choices
For Bargaining Unit Members
Welcome to the **Choices Program**—your comprehensive and competitive benefits program for 2010! Offering you choice—in benefits, coverage levels and costs—is a key part of the university's benefits philosophy.

The **Choices Program** offers you a range of options to protect you when you are ill. More importantly, the program can help you stay healthy—at little or no cost to you. Our employees’ health and well-being has been a major concern for the university over the past several years. Focusing on employees’ health (through Healthy@Hopkins, Choices and other programs) is one of the university's strategies for managing future health care costs. Health care costs continue to rise at double digit rates each year and focusing on the health of our employees is one way of managing future health care costs and supporting our employees’ health and well-being.

You can have a positive effect on your own health (and on health care costs). Here are just a few ways you can make a difference:

- Complete your health risk assessment (now, offered through your health plan).
- Take advantage of preventive benefits, such as routine physicals and health screenings, available at little or no cost to you.
- Learn more about health management — attend a learning session about weight management, and stress management, or participate in a free care management program to help you manage chronic conditions.

Please take time to review this Choices Guide carefully — it contains important information about enrollment and your benefits. If you have questions about your benefits or how to enroll, or if you just want to learn more about Healthy@Hopkins, please call the Benefits Service Center at **410-516-2000**, email your question to **benefits@jhu.edu**, or visit the Benefits Web site at **www.benefits.jhu.edu**.
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Getting Started

Before choosing your 2010 benefit elections, please carefully review this guide, your personalized enrollment form, and information available to you online at www.benefits.jhu.edu. These resources will help you make informed choices.

Enrolling

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 at the new rates. Your flexible spending accounts will NOT carry over unless you actively enroll.

Enroll Using the Paper Enrollment Form

You may choose to make your elections using the paper form that is included in this Enrollment Kit. If so, just complete the form and return it to the Benefits Service Center no later than 5:00 p.m. on November 10, 2009.

Benefits Service Center
1101 East 33rd Street, Suite D100
Baltimore, MD 21218
FAX: (443) 997-5820

Enrolling Online

The online enrollment system is open during the Annual Enrollment period only. If you are a new hire by the university, or someone making changes due to a Qualified Life Event (including being newly eligible), you must make your elections using paper forms provided to you at that time.

The following checklist will make enrolling for your benefits online quick and easy!

✓ Review your enrollment materials. Read this Choices Guide, your October/November Benefits News newsletter, and your personalized statement thoroughly, and look for other information available to you at www.benefits.jhu.edu.

✓ When you are ready to enroll, go to www.benefits.jhu.edu and click on the Annual Enrollment 2010 tab. Log in using your JHED ID.

✓ Make your elections in the enrollment site for each plan.

✓ Click “I Accept” when you’re finished. You must click “I Accept” for your 2010 elections to be processed.

✓ Print a copy of your online confirmation for your records. You’ll see it once you complete enrollment. If you have any questions after enrollment closes, you’ll want to have a copy of your confirmation handy.

✓ Complete your health risk assessment by going to your health plan’s Web site. It only takes about 15 minutes.

You may 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.

Can’t get access to a computer? Stop by the Benefits Service Center during normal business hours, which are Monday through Friday, 8:30 a.m. to 5:00 p.m. There you’ll be able to access the online system from a university computer. The Benefits Service Center is located at JHU at Eastern, 1101 E. 33rd Street, Suite D100.
Your 2010 Benefits At-A-Glance

The chart below summarizes your health and welfare plans and the options available to you. Benefits marked with a check are fully paid by Johns Hopkins University.

| Medical Plans (includes Prescription Drug coverage through Medco Health Solutions and Kaiser Permanente) | CareFirst BlueCross® BlueShield® Medical Plan  
BlueChoice HMO  
Kaiser Permanente HMO |
| --- | --- |
| Dental Plans | CareFirst BlueCross® BlueShield® Dental Plan (PPO)  
CIGNA Dental Plan (PPO)  
United Concordia ConcordiaPLUS® Dental Plan (DHMO) |
| Flexible Spending Accounts (FSAs) | Health Care Flexible Spending Account  
Dependent Care Flexible Spending Account |
| Life Insurance | Life Insurance*:  
✔️ 100% of base salary  
☐ Additional 100% of base salary  
*Note: JHU pays the full cost for 100% of base salary; if you select additional coverage, you pay the difference and evidence of insurability may be required |
| | Dependent Life Insurance:  
✔️ $4,000 for spouse or same-sex domestic partner and $2,000 per child |
| Business Travel Accident Insurance | Business Travel Accident Insurance:  
✔️ $50,000 of coverage |
| Disability Protection | Short-Term Disability: benefits generally continue 60% of pre-disability pay for up to 11 weeks  
Long-Term Disability**: after 90 consecutive days, benefits generally continue 60% of pre-disability pay  
** Eligible on first day of month coincident with or next following one year of employment unless proof of prior immediate coverage provided |
| Voluntary Benefits | Opportunities for employees to participate in other benefit programs. See the Benefits Web site for more details. |
Participating in the Benefits Program

