

**2012 Benefits Enrollment Guide**



*my* choices  
For Bargaining Unit Members

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# mychoices

Welcome to myChoices — your comprehensive and competitive benefits program for 2012! Offering you choice — in benefits, coverage levels and costs — is a key part of the university's benefits philosophy.

MyChoices 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, myChoices and other programs) is one of the university's strategies for managing future health care costs. Health care costs continue to rise 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 (offered through your health plan).
- Take advantage of preventive benefits, such as routine physicals and health screenings, available at 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 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 **<http://benefits.jhu.edu>**.

*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.*

# Getting Started

Before choosing your 2012 benefit elections, please carefully review this guide, your personalized enrollment form, and information available to you online at <http://benefits.jhu.edu>. These resources will help you make informed choices.

## Enrolling

Annual Enrollment 2012 runs from October 21 - November 8, 2011. You **MUST ENROLL** if you wish to:

- Participate in a flexible spending account for 2012
- 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 2012 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 Choices enrollment form that is included in this package. If so, just complete the form and return it to the Benefits Service Center no later than 5:00 p.m. on November 8, 2011.

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 of 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 enrollment guide and your Choices enrollment form thoroughly, and look for other information available to you at <http://benefits.jhu.edu>.
- ✓ When you are ready to enroll, go to <http://benefits.jhu.edu> and click on the **myChoices** tab. You'll need your JHED ID to log in.
- ✓ **Make your elections for each plan on the enrollment site.**
- ✓ **Click "I Accept" when you're finished.** You must click "I Accept" for your 2012 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, 2012.

**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 2012 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.**

<p><b>Medical Plans</b> <i>(includes Prescription Drug coverage through Medco Health Solutions and Kaiser Permanente)</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> CareFirst BlueCross® BlueShield® Medical Plan</li> <li><input type="checkbox"/> BlueChoice HMO</li> <li><input type="checkbox"/> Kaiser Permanente HMO</li> </ul>
<p><b>Dental Plans</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> CareFirst BlueCross® BlueShield® Dental Plan (PPO)</li> <li><input type="checkbox"/> CIGNA Dental Plan (PPO)</li> <li><input type="checkbox"/> United Concordia ConcordiaPLUS® Dental Plan (DHMO)</li> </ul>
<p><b>Flexible Spending Accounts (FSAs)</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Health Care Flexible Spending Account</li> <li><input type="checkbox"/> Dependent Care Flexible Spending Account</li> </ul>
<p><b>Vision Plan</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> UnitedHealthCare Vision Plan</li> </ul>
<p><b>Life Insurance</b></p>	<p><b>Life Insurance*:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 100% of base salary</li> <li><input type="checkbox"/> Additional 100% of base salary</li> </ul> <p><i>*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</i></p> <p><b>Dependent Life Insurance:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> \$4,000 for spouse or same-sex domestic partner and \$2,000 per child</li> </ul>
<p><b>Business Travel Accident Insurance</b></p>	<p><b>Business Travel Accident Insurance:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> \$50,000 of coverage</li> </ul>
<p><b>Disability Protection</b></p>	<p><b>Short-Term Disability:</b> benefits generally continue 60% of pre-disability pay for up to 11 weeks</p> <p><b>Long-Term Disability**:</b> after 90 consecutive days, benefits generally continue 60% of pre-disability pay</p> <p><i>**Eligible on first day of month coincident with or next following one year of employment unless proof of prior immediate coverage provided</i></p>
<p><b>Voluntary Benefits</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Auto Insurance</li> <li><input type="checkbox"/> Homeowner's Insurance</li> <li><input type="checkbox"/> Long Term Care Insurance</li> </ul>

# Participating in the Benefits Program

## Who is Eligible

You are eligible to enroll in myChoices as long as you are a full-time 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 child(ren) up until the end of the year in which your dependent turns age 26, provided the dependent does not have access to his or her own employer coverage. Coverage may be continued for child(ren) up to any age, if they cannot support themselves because of a mental or physical disability (certification of disability is required; contact your Medical insurance 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. You will need to submit dependent documentation.

