:

- **Individual** – faculty or staff member
- **Parent & Child** – faculty or staff member and one child *(Note: If you enroll in the Kaiser Permanente HMO plan, you may elect this level of coverage if you have one or more children.)*
- **Two Adults** – faculty or staff member and spouse or same-sex domestic partner* (You must fill out an Affidavit of Marriage/SSDP form.)
- **Family** – faculty or staff member, spouse or same-sex domestic partner*, and one or more children; or faculty or staff member and more than one child

*Must qualify for coverage under the Johns Hopkins University Same-sex Domestic Partnership Benefits Policy.*
Coverage During 2010

The choices you make during annual enrollment take effect on January 1, 2010, and will remain in effect through December 31, 2010.

Changes During the Calendar Year

You can make changes to your elections under the Choices Program as a result of a qualifying event. It must be reported to the Benefits Service Center within 30 days of occurrence and becomes effective retroactively to the date of the qualifying event. Examples of qualifying events are:

- Your marital status (e.g., marriage, certification of domestic partnership, divorce, annulment, or death of spouse);
- The number of your dependents as a result of birth, adoption, change in guardianship, death or dissolution of a domestic partnership;
- Employment status for you, your spouse, same-sex domestic partner, or dependent;
- Place of residence or employment for you, your spouse, same-sex domestic partner, or dependent;
- Your child's eligibility for coverage as a result of a judgment, decree or order (including a Qualified Medical Child Support Order); or
- Any event that causes a dependent to satisfy or cease to satisfy requirements for coverage as specified by the plan.

If any of these qualified life events occur, you can make an election that’s consistent with the change within 30 days. If you lose Medicaid or Children’s Health Insurance Program (CHIP) coverage, or if you become eligible for state premium assistance, you have 60 days to make changes to your coverage.

You are not required to enroll your spouse or same-sex domestic partner for medical coverage. However, if you are choosing not to enroll a formerly covered spouse or same-sex domestic partner because of a termination in the relationship, be sure to complete a Termination of Marriage or Same-sex Domestic Partnership form and send it to the Benefits Service Center.
Benefit Dollars Sharing the Cost for Coverage

You and the university share in the cost of your benefits coverage. The university pays the majority of the plan costs—on average, 83% of the cost of your medical benefits. You pay the balance. Benefit Dollars are only a portion of the university’s contribution for your coverage. (See the graph to the right.)

The university gives you a flat amount of $900 tax-free Benefit Dollars for the year. And, if you are an employee who earns a full-time equivalent salary of $40,000 or less during calendar year 2010, you are awarded an additional $200 Benefit Dollars for Rate Relief.

This could add up to a total of $1,100 Benefit Dollars:

<table>
<thead>
<tr>
<th>Annual Benefit Dollars Amount</th>
<th>Amount Per Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>All faculty and staff</td>
<td>$900</td>
</tr>
<tr>
<td>Rate Relief for employees earning $40,000 or less</td>
<td>$200</td>
</tr>
<tr>
<td><strong>Potential Benefit Dollars</strong></td>
<td><strong>$1,100</strong></td>
</tr>
</tbody>
</table>

The university’s contribution of $900 Benefit Dollars and the extra contribution for Rate Relief are shown on the annual enrollment site when you are making your elections.
Voluntary Benefits: New for 2010!

We are pleased to offer a Voluntary Benefits Program this year for you. Through this program you can purchase services online and pay for them over time by convenient payroll deduction. You will be able to evaluate coverage under the following plans:

- Automobile Insurance
- Homeowner’s Insurance

Both of these coverages offer you a selection of some of the top insurers who will provide you with a competitive quote. You can compare the offerings side-by-side and determine if this is an option that meets your needs.

To begin your review of these plans and see if the Voluntary Benefits offered are beneficial to you, please start here.
Medical Plan

You have three medical options from which to choose:
- CareFirst BlueCross BlueShield (BCBS) Medical Plan – an indemnity plan
- EHP Classic Plan – a dual option, point-of-service (POS) plan
- Kaiser Permanente – a health maintenance organization (HMO)

You may also waive medical coverage.

If you are currently enrolled in BlueChoice HMO, you may continue to participate in that plan for 2010. New participants will not be accepted into the plan.