Who is Eligible
You are eligible to enroll in the Choices Program as long as you are a bargaining unit member 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).

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 can be claimed as a dependent on the eligible employee’s tax return. (You will need to submit proof of dependency.)

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** – bargaining unit member
- **Parent & Child** – bargaining unit member and one child *(Note: If you enroll in the BlueChoice or Kaiser Permanente HMO Plan, you may elect this level of coverage if you have one or more children.)*
- **Two Adults** – bargaining unit member and spouse or same-sex domestic partner*
- **Family** – bargaining unit member, spouse or same-sex domestic partner*, and one or more children; or bargaining unit member and more than one child

*Must qualify for coverage under the Johns Hopkins University Same-sex Domestic Partnership Benefits Policy, which can be found on our Benefits Web site at www.benefits.jhu.edu/ssdp/ssdp.cfm.
Participating in the Benefits Program

When Coverage Begins
The participation date for the Choices Program generally is the first day of employment in an eligible status. However, if you are not at work due to an illness or injury on the date your university-paid life insurance would take effect, your life insurance will not take effect until you return to work for one full day. Your benefit elections generally become effective on the benefits effective date shown on your Choices Summary.

How Long Coverage Lasts
The choices you make now will remain in effect through December 31, 2010 — unless you have a change in:

- Your marital status (e.g., marriage, certification of domestic partnership, divorce, legal separation, 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)
- 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 (available on http://www.benefits.jhu.edu/ssdp/termination1.pdf).

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; you pay the balance.

Sharing the Cost of Coverage

When you enroll, you can use pre-tax dollars deducted from your paycheck to pay for the cost of your benefits.

With regard to taxes, the value of the premiums you pay to purchase more than $50,000 of life insurance for yourself are reported as taxable income on your W-2 form.
Medical Plan

You have three medical options from which to choose:

- CareFirst BlueCross® BlueShield® (BCBS) Medical Plan – an indemnity plan
- BlueChoice – a health maintenance organization (HMO)
- Kaiser Permanente – a health maintenance organization (HMO)

You may also choose not to elect coverage.

Medical benefits help you and your family stay healthy and manage your health conditions. All options provide benefit coverage for preventive, routine, and emergency medical treatments and services.

See the table below for more information about how your plan options differ in some important ways.

<table>
<thead>
<tr>
<th>Things to consider…</th>
<th>Indemnity Plan</th>
<th>Health Maintenance Organization (HMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice of provider</td>
<td>See any provider</td>
<td>Provider must be part of HMO’s network</td>
</tr>
<tr>
<td>PCP/referrals needed</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>What you pay out-of-pocket</td>
<td>You pay an annual deductible, then the plan generally pays 80% each time you need care (you pay the balance)</td>
<td>No deductible; you pay a copay, then the plan pays the balance</td>
</tr>
</tbody>
</table>

Women’s Health and Cancer Rights Act

In compliance with the Women’s Health and Cancer Rights Act, all options include the following mastectomy benefits:

- Reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prosthesis and treatment of physical complications of all stages of mastectomy, including lymphedemas

The attending physician and the patient will determine together the manner of treatment. All coverage is subject to any deductibles, copayments, and/or coinsurance.

Tax Note

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.
Medical Plan

CareFirst BlueCross BlueShield 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
Bargaining Unit members, 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 exam will consist of a routine eye exam and complete visual system exam. Call 410-614-TEST to schedule an appointment.

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.

Annual Physical/OB-GYN Exam
The plan will pay 100% of usual, customary, and reasonable fees for a routine annual physical and OB-GYN exam. If you use a non-participating provider, you will be responsible for any charges billed in excess of the allowed amount. Your health care provider must submit the claim as a wellness benefit, and if there were additional tests necessary to diagnose a specific health condition, those claims will be subject to the deductible and coinsurance.

The HMOs: BlueChoice and Kaiser Permanente
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.