## 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 the Benefits Web site at <http://benefits.jhu.edu/resources/ssdp>.*

# Participating in the Benefits Program

## When Coverage Begins

The participation date for the myChoices 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.

## How Long Coverage Lasts

The choices you make now will remain in effect through December 31, 2012 — 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.

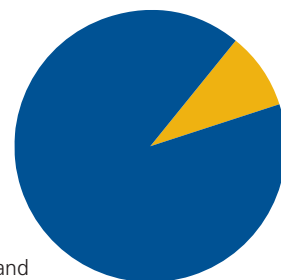
You are not required to enroll your spouse or same-sex domestic partner for medical coverage. However, if you are choosing not to enroll a formerly covered spouse or same-sex domestic partner because of a termination in the relationship, be sure to complete a Termination of Marriage or Same-sex Domestic Partnership form (available on <http://benefits.jhu.edu/documents/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

- University-paid portion
- Portion paid by you



\*Note: Chart is a representation and does not reflect any specific circumstance.

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.

## 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.

How the Medical Plans Compare		
Things to consider...	Indemnity Plan	Health Maintenance Organization (HMO)
<b>Choice of provider</b>	See any provider	Provider must be part of HMO's network
<b>PCP/referrals needed</b>	No	Yes
<b>What you pay out-of-pocket</b>	You pay an annual deductible, then the plan generally pays 80% each time you need care (you pay the balance)	No deductible; you pay a copay, then the plan pays the balance

Refer to the Health Plan Comparison Chart on page 20 for a side-by-side comparison of the plan's key features. If you have a specific question, you can always call the insurance carrier; contact information is on page 19.

### 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 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 (who are 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 university medical plans. For information on the new Vision Plan, see page 12.*

## 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			
Retail	BlueCross BlueShield	BlueChoice	
Maintenance	Up to 90-day supply	Up to 30-day supply	31-90-day supply
Generic	\$13	\$8	\$16
Formulary* brand	\$18	\$15	\$30
Non-formulary* brand	\$23	\$30	\$60
Non-maintenance	Up to 90-day supply	Up to 90-day supply— each 30-day supply takes a copay	
Generic	\$13	\$8	
Formulary* brand	\$18	\$15	
Non-formulary* brand	\$23	\$30	
Mail-order	BlueCross BlueShield	BlueChoice	
Maintenance	Up to 90-day supply	Up to 90-day supply	
Generic	\$13	\$16	
Formulary* brand	\$18	\$30	
Non-formulary* brand	\$23	\$60	
Non-maintenance	Up to 90-day supply	Up to 90-day supply	
Generic	\$13	\$24	
Formulary* brand	\$18	\$45	
Non-formulary* brand	\$23	\$90	
Kaiser Permanente			
	Retail— Kaiser Pharmacy Up to 60-day supply	Retail— Community Pharmacy Up to 60-day supply	Mail Order
Generic	\$5	\$11	Maintenance drug program (up to a 90-day supply for one copay) available
Brand	\$15	\$27	

\*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

Healthy@Hopkins helps you make a difference — in your personal and financial health.

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 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.

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 *WORKlife* programs has to offer.

For more information about the many programs available through Healthy@Hopkins, visit the Benefits Web site at <http://benefits.jhu.edu> and select **Wellness** 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 university benefits program can help!

Make it a priority this enrollment season to:

1. Get an annual physical (it's covered at 100% in-network).
2. Complete your HRA — now through your medical plan.
3. Get financially fit — maximize your retirement savings through your 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, the Office of Work, Life and Engagement, 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.