All options provide specified benefit coverage for preventive, routine, and emergency medical treatments and services. Your three plan options differ in important ways:

<table>
<thead>
<tr>
<th>How the Medical Plans Compare</th>
<th>Indemnity Plan</th>
<th>Point-of-Service Plan (POS)</th>
<th>Health Maintenance Organization (HMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice of provider</td>
<td>See any provider</td>
<td>You can see an in-network or out-of-network provider</td>
<td>Provider must be part of HMO’s network</td>
</tr>
<tr>
<td>PCP/referrals needed</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>What you pay out-of-pocket</td>
<td>You pay an annual deductible* first, then eligible services are covered at 80% each time you need care (you pay the balance)</td>
<td>No deductible* for in-network care, which is generally covered at 80% (you pay the balance); generally, out-of-network includes deductible, then 70% covered</td>
<td>No deductible*; you pay a copay, then the plan pays the balance</td>
</tr>
</tbody>
</table>

* A deductible is the amount of out-of-pocket expenses you must pay for health services before the plan pays.

Your Medical Plan coverage includes coverage for Prescription Drugs.
Reminder: You Must Have Medical Coverage

If you don’t have medical coverage elsewhere, you must select one of the JHU medical plans. The university wants to ensure that you have adequate medical coverage—medical problems can quickly become financial problems if you don’t have adequate coverage.

You may waive JHU medical coverage only if you are covered under another medical plan; you must complete and submit a waiver form to the Benefits Service Center.
CareFirst BlueCross® BlueShield® Medical Plan

This plan is a traditional indemnity-type medical plan, which means you pay your deductible first, and then you pay a portion of the cost (your coinsurance amount, typically 20%) each time you use medical services. There are limits on the amount you have to pay out of your pocket each year (your out-of-pocket maximum). If you meet your out-of-pocket maximum during a calendar year, the plan pays 100% of your remaining eligible expenses up to the allowed amount. You pay less for care when you use network physicians.

Two Networks Available

Preferred Physician Network: The university has created a special Preferred Physician Network, which consists of many JHU School of Medicine physicians. When you see a Johns Hopkins Preferred Physician, there are no out-of-pocket costs for eligible professional services once your deductible has been met. Please note that for diagnostic testing, facility and hospital charges you will incur additional expenses.

CareFirst's PPO Network: When you see a physician who is a member of CareFirst's PPO network, you pay less based on your physician's negotiated fee. There are also no claim forms to file.

Free Biennial Adult Eye Examination

Faculty, staff, and their eligible dependents (age 18 and older and CareFirst BCBS Medical Plan participants) are eligible for a free eye exam every two years by a selected Wilmer Eye Institute School of Medicine provider in the Baltimore area. The comprehensive eye examination will consist of a routine eye examination and complete visual system examination. Note: Eyeglasses, new contact lenses, and dispensing of contact lenses are not included in the routine eye exam and are not covered by the JHU plans.

For more information, refer to the Medical Benefits chapter of your summary plan description.
EHP Classic Plan

This plan is a point-of-service plan, which gives you the flexibility to see any provider. Your out-of-pocket costs are lower if you use providers who participate in the EHP network, and you don’t need a referral.

When you seek care from a network provider, there is no deductible and you pay a portion of the cost (your coinsurance amount, typically 20%). If you see an out-of-network provider, you need to meet your deductible first, and then covered services are generally paid at 70% of the allowable charge.* Preventive care is not subject to the deductible.

There are limits on the amount you have to pay out of your pocket each year (your out-of-pocket maximum) for all covered services. If you meet your out-of-pocket maximum during a calendar year, the plan pays 100% of your remaining eligible expenses up to the allowed amount.

EHP Expands its Provider Network outside the State of Maryland

EHP has expanded its network through MultiPlan, a national medical provider network. MultiPlan’s PHCS Healthy Directions network has doctors, hospitals, and ancillary providers in all 50 states. This means that you or a member of your family can receive in-network services and benefits outside the state of Maryland**. The PHCS Healthy Directions network can be particularly beneficial for those who work or live out-of-state, have children in college out-of-state, or who travel frequently.

For more information, refer to the Medical Benefits chapter of your summary plan description.

* The Plan may limit the amount of a provider’s charges that will be considered for reimbursement or payment; this limit is called the “allowable charge.”

**If a member sees a MultiPlan PHCS Healthy Directions provider within the state of Maryland, in-network coverage will only be granted if that provider is also part of the EHP provider network.
The HMOs: Kaiser Permanente (and BlueChoice for current participants)

An HMO is a managed health care plan that offers comprehensive medical care. All services must be coordinated and approved by your HMO’s primary care physician. If you elect to participate in an HMO, you are limited to using physicians and facilities that are part of that HMO’s network of providers. This means that unless you have a life-threatening emergency, or a sudden and serious condition that occurs outside of the HMO’s network area, all health care services must be coordinated and approved by your HMO’s primary care physician.