BlueChoice and Kaiser Permanente are the two HMO plans offered by the university. Kaiser Permanente provides the majority of their services in a single central location but also includes some community-based providers. The BlueChoice network consists of independent physicians with offices located throughout the community. These HMOs differ in the cost and services they provide. Detailed information about each HMO is available by visiting the following Web sites:

- [www.carefirst.com](http://www.carefirst.com) for BlueChoice and
- [www.kaiserpermanente.org](http://www.kaiserpermanente.org) for Kaiser Permanente.
Medical Plan

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

Please note: If your doctor includes a "dispense as written" or "brand due to medical necessity" notation on a prescription (which means NO generic substitution), you will pay the formulary brand or non-formulary brand copay.

If You Are Covered by CareFirst BlueCross BlueShield or BlueChoice
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 might want to consider using the mail order program for added convenience.

If You Are Covered by Kaiser Permanente
If you choose medical coverage through Kaiser Permanente, your prescriptions will be processed by Kaiser. The chart below shows your copays for using a Kaiser pharmacy, preferred community pharmacy, or mail order.

### BlueCross BlueShield and BlueChoice

<table>
<thead>
<tr>
<th></th>
<th>BlueCross BlueShield</th>
<th>BlueChoice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retail</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance</td>
<td>Up to 90-day supply</td>
<td>Up to 30-day supply</td>
</tr>
<tr>
<td>Generic</td>
<td>$10</td>
<td>$8</td>
</tr>
<tr>
<td>Formulary* brand</td>
<td>$15</td>
<td>$15</td>
</tr>
<tr>
<td>Non-formulary*</td>
<td>$20</td>
<td>$30</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-maintenance</strong></td>
<td>Up to 90-day supply</td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$10</td>
<td></td>
</tr>
<tr>
<td>Formulary* brand</td>
<td>$15</td>
<td></td>
</tr>
<tr>
<td>Non-formulary*</td>
<td>$20</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mail-order</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance</td>
<td>Up to 90-day supply</td>
<td>Up to 90-day supply</td>
</tr>
<tr>
<td>Generic</td>
<td>$10</td>
<td>$16</td>
</tr>
<tr>
<td>Formulary* brand</td>
<td>$15</td>
<td>$30</td>
</tr>
<tr>
<td>Non-formulary*</td>
<td>$20</td>
<td>$60</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Kaiser Permanente</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Retail</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic</td>
<td>$5</td>
<td>$11</td>
</tr>
<tr>
<td>Brand</td>
<td>$15</td>
<td>$27</td>
</tr>
</tbody>
</table>

* A formulary brand is one that is on the approved drug list, or formulary. A non-formulary drug is one that is not on that list.
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 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 they’re 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.

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.
Health Risk Assessment — Now Through Your Medical Plan

Now is a good time to take just 15 minutes to complete your confidential, personal health risk assessment. You can complete the HRA online—from your home or at work. What is the HRA? The health risk assessment is a confidential questionnaire about your current health and lifestyle. The individual results of the HRA are confidential, but the aggregate results show the health and wellness needs of Hopkins employees. So, even if you completed an HRA last year, it’s important that you complete one this year—the university uses the information to develop and enhance our wellness programs and health management strategies.

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

You may also choose to not elect 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 dental offices 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 on the next page.

To find out if your dentist participates in a particular network, visit the provider Web site:

- CareFirst BlueCross BlueShield at www.carefirst.com
- CIGNA at www.cigna.com
- United Concordia at www.ucci.com/tuctcc/clients.jsp?id=50
**Dental Plan**

**Dental Plan Comparison**

This comparison of dental services includes a list of the most common procedures covered under each class of service. Benefit schedules and network directories for each of the dental plans are available on the Benefits Web site and vendor Web site. See “Resources” on page 17 for contact information.