## HRA — Now Through Your Medical Plan

Take just 15 minutes to complete your confidential, personal HRA. Complete it online — from your home or at work. What is the HRA? It's a confidential questionnaire about your current health and lifestyle. The individual HRA results are confidential, but the aggregate results show the wellness needs of university 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 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](http://www.carefirst.com)
- CIGNA at [www.cigna.com](http://www.cigna.com)
- United Concordia at [www.ucci.com/tuctcc/clients.jsp?id=50](http://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 19 for contact information.

	CAREFIRST BCBS DENTAL PLAN		CIGNA DENTAL PLAN		CONCORDIA PLUS DENTAL PLAN
	In-Network	Out-of-Network	In-Network	Out-of-Network	
<b>Calendar Year Deductible</b>	\$0	\$50	\$0	\$50 individual \$100 family	\$0
<b>Class I</b> Diagnostic & Preventive Services: cleanings, X-rays, office visits	100% of allowable charge	100% of allowable charge	100% of allowable charge	100% of allowable charge	100% (\$5 copayment for Oral Evaluation)
<b>Class II</b> Basic Services: fillings, root canals, periodontics, oral surgery	75% of allowable charge	75% of allowable charge, subject to deductible	75% of allowable charge	75% of allowable charge, subject to deductible	90% - 100% (fillings) 70% (basic)
<b>Class III</b> Major Services: dentures, crowns & bridges	50% of allowable charge	50% of allowable charge, subject to deductible	50% of allowable charge	50% of allowable charge, subject to deductible	70%
<b>Class I, II, &amp; III Calendar Year Maximum Benefit</b>	\$1,500 combined		\$1,500 combined		No maximum
<b>Class IV Orthodontics</b>	50% of allowable charge	50% of allowable charge	50% of allowable charge	50% of allowable charge	Member pays \$2,900 (2-year case)
<b>Lifetime Maximum Benefit (Class IV only)</b>	\$1,500 total for in-network and out-of-network orthodontic services		\$1,500 total for in-network and out-of-network orthodontic services		No maximum

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.

# Vision Plan

Enrollment for vision benefits is done through Marsh Voluntary Benefits, and coverage is provided by the UnitedHealthCare Vision Program.

Below are some of the features of vision care available from a network of more than 31,000 private practice and national retail chains:

- No cost for annual eye exams after an initial \$15 copay
- A \$130 allowance for discounted lenses and frames, after a \$15 copay
- A 20% discount on any costs exceeding your lens and frame allowance
- Free standard scratch resistance coating for lenses
- Full coverage for select contact lenses, and an allowance for the purchase of other contact lenses, after a \$15 copay
- Special discounts on laser eye surgery

No claim forms or ID cards are required when you receive vision care.

To enroll, review more information and check the network of vision care providers, visit [www.jhuvoluntarybenefits.com](http://www.jhuvoluntarybenefits.com).

**Note:** Participants in the CareFirst BCBS Medical Plan are eligible for a free eye exam every two years by a selected Wilmer Eye Institute School of Medicine provider. Eyeglasses, new contact lenses, and dispensing of contact lenses are not included in the routine eye exam and are not covered by the university medical plans. See page 7.

# 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),
- 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). You may contribute up to \$5,000 annually to the Health Care Flexible Spending Account. Please note that over the counter medications that are not prescribed by a physician (except insulin) are not considered eligible medical expenses under the 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](http://www.irs.gov/pub/irs-pdf/p502.pdf).

- You must enroll for the flexible spending accounts if you want to participate in 2012 — **even if you participated in 2011**. 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. Funds to cover your dependents' medical expenses should be contributed to the Health Care Flexible Spending Account, not this one. 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.

### 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 exceed \$3,650.

Maximum Annual Contribution to the Dependent Care Flexible Spending Account	
If you are single	\$5,000
If you are married and file jointly	\$5,000 combined (up to your earned income or your spouse's earned income, whichever is less)
If you are married and file separately	\$2,500 (up to your earned income or your spouse's earned income, whichever is less)
If you're married and your spouse is a student or incapable of self-care, and you claim:	
<ul style="list-style-type: none"> <li>• One dependent</li> <li>• Two or more dependents</li> </ul>	<ul style="list-style-type: none"> <li>• \$2,400</li> <li>• \$4,800</li> </ul>



# 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](http://www.irs.gov/pub/irs-pdf/p503.pdf).

**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.**

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.