You may choose to enroll in the Kaiser Permanente HMO. Kaiser Permanente provides the majority of their services in a single central location but also includes some community-based providers. For detailed information about the HMO, visit their Web site at www.kaiserpermanente.org for Kaiser Permanente.

The BlueChoice HMO is closed to new participants for 2010.

For more information, refer to the Medical Benefits chapter of your summary plan description.
Prescription Drug Benefits

When you enroll for medical coverage, you and your covered family members also receive prescription drug benefits. The cost of your prescription depends upon whether:
- You purchase it from a retail pharmacy or through mail order
- Your drug is on the approved drug list (i.e., formulary) or not on the formulary
- Your prescription is filled with a generic drug or a brand-name drug

If You Are Covered by CareFirst BlueCross BlueShield, BlueChoice HMO or EHP

The university offers prescription drug coverage through Medco Health Solutions. The chart below shows your copays for both retail and mail order. If you take a maintenance medication (e.g., for high blood pressure or high cholesterol), you can save time and money by using the mail order program and get an extra month free.

<table>
<thead>
<tr>
<th>Prescription Drug Benefits</th>
<th>Retail Copay for up to a 30-day supply</th>
<th>Mail Order Copay for up to a 90-day supply (Get an extra month free!)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$10</td>
<td>$20</td>
</tr>
<tr>
<td>Formulary Brand</td>
<td>$20</td>
<td>$40</td>
</tr>
<tr>
<td>Non-Formulary Brand</td>
<td>$35</td>
<td>$70</td>
</tr>
</tbody>
</table>

If You Are Covered by Kaiser Permanente

If you choose medical coverage through Kaiser Permanente, your prescriptions will be processed by Kaiser. Copays for generic, formulary brand, and non-formulary brand will be $10, $20, and $35 respectively if you use a Kaiser pharmacy, and $20, $40, and $55 if you use a preferred community pharmacy. If you use Kaiser’s mail order program, you will receive up to a 60-day supply; copays for generic, formulary brand, and non-formulary brand are $10, $20, and $35 respectively. Kaiser also offers a maintenance drug mail order program (up to a 90-day supply for one copay).
Dental Plan

You have three dental options from which to choose:
- CareFirst BlueCross® BlueShield® (BCBS) PPO Dental Plan
- CIGNA PPO Dental Plan
- United Concordia ConcordiaPLUS® Dental Plan (DHMO)

You may also choose to not elect dental coverage.

The CareFirst BlueCross® BlueShield® (BCBS) Dental Plan allows you to see any dentist. You save time and money when you see a CareFirst in-network (preferred) dentist. Your dentist files the claim for you, you don’t pay a deductible and your dentist accepts the negotiated rate. If your dentist participates in the BCBS plan, but is not a preferred dentist, you’ll still have the convenience of no claim forms to file and a lower negotiated rate, but you may be responsible for satisfying a deductible. If you choose a dentist who does not participate with the BCBS Dental Plan (out-of-network), you are still covered, but your out-of-pocket expenses may be higher.

The CIGNA Dental Plan allows you to see any dentist. Your costs are lower when you choose a dentist from the CIGNA network. A participating dentist accepts the allowed amount as payment in full and submits your claim for you.

The United Concordia ConcordiaPLUS® Dental Plan is a Dental HMO plan. The plan has a network of participating dentists and you must see a provider within this network, or your care will not be covered. No claim forms are required, and United Concordia uses a fixed schedule of benefits that shows you exactly what you will pay for each procedure before you go to the dentist. Each family member may select a different dentist.

For a side-by-side comparison of how the plans compare, see the dental plan comparison chart. For a detailed description of each plan, refer to the Dental Plan chapter of your summary plan description.
Flexible Spending Accounts

Flexible spending accounts—the Health Care Flexible Spending Account and the Dependent Care Flexible Spending Account—allow you to pay with tax-free dollars for certain health and dependent care expenses. You may participate in one or both of the flexible spending accounts. When you enroll, you decide how much to contribute. During the year, you draw tax-free money from your account to pay eligible expenses by using:

- Your WageWorks reimbursement card (health care expenses only)
- The Pay My Provider service
- Online bill pay
- Traditional claims reimbursement.