<table>
<thead>
<tr>
<th>Class</th>
<th>CAREFIRST BCBS DENTAL PLAN</th>
<th>CIGNA DENTAL PLAN</th>
<th>CONCORDIA PLUS DENTAL PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td>In-Network</td>
</tr>
<tr>
<td><strong>Calendar Year Deductible</strong></td>
<td>$0</td>
<td>$50</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Class I</strong></td>
<td>100% of allowable charge</td>
<td>100% of allowable charge</td>
<td>100% of allowable charge</td>
</tr>
<tr>
<td><strong>Class II</strong></td>
<td>75% of allowable charge</td>
<td>75% of allowable charge</td>
<td>75% of allowable charge</td>
</tr>
<tr>
<td><strong>Class III</strong></td>
<td>50% of allowable charge</td>
<td>50% of allowable charge</td>
<td>50% of allowable charge</td>
</tr>
<tr>
<td><strong>Class I, II, &amp; III Calendar Year Maximum Benefit</strong></td>
<td>$1,500 combined</td>
<td>$1,500 combined</td>
<td>No maximum</td>
</tr>
<tr>
<td><strong>Class IV Orthodontics</strong></td>
<td>50% of allowable charge</td>
<td>50% of allowable charge</td>
<td>50% of allowable charge</td>
</tr>
<tr>
<td><strong>Lifetime Maximum Benefit</strong></td>
<td>$1,500 total for in-network and out-of-network orthodontic services</td>
<td>$1,500 total for in-network and out-of-network orthodontic services</td>
<td>No maximum</td>
</tr>
</tbody>
</table>

Note: “allowable charge” is the negotiated fee that is determined to be reasonable and customary by the insurance company. ConcordiaPLUS is a Dental Maintenance Plan (DMO) offered by United Concordia, and it pays benefits on a fixed schedule. For comparison purposes, the amounts have been converted to percentages for use in this chart only.
Flexible Spending Accounts

If you’re looking for a way to save money on your health and dependent care expenses, consider enrolling in a Flexible Spending Account. 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, or
- Traditional claims 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 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.

Be sure to check which medical expenses are considered eligible medical expenses. You can find a representative list in IRS Publication 502, Medical and Dental Expenses, at www.irs.gov/pub/irs-pdf/p502.pdf.

- 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.
Flexible Spending Accounts

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 provided 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>Eligible Dependents</th>
</tr>
</thead>
<tbody>
<tr>
<td>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:</td>
</tr>
<tr>
<td>• Your children under age 13 whom you claim as dependents (or could claim, except as agreed otherwise in a divorce settlement)</td>
</tr>
<tr>
<td>• Your disabled spouse who lives with you for more than half the year</td>
</tr>
<tr>
<td>• 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 exceed $3,500.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Maximum Annual Contribution to the Dependent Care Flexible Spending Account</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>
Flexible Spending Accounts

For a list of eligible dependent expenses or more details about qualifying dependent care expenses, see IRS publication 503, Child and Dependent Care Expenses, at www.irs.gov/pub/irs-pdf/p503.pdf.

Note: 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.

Getting Access to Your Flexible Spending 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. Effective January 1, 2010, the WageWorks reimbursement card will be 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. If you would prefer to receive paper statements, you can elect to do so at any time by logging in, selecting the FSA, then choosing View Account Statement.

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.

For flexible spending accounts, the IRS defines “incurred” as the date the medical care or dependent care is provided, not the date when the participant is formally billed, charged for, or pays for care. Any claims incurred during the calendar year must be submitted for payment by April 30 of the following calendar year.
Flexible Spending Accounts

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.

- **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 would prefer to receive paper statements, you can elect to do so at any time by logging in, selecting the FSA, then choosing View Account Statement. 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.

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**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.**
Life and Business Travel Accident Insurance

Life Insurance (Basic and Supplemental)
You may choose from two different life insurance options. The university provides one times your base salary as a university-paid benefit (no cost to you). If you wish to purchase additional (or supplemental) coverage, the university’s contribution for coverage will be applied toward the cost of an additional one times your base salary.

**Example**
If you earn a base salary of $30,000 per year, the university will provide one times your salary — $30,000 of coverage — at no cost to you. If you wish to purchase additional coverage, you will pay the cost of the insurance above $30,000 coverage.

The life insurance benefit your beneficiary would receive is tax-free. The premium for the first $50,000 of life insurance is also tax-free. However, the cost for more than $50,000 of insurance (imputed income according to the federal tables) will be reported on your W-2 form as part of your taxable income. (In the example above, because you purchased $60,000 of life insurance, only the cost of $10,000 insurance — $60,000 minus $50,000 — would be taxable income.)

**Designating Your Beneficiary**
If you enrolled for benefits during the past year, the beneficiaries you named to receive life insurance benefits from the plan upon your death are available to you online and are printed on your personalized enrollment form. If you want to change this information or if this is your first enrollment, please update this information online or on your enrollment form.

Business Travel Accident Insurance
Bargaining unit members are covered by $50,000 of business 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 $50,000. 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 Group Business Travel Accident Beneficiary Form.

Dependent Life Insurance
The university provides 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. Your coverage includes $4,000 for your spouse/same-sex domestic partner and $2,000 per child.