**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.**

## 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. 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).

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 (in the Health Care Flexible Spending Account and/or the Dependent Care Flexible Spending Account), you can elect to do so at any time by logging in, selecting the FSA, then choosing View Account Statement.

# 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.** 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.
- **Use the card only for qualified 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.

Note that 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.

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 the end of the year in which your dependent turns 26. 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 myChoices. 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 Johns Hopkins University 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.

# Auto and Homeowner's Insurance

Johns Hopkins University offers you the option to setup convenient payroll deductions to pay for your auto, homeowner's, or renters insurance. In addition to convenience, you may be able to receive a special group discount on this insurance, or a discount based on your length of service at the university.

You do not need to wait until your current coverage renews to shop for new coverage — you can get a quote and apply for coverage anytime throughout the year.

To request a quote and learn more about these options, go to [www.jhuvoluntarybenefits.com](http://www.jhuvoluntarybenefits.com).

# Long Term Care Insurance

This valuable coverage offers services that help with normal daily activities, and may be provided in the home, the community, in assisted living, or in a nursing home. The university offers group Long Term Care Insurance through CNA to eligible faculty and staff. You may purchase it for yourself, as well as family members.

For more information or to enroll in the program, go to [www.jhuvoluntarybenefits.com](http://www.jhuvoluntarybenefits.com).

# Resources

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

## Medical

CareFirst BlueCross® BlueShield®	1-877-691-5856	<a href="http://www.carefirst.com">www.carefirst.com</a>
BlueChoice	1-877-691-5856	<a href="http://www.carefirst.com">www.carefirst.com</a>
Kaiser Permanente	1-800-777-7902	<a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a>

## Prescription Drugs

Medco	1-800-336-3862	<a href="http://www.medco.com">www.medco.com</a>
Kaiser Permanente	1-800-777-7902	<a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a>

## Dental

CareFirst BlueCross® BlueShield®	1-877-691-5856	<a href="http://www.carefirst.com">www.carefirst.com</a>
CIGNA	1-888-336-8258	<a href="http://www.cigna.com/">http://www.cigna.com/</a>
United Concordia	1-866-357-3304 1-800-332-0366	<a href="http://www.ucci.com/tuctcc/clients.jsp?id=50">www.ucci.com/tuctcc/clients.jsp?id=50</a>

## Vision

Marsh	1-866-795-9362	<a href="http://www.jhuvoluntarybenefits.com">www.jhuvoluntarybenefits.com</a>
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## Flexible Spending Accounts

WageWorks	1-877-924-3967	<a href="http://www.wageworks.com">www.wageworks.com</a>
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## Life Insurance and Dependent Life Insurance

MetLife	1-800-523-2894	<a href="http://www.metlife.com">www.metlife.com</a>
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## Disability

The Hartford	1-800-303-9744	<a href="http://www.thehartford.com">www.thehartford.com</a>
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## Benefits Service Center

Benefits Service Center	1-410-516-2000	<a href="http://benefits.jhu.edu">http://benefits.jhu.edu</a>
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## Voluntary Benefits

Marsh Auto and Homeowner's Insurance	1-866-795-9362	<a href="http://www.jhuvoluntarybenefits.com">www.jhuvoluntarybenefits.com</a>
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## Long Term Care Insurance

Marsh	1-866-795-9362	<a href="http://www.jhuvoluntarybenefits.com">www.jhuvoluntarybenefits.com</a>
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## Legal Notices

Legal notices informing you of your rights under Federal law are on the Benefits website — <http://benefits.jhu.edu>.