You must enroll for the flexible spending accounts if you want to participate in 2010—even if you participated in 2009. You must make new elections to your flexible spending accounts each annual enrollment.

It’s important to plan carefully when determining your contributions. In exchange for the tax advantages of flexible spending accounts, the IRS requires you to forfeit any unused money in your account at the end of the year. And, you can’t transfer money between accounts.

For a detailed description of each account, refer to the Flexible Spending Accounts chapter of your summary plan description.

Note: Same-sex domestic partners and children of same-sex domestic partners are eligible for coverage under both medical and dental plans. But, under federal tax law, neither the Dependent Care Flexible Spending Account nor the Health Care Flexible Spending Account may be used for expenses of same-sex domestic partners or the children of same-sex domestic partners unless they qualify as your eligible dependent under the specific federal tax law definitions that apply to Dependent Care and Health Care Flexible Spending Accounts.
Getting Access to Your Account

Health Care Flexible Spending Account
If you elect to participate in a health care flexible spending account, you are automatically issued a WageWorks reimbursement card to use when paying for eligible expenses.

The WageWorks reimbursement card is accepted the same as a debit card at doctors’ offices, medical facilities, hospitals and qualified merchants or merchants certified by the Inventory Information Approval System (IIAS). The WageWorks reimbursement card allows you to pay for eligible health care products directly from your flexible spending account. If the merchant is not qualified (by selling greater than 90% flexible spending account eligible items) or IIAS-certified, the reimbursement card cannot be used at that location. You will need to pay for the expenses and submit a Pay Me Back Claim Form for reimbursement.

When you activate your reimbursement card online with WageWorks, update your email address in the contact information box since all WageWorks communication to participants is by email. Monthly statements are available online. If you want to receive paper statements, you must go online to the WageWorks site and request this option.

Of course, you need to act responsibly when using the WageWorks reimbursement card, just as you would with any credit card.

- *Keep your receipts*. The IRS has rules about how your reimbursement card can be used; the plan administrator, WageWorks, may ask you to provide copies of your receipts to “substantiate” your purchase. In all cases, be prepared to submit a photocopy of your receipts.
- *Buy from qualified or IIAS-certified merchants*. When using your WageWorks reimbursement card at IIAS-certified merchants, you will not be required to submit receipts to WageWorks. If you purchase items from merchants that are NOT IIAS-certified, you will be required to provide additional documentation, including a description of the expense, date, amount, and a receipt.

More>
Getting Access to Your Account (cont’d.)

- *Use the card only for qualified medical expenses.* Whenever you make purchases at an IIAS-certified merchant, the store’s system checking inventory control compares the stock-keeping units (SKU) number for your entire purchase against the SKUs from a list of items that qualify as medical expenses. If you purchase items that qualify as medical expenses at the same time you purchase items that do not qualify as medical expenses, you will be asked for additional payment to purchase the remaining non-medical items.

**Dependent Care Flexible Spending Account**

Our Dependent Care Flexible Spending Account is also administered by [WageWorks](#), and you have easy access to your money when you need it. After you enroll, you may access your account online or by phone. Monthly statements are available online.

If you want to receive paper statements, you must go online to the [WageWorks site](#) and request this option. Your account has a Pay My Provider feature (similar to online bill pay), which allows you to schedule monthly payments to your dependent care provider without ever writing a check. You may also submit a [Pay Me Back Claim Form](#) for reimbursement.
Health Care Flexible Spending Account

The Health Care Flexible Spending Account covers eligible health care expenses for you, your spouse and/or anyone you can claim as a dependent on your federal tax return. You may use this tax-free money from your account to pay expenses that are not reimbursed by your medical or dental coverage (for example, deductibles and copays, eyeglasses, laser eye surgery, and over-the-counter medications used for medical care). You may contribute up to $5,000 annually to the Health Care Flexible Spending Account. Use the worksheet to decide how much money to contribute to your account.

Be sure to consider which medical expenses are considered eligible medical expenses. You can find a representative list in the summary plan description or see IRS Publication 502, Medical and Dental Expenses for a more complete description.

Be sure to read about how to access your Health Care Flexible Spending Account.
Dependent Care Flexible Spending Account

The Dependent Care Flexible Spending Account allows you to use tax-free dollars to reimburse yourself for dependent care expenses so that you can work. If you’re married, you can use the Dependent Care Flexible Spending Account if your spouse works, is disabled, or attends school full-time for at least five months during the year. The maximum contribution you can make to the Dependent Care Flexible Spending Account depends on whether you’re married and how you handle your tax filing, as shown on the table below.