**Tax Note**
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.
Disability Protection

Short-Term Disability Plan
You may choose to elect short-term disability (STD) coverage as part of the Choices Program. If elected, the Short-Term Disability Plan 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.

*If you receive a pay raise that is effective after the date of disability, benefits are not increased.
**Condition for which medical treatment or advice was rendered, prescribed, or recommended within six months prior to your effective date of insurance. A condition shall no longer be considered pre-existing if it causes disability, which begins after you have been insured under this (STD) plan for a period of 12 months.

Long-Term Disability Plan
The university provides long-term disability (LTD) coverage at no cost for bargaining unit members. 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.
# Resources

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

## Medical

<table>
<thead>
<tr>
<th>Plan Vendor</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>CareFirst BlueCross® BlueShield®</td>
<td>1-877-691-5856</td>
<td><a href="http://www.carefirst.com">www.carefirst.com</a></td>
</tr>
<tr>
<td>BlueChoice</td>
<td>1-877-691-5856</td>
<td><a href="http://www.carefirst.com">www.carefirst.com</a></td>
</tr>
<tr>
<td>Kaiser Permanente</td>
<td>1-800-777-7902</td>
<td><a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a></td>
</tr>
</tbody>
</table>

## Prescription Drugs

<table>
<thead>
<tr>
<th>Plan Vendor</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medco</td>
<td>1-800-336-3862</td>
<td><a href="http://www.medco.com">www.medco.com</a></td>
</tr>
<tr>
<td>Kaiser Permanente</td>
<td>1-800-777-7902</td>
<td><a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a></td>
</tr>
</tbody>
</table>

## Dental

<table>
<thead>
<tr>
<th>Plan Vendor</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>CareFirst BlueCross® BlueShield®</td>
<td>1-877-691-5856</td>
<td><a href="http://www.carefirst.com">www.carefirst.com</a></td>
</tr>
<tr>
<td>United Concordia</td>
<td>1-866-357-3304</td>
<td><a href="http://www.ucci.com/tuctcc/clients.jsp?id=50">www.ucci.com/tuctcc/clients.jsp?id=50</a></td>
</tr>
<tr>
<td></td>
<td>1-800-332-0366</td>
<td></td>
</tr>
</tbody>
</table>

## Flexible Spending Accounts

<table>
<thead>
<tr>
<th>Plan Vendor</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>WageWorks</td>
<td>1-877-924-3967</td>
<td><a href="http://www.wageworks.com">www.wageworks.com</a></td>
</tr>
</tbody>
</table>

## Life Insurance and Dependent Life Insurance

<table>
<thead>
<tr>
<th>Plan Vendor</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>MetLife</td>
<td>1-800-523-2894</td>
<td><a href="http://www.metlife.com">www.metlife.com</a></td>
</tr>
</tbody>
</table>

## Disability

<table>
<thead>
<tr>
<th>Plan Vendor</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Hartford</td>
<td>1-800-303-9744</td>
<td><a href="http://www.thehartford.com">www.thehartford.com</a></td>
</tr>
</tbody>
</table>

## Benefits Service Center

<table>
<thead>
<tr>
<th>Plan Vendor</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits Service Center</td>
<td>410-516-2000</td>
<td><a href="http://www.benefits.jhu.edu">www.benefits.jhu.edu</a></td>
</tr>
</tbody>
</table>

## Voluntary Benefits

<table>
<thead>
<tr>
<th>Plan Vendor</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marsh</td>
<td>866-795-9362</td>
<td><a href="http://www.jhuvoluntarybenefits.com">www.jhuvoluntarybenefits.com</a></td>
</tr>
</tbody>
</table>
## Health Plan Comparison Chart