# Health Plan Comparison Chart

Benefits	BlueCross BlueShield Plan 1-877-691-5856 www.carefirst.com	BlueChoice (HMO) 1-877-691-5856 www.carefirst.com	Kaiser Permanente (HMO) 1-800-777-7902 www.kaiserpermanente.org
Annual deductible (does not apply to out-of-pocket maximum)	\$200 per person \$600 per family	None	
Annual out-of-pocket maximum	\$1,000 per person \$3,000 per family	None	\$3,500 single \$9,400 family
Annual maximum benefit	None	None	
Dependent eligibility	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  Child(ren) who do not have access to their own employer coverage may be covered up until the end of the year in which they turn age 26; coverage may continue for 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		
<b>Preventive Care</b>			
Preventive care including physical exams and well baby	Routine annual adult physical and OB/GYN exam: 100% covered one per calendar year Well baby: 100% covered (through age 17)	\$5 copay; \$10 specialist copay	100% covered
Immunizations (adult) and mammograms	100% covered	100% covered	
<b>Physician Services</b>			
Physician services (office visit)	80% covered after deductible; 100% covered after deductible, if JHU network provider	\$5 copay; \$10 specialist copay	\$5 copay; \$5 specialist copay
Physician services (medical and surgical)	80% covered after deductible; 100% covered after deductible, if JHU network provider	Inpatient 100% covered; outpatient \$5 PCP copay; \$10 specialist copay	Inpatient 100% covered; outpatient \$10 copay \$20 specialist copay
<b>Hospital Services</b>			
Hospital service benefits (inpatient)	80% covered after deductible	100% covered	
Emergency care (sudden and serious and accidental injury)	Facility: 100% covered Physician: 80% covered after deductible	\$25 copay (waived if admitted)	\$50 copay (waived if admitted)
Outpatient surgery	Facility: 100% covered Physician: 80% covered after deductible	\$5 copay; \$10 specialist copay	\$5 copay

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

Benefits	BlueCross BlueShield Plan 1-877-691-5856 www.carefirst.com	BlueChoice (HMO) 1-877-691-5856 www.carefirst.com	Kaiser Permanente (HMO) 1-800-777-7902 www.kaiserpermanente.org
<b>Mental Health/Substance Abuse</b>			
Mental health (inpatient)	80% covered after deductible	100% covered (subject to authorization from Magellan); partial hospitalization at \$5 per day	100% covered after \$250 hospital copay
Mental health (outpatient)	80% covered after deductible	\$5 per visit	\$5 per visit
Alcohol and drug addiction (inpatient)	80% covered after deductible	100% covered; partial hospitalization at \$5 per day	100% covered after \$250 hospital copay
Alcohol and drug addiction (outpatient)	80% covered after deductible	\$5 per visit	\$5 per visit
<b>Reproductive Health</b>			
Pre- and post-natal care	80% covered after deductible; 100% covered after deductible if JHU network provider	\$10 specialist copay (not more than \$100 per pregnancy)	100% covered except \$5 copay to confirm pregnancy; \$5 specialist copay to confirm pregnancy
Family planning & fertility testing	Family planning not covered; fertility testing 80% covered after deductible, subject to review	\$5 copay per visit \$10 specialist copay per visit	100% covered per family planning visit; testing covered at 50%
Artificial insemination	An approved plan of treatment is required; benefits are limited to 6 attempts per live birth; 80% covered after deductible; physician 100% covered after deductible if JHU network provider	50% of allowable charges	50% of allowable charges
In vitro fertilization	An approved plan of treatment is required; benefits are limited to 3 attempts per live birth; 80% covered after deductible; \$100,000 lifetime maximum; physician 100% covered after deductible if JHU network provider	50% of allowable charges; \$100,000 lifetime maximum or 3 attempts per live birth	50% covered up to 3 attempts per live birth; \$100,000 lifetime maximum

For prescription drug information, see page 8.