<table>
<thead>
<tr>
<th>Maximum Annual Contribution to the Dependent Care FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you are single</td>
</tr>
<tr>
<td>If you are married and file jointly</td>
</tr>
<tr>
<td>If you are married and file separately</td>
</tr>
<tr>
<td>If you’re married and your spouse is a student or incapable of self-care, and you claim:</td>
</tr>
<tr>
<td>• One dependent</td>
</tr>
<tr>
<td>• Two or more dependents</td>
</tr>
</tbody>
</table>

The university will, if necessary, reduce or stop contributions to a participant’s Dependent Care Flexible Spending Account if testing shows a disproportionate use of the accounts by higher paid individuals.
Important Tax Note

Be sure to consider which expenses are considered eligible expenses. You can find a representative list in the summary plan description or see IRS Publication 503, Child and Dependent Care Expenses for a more complete description.

Any expenses paid through the Dependent Care Flexible Spending Account reduce the amount available under the federal childcare tax credit. To learn whether the Dependent Care Flexible Spending Account or tax credit will be most beneficial to you, talk with your tax adviser.
Eligible Dependents

The Dependent Care Flexible Spending Account can be used only to reimburse expenses for the care of eligible dependents. Under IRS regulations, eligible dependents include:

▪ Your children under age 13 whom you claim as dependents (or could claim, except as agreed otherwise in a divorce settlement)
▪ Your disabled spouse who lives with you for more than half the year
▪ Any other relatives or household members who are physically or mentally unable to care for themselves, for whom you provide over half of their support and who spend at least eight hours per day in your home, and whose income does not equal or exceed $3,500.

Note: Same-sex domestic partners and children of same-sex domestic partners are covered under both medical and dental plans. But, under federal tax law, neither the Dependent Care Flexible Spending Account nor the Health Care Flexible Spending Account may be used for expenses of same-sex domestic partners or the children of same-sex domestic partners unless they qualify as your eligible dependent under the specific federal tax law definitions that apply to Dependent Care and Health Care Flexible Spending Accounts.
Disability Protection

Short-Term Disability Coverage
You may choose to elect short-term disability (STD) coverage as part of the Choices Program. Short-term disability pays 60% of your pre-disability base salary* (up to a maximum of $1,000 per week), if you are unable to work for more than 14 consecutive days and your claim is approved by The Hartford. This benefit may be paid for a maximum of 11 weeks.

If you purchase STD coverage, you do so with tax-free dollars, so the benefit you receive would be taxed as ordinary income. If you have not elected short-term disability in the past, but enroll during a future annual enrollment period, you will be subject to a pre-existing condition limitation. This means that benefits will not be paid for a disability caused by a pre-existing condition during the first 12 months of coverage. After that, if you become disabled due to what was considered a pre-existing condition, short-term disability benefits will be paid.

Long-Term Disability Coverage
The university provides long-term disability (LTD) coverage at no cost for full-time faculty and staff. Long-term disability benefits replace 60% of your pre-disability base salary* (not to exceed $10,000 monthly) if you are unable to work more than 90 consecutive days and your claim is approved by The Hartford. To be eligible for coverage, you must have:
- Completed one year of continuous full-time service at the university, or
- Joined JHU within three months of leaving another employer where you were covered under a similar plan for at least one year and have submitted documentation of this coverage.

* If you receive a pay raise that is effective after the date of disability, benefits are not increased.

For a detailed description of disability coverage, refer to the Disability chapter of your summary plan description.
Additional Insurance

Life and Accident Insurance benefits offer financial protection in case of death, paralysis, or a covered loss. These coverages include the following options:

- Basic Life Insurance
- Supplemental Life Insurance
- Dependent Life Insurance
- Personal Accident Insurance
- Business Travel Accident Insurance

Cost of Coverage: Tax Notes

Life Insurance costs are based on age and the amount of insurance that you have elected. The premium for the first $50,000 of life insurance is tax-free. However, the cost for more than $50,000 of insurance (imputed income according to the IRS) will be reported on your W-2 form as part of your taxable income. For example, for $60,000 of life insurance, only the IRS imputed cost for $10,000 insurance ($60,000 minus $50,000) would be taxable income. This appears on your paycheck as “NC EE GTLI Taxable.”