<table>
<thead>
<tr>
<th>Benefits</th>
<th>BlueCross BlueShield Plan</th>
<th>BlueChoice (HMO)</th>
<th>Kaiser Permanente (HMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1-877-691-5856</td>
<td>1-877-691-5856</td>
<td>1-800-777-7902</td>
</tr>
<tr>
<td>Annual deductible (does not apply to out-of-pocket maximum)</td>
<td>$200 per person $600 per family</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum</td>
<td>$1,000 per person $3,000 per family</td>
<td>None</td>
<td>$3,500 single $9,400 family</td>
</tr>
<tr>
<td>Annual maximum benefit</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Dependent eligibility</td>
<td>Legally married spouse or same-sex domestic partner (if qualified for coverage under Johns Hopkins University Same-sex Domestic Partnership Benefits Policy) may be covered</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unmarried dependent child(ren) may be covered up until their 25th birthday; coverage may continue for unmarried dependent child(ren) up to any age if they cannot support themselves because of a mental or physical disability that occurred before they reached the age limit when coverage would normally end</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive care including physical exams and well baby</td>
<td>Routine annual adult physical and OB/GYN exam: 100% covered Well baby: 100% covered (through age 17)</td>
<td>$5 copay; $10 specialist copay</td>
<td>100% covered</td>
</tr>
<tr>
<td>Immunizations (adult) and mammograms</td>
<td>100% covered</td>
<td></td>
<td>100% covered</td>
</tr>
<tr>
<td>Physician Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician services (office visit)</td>
<td>80% covered after deductible; 100% covered after deductible, if JHU network provider</td>
<td>$5 copay; $10 specialist copay</td>
<td>$5 copay</td>
</tr>
<tr>
<td>Physician services (medical and surgical)</td>
<td>80% covered after deductible; 100% covered after deductible, if JHU network provider</td>
<td>Inpatient 100% covered; outpatient $10 copay $20 specialist copay</td>
<td></td>
</tr>
<tr>
<td>Hospital Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital service benefits (inpatient)</td>
<td>80% covered after deductible</td>
<td>100% covered</td>
<td></td>
</tr>
<tr>
<td>Emergency care (sudden and serious and accidental injury)</td>
<td>Facility: 100% covered Physician: 80% covered after deductible</td>
<td>$25 copay (waived if admitted)</td>
<td>$50 copay (waived if admitted)</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>Facility: 100% covered Physician: 80% covered after deductible</td>
<td>$5 copay; $10 specialist copay</td>
<td>$5 copay</td>
</tr>
</tbody>
</table>

This matrix summarizes the features of the medical benefits offered under the various plans. If there are any discrepancies between the content of this matrix and the Plan document, the document will govern.

This enrollment guide provides highlights of the Johns Hopkins University Health and Welfare Plans for bargaining unit members. The university has made every effort to ensure that this guide 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.
## Health Plan Comparison Chart

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mental Health/Substance Abuse</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental and nervous (inpatient)</td>
<td>80% covered after deductible; (subject to authorization from Magellan)</td>
<td>100% covered (subject to authorization from Magellan)</td>
<td>100% covered; partial hospitalization at $5 per visit</td>
</tr>
<tr>
<td>Mental and nervous (outpatient)</td>
<td>80% covered after deductible (subject to authorization from Magellan)</td>
<td>100% of allowable charges (subject to authorization from Magellan)</td>
<td>$5 per visit</td>
</tr>
<tr>
<td>Alcohol and drug addiction (inpatient)</td>
<td>80% covered after deductible</td>
<td>100% covered; partial hospitalization at $10 per day</td>
<td>100% covered; partial hospitalization at $5 per visit</td>
</tr>
<tr>
<td>Alcohol and drug addiction (outpatient)</td>
<td>80% covered after deductible</td>
<td>100% of allowable charges</td>
<td>$5 per visit</td>
</tr>
<tr>
<td><strong>Reproductive Health</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre- and postnatal care</td>
<td>80% covered after deductible; 100% covered after deductible if JHU network provider</td>
<td>$10 specialist copay (not more than $100 per pregnancy)</td>
<td>100% covered except $10 copay to confirm pregnancy; $20 specialist copay to confirm pregnancy</td>
</tr>
<tr>
<td>Family planning &amp; fertility testing</td>
<td>Family planning not covered; fertility testing 80% covered after deductible, subject to review</td>
<td>$5 copay per visit; $10 specialist copay per visit</td>
<td>100% covered per visit; testing covered at 50%</td>
</tr>
<tr>
<td>Artificial insemination</td>
<td>An approved plan of treatment is required; benefits are limited to 6 attempts per live birth; 80% covered after deductible</td>
<td>50% of allowable charges</td>
<td>50% of allowable charges</td>
</tr>
<tr>
<td>In vitro fertilization</td>
<td>An approved plan of treatment is required; benefits are limited to 3 attempts per live birth; 80% covered after deductible; $100,000 lifetime maximum</td>
<td>50% of allowable charges; $100,000 lifetime maximum or 3 attempts per live birth</td>
<td>50% covered up to 3 attempts per live birth; $100,000 lifetime maximum</td>
</tr>
</tbody>
</table>

For prescription drug information, see page 7.