Also, per IRS regulations, the value of benefits for same-sex domestic partners and their child(ren) is taxable to the employee; however, if a same-sex domestic partner and his/her child(ren) are qualified tax dependents of the employee under the IRS regulations, then the value is not taxable to the employee.

To learn more about the tax implications of purchasing life insurance, talk with your tax adviser.

For a detailed description of each plan, refer to the Life, Personal Accident, and Business Travel Accident Insurance chapter of your summary plan description.
Life Insurance (Basic and Supplemental)

The university provides a $10,000 university-paid life insurance benefit to you at no cost. If you wish to purchase additional life insurance for yourself, the university’s contribution for coverage will be applied toward the cost of any of the four other plans available to you (see below). So, if you choose $50,000 of coverage (for example), you will only pay for $40,000 of coverage. The table below shows all of the options.

<table>
<thead>
<tr>
<th>Life Insurance Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10,000 coverage</td>
</tr>
<tr>
<td>$50,000 coverage</td>
</tr>
<tr>
<td>150% of your base annual salary</td>
</tr>
<tr>
<td>250% of your base annual salary</td>
</tr>
<tr>
<td>400% of your base annual salary</td>
</tr>
</tbody>
</table>

Note: When your salary or age changes during the calendar year, your life insurance and premium contribution will be adjusted to reflect this change. The maximum amount of life insurance available is $2,000,000 regardless of the plan you select.

If you are interested in purchasing life insurance over and above the $10,000 paid for by JHU, you can find the cost for additional coverage on the enrollment site.

Note: Evidence of Insurability May Be Required
You must provide evidence of insurability if you elect to move up more than one level of life insurance. If you move up only one level, you will not have to complete a Statement of Health unless your request reaches or exceeds $500,000.

For a detailed description of each plan, refer to the Life, Personal Accident, and Business Travel Accident Insurance chapter of your summary plan description.
Dependent Life Insurance

You may elect dependent life insurance for your legally married spouse or same-sex domestic partner and/or your unmarried dependent child(ren) up until their 25th birthday and pay for it with after-tax dollars through payroll deduction. You are automatically the beneficiary for any dependent life insurance you elect. Your options include:

- $4,000 spouse/same-sex domestic partner and $2,000 per child, or
- $10,000 spouse/same-sex domestic partner and $5,000 per child.

If you are interested in purchasing dependent life insurance, you can find the cost for coverage on the enrollment site.

For a detailed description of each plan, refer to the Life, Personal Accident, and Business Travel Accident Insurance chapter of your summary plan description.
Personal Accident Insurance

Personal Accident Insurance protects you and your insured family members against covered accidents at home or at work, while traveling by train, airplane, auto or public transportation. This insurance does not replace Business Travel Accident insurance, which is a core benefit provided by the university.

The university provides you with $10,000 of individual coverage at no cost. You may elect additional coverage amounts for yourself and for your family in increments of $50,000 up to a maximum of $300,000. If you are interested in purchasing accident insurance over and above the $10,000 paid for by JHU, you can find the cost for additional coverage on the enrollment site.

Note that your Personal Accident Insurance beneficiary(ies) will be the same as your Life Insurance beneficiary(ies) unless you choose to complete a separate Personal Accident/Group Travel Accident Beneficiary Form.

In the event of a loss, the amount of Principal Sum paid for you, your spouse/same-sex domestic partner and each eligible unmarried child is based on the composition of your family at that time and is expressed as a percentage of the Principal Sum as follows:

<table>
<thead>
<tr>
<th><strong>You:</strong></th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spouse/Same-sex domestic partner:</strong></td>
<td>60% if no eligible children; 50% with eligible children</td>
</tr>
<tr>
<td><strong>Each unmarried child:</strong></td>
<td>20% if no eligible spouse; 15% with an eligible spouse</td>
</tr>
</tbody>
</table>

You are also eligible for Business Travel Accident Insurance.
Business Travel Accident Insurance

Full-time faculty and staff are covered by $200,000 of travel accident insurance for accidental death while on a business trip authorized by the university. The university pays the full cost for this coverage. In the event of dismemberment, payments are made depending upon the severity of the injury with the amount not exceeding $200,000. In the event of a death claim, the beneficiary designation for the group life insurance will be used unless you choose to complete a separate Personal Accident/Group Travel Accident Beneficiary Form.

For a detailed description of each plan, refer to the Life, Personal Accident, and Business Travel Accident Insurance section of your summary plan description.
Healthy@Hopkins helps you make a difference—in your personal health and in your financial health. Healthy@Hopkins offers tools and resources that help you assess how healthy you are today and then take positive steps towards improving your health in the future.

If you’re concerned about your personal health, Healthy@Hopkins gives you access to:

- A confidential survey, called a Health Risk Assessment (HRA), to help you understand your current health risks and develop a plan for addressing them.
- Healthy Living programs (available at or near your work) to help you stop smoking, lose weight, reduce stress, or start exercising. There may be a small charge for some of these programs.
- Care Management programs to help you manage a chronic health condition, if you have one. Care management programs are offered free by your health plan.

Healthy@Hopkins also offers tools and resources that help you improve your financial health:

- For help planning a secure financial future, take advantage of your 403(b) Retirement Plan. A wealth of financial education resources are available on the financial vendor Web sites
- For help with the day-to-day issues of juggling work and family, take a look at what JHU WORKlife programs has to offer.

For more information about the many programs available through Healthy@Hopkins, visit the Benefits Web site at www.benefits.jhu.edu and select Healthy@Hopkins from the top navigation bar.
Back 2 Basics

The building blocks of a healthy lifestyle include more than eating right and exercising (although it’s a good start). A more holistic approach to health includes both your personal health and your financial health. Your JHU benefits program can help!

This year take advantage of all of the resources available. Get back to the basics of maintaining a healthy lifestyle and smart money management. Make it a priority this enrollment season to:

1. Get an annual physical (it’s covered at 100% in-network).
2. Complete your health risk assessment — now through your medical plan.
3. Get financially fit — maximize your retirement savings through JHU retirement plans.

Here are some ideas for getting the most out of your benefits:
- Join the 100% Club. Find out which benefit services are covered in full.
- Use your WageWorks FSA reimbursement card.
- Ensure you have the right coverage for your eligible dependents.
- Check out the different offerings through your health plan, WORKlife and Healthy@Hopkins.
Complete the Health Risk Assessment (HRA)—Now Through Your Medical Plan

A health risk assessment (HRA) is an important part of living a healthy lifestyle. That’s because HRA results provide you an action plan to help you improve your health and well-being, and to use with your doctor.

In 2010, you will complete your HRA through your medical plan’s provider Web site. While you may be using a new HRA tool, the process and benefits are basically the same. The HRA:

- Asks questions about your health habits and important health numbers.
- Takes only 15-20 minutes to complete.
- Is completely confidential. No one at JHU will have access to your results.
- Is free.
- Provides a personalized, confidential report on your health risks and what actions you can take to address those risks.
- Gives you (and your doctor) a holistic perspective on your health. Make sure to share your HRA results with your doctor to come up with a comprehensive plan for good health.
Healthy@Hopkins > Know Your Numbers

Know Your Numbers

If you want to take charge of your physical—and financial—health, where’s the best place to start? Know your numbers. Participate in a Benefits Fair so you can learn your numbers (such as, blood pressure or body mass index) and speak to your health care provider about your risk factors.

- Know Your Numbers: Choosing the Path to Good Health
- Know Your Numbers: Blood Pressure
- Know Your Numbers: Cholesterol
- Know Your Numbers: Glucose
- Know Your Numbers: Body Mass Index and Waist Size
Retirement Plans

Saving for Retirement
The goal of Johns Hopkins University’s benefits program is to provide protection, security, opportunity, and services to faculty and staff members. The university offers retirement plan options that are designed to supplement Social Security so that you can retain your pre-retirement standard of living when you retire.

If you are eligible, you can begin participation in the university’s Staff Voluntary 403(b) Retirement Plan or begin making participant contributions to the Faculty and Senior Staff Retirement Plan anytime during the year – **not just during Annual Enrollment**.

Why should you consider making contributions to the Retirement Plan?
1. You can defer taxes on your contributions and earnings.
2. Your accumulations in the Plan may increase substantially over the years through automatically reinvested earnings.

To get more information about the retirement plan options available to you, visit the Retirement Plans page on the Benefits Web site and get the forms you need here.

Retirement Guides
If you are considering retirement, you should know what benefits are available to you. Visit the Retirement Plans page on the Benefits Web site to get more information on what happens to your benefits when you retire, and what you should do as you near retirement. You can also review the Medical and Dental Benefits for Retirees chapter of the summary plan description.

Get Financially Fit
Get financially fit this year by making sure you save as much as you can in the JHU retirement plans—the Faculty and Senior Staff Retirement Plan and the Staff Voluntary 403(b) Retirement Plan. It will pay off in the end! Click **here** for more information.
Legal Notices

Notice of Creditable Coverage – This is an important notice about your prescription drug coverage and Medicare. If you and your family members are not eligible for Medicare and will not become eligible for Medicare within the next 12 months, this notice does not apply to you.

Summary of Material Modification – Amendment to Support Staff Pension Plan

Summary Plan Descriptions – The summary plan descriptions for the Health and Welfare Plans and the Retirement Plans provide the terms and conditions of participation as well as provisions of the plans. They also inform participants how the plans operate and how to file a claim for benefits. Compliance updates are as follows:

- Children’s Health Insurance Program (CHIP) update to HIPAA Special Enrollment
- HIPAA Notice of Privacy Practices
- Medicare Secondary Payer Program
- Extended dependent coverage for students on medical leave (Michelle’s Law)
- Newborns’ and Mothers’ Health Protection Act
- Women’s Health and Cancer Rights Act (annual notice)
Legal Notices > Children’s Health Insurance Program (CHIP)

Children’s Health Insurance Program (CHIP) Update to HIPAA Special Enrollment

This notice is being provided to all employees eligible for medical coverage under the Health and Welfare Plan of the Johns Hopkins University. If you are declining enrollment for medical coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents for medical/RX and dental coverage under this plan in the following circumstances:

- If you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents’ other coverage),
- If you or your dependents lose Medicaid or Children’s Health Insurance Program (“CHIP”) coverage as a result of a loss of eligibility for such coverage, or
- If you or your dependents become eligible for a premium assistance subsidy under Medicaid or CHIP.

Please Note: This enrollment right does not apply to the Health Care Flexible Spending Account.

However, you must request enrollment within 30 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage) or within 60 days in the case of changes related to Medicaid or CHIP.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents for medical coverage under this plan. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information please contact the Benefits Service Center.
Legal Notices > Medicare Secondary Payer Program

Medicare Secondary Payer Program

Under the Medicare secondary-payer (MSP) reporting program, mandatory reporting requirements will take effect that are designed to provide the Centers for Medicare and Medicaid Services (CMS) with regular reports that will enable the agency to determine the Medicare status of most group health plan participants. Under the rules, the primary reporting responsibility falls on insurers and third party administrators. However, for group health plans that are both self-insured and self-administered (that is, the employer actually decides and pays claims in-house), plan administrators have the obligation to report. Employers who maintain group health plans are required to report certain information – including Social Security numbers (SSNs) – about covered individuals to the CMS.

Although employers usually have SSNs for their employees, the new reporting requires SSNs for employees’ family members, including dependent children and others covered because of their relationship to the employee, such as domestic partners. Because of this federal requirement, Johns Hopkins University asks that all employees provide any applicable SSNs when completing their online enrollment.
Effective January 1, 2010, if your child loses his or her status as a full-time student (for example, takes a leave of absence or changes to part-time status) because of a serious illness or injury, he or she may continue to be covered under the Johns Hopkins University health care plans. Coverage can continue for up to 12 months from the date of the change in student status, unless your child loses eligibility for another reason, such as reaching the plan’s age limit.
Legal Notices > Newborns’ and Mothers’ Health Protection Act and Women’s Health and Cancer Rights Act

Newborns’ and Mothers’ Health Protection Act

Federal law (Newborns’ and Mothers’ Health Protection Act of 1996) prohibits the plan from limiting a mother’s or newborn’s length of hospital stay to less than 48 hours for a normal delivery or 96 hours for a cesarean delivery or from requiring the provider to obtain preauthorization for a stay of 48 hours or 96 hours, as appropriate. However, federal law generally does not prohibit the attending provider, after consultation with the mother, from discharging the mother or her newborn earlier than 48 hours for normal delivery or 96 hours for cesarean delivery.

Women’s Health and Cancer Rights Act (annual notice)

The Women’s Health and Cancer Rights Act of 1998 requires that all Johns Hopkins University medical plans cover the following medical services in connection with coverage for a mastectomy: reconstruction of the breast on which the mastectomy has been performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and physical complications in all stages of mastectomy, including lymphedemas. These services shall be provided in a manner determined in consultation with the attending physician and the patient. Coverage for these medical services are subject to applicable deductibles and coinsurance amounts.