



Benefits Enrollment Guide

For Bargaining Unit Members

*my*choices

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

MyChoices offers you a program that can help you be well by choosing well. Health care costs continue to rise each year, so our employees’ health and well-being have been major concerns. Focusing on employees’ health is one of the university’s strategies for managing future health care costs.

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:

- Take advantage of preventive benefits, such as routine physicals and health screenings, available at no cost to you.
- Learn more about health management—consider participating in a free care management program to help you manage chronic conditions.
- Complete your health risk assessment and share the results with your provider to get expert advice on what you may experience as risks.

Please take time to review this guide carefully—it contains important information about enrollment and your benefits.

Getting Started

Before choosing your benefit elections for this year, carefully review this guide and information available to you online at benefits.jhu.edu/mychoices. These resources will help you make informed choices.

If you have questions about your benefits or how to enroll, you can contact the Benefits Service Center by phone, email, fax, or mail.

Phone: **410-516-2000**
Email: benefits@jhu.edu
Fax: **443-997-5820**

Address:
Benefits Service Center
Johns Hopkins University
1101 East 33rd Street, Suite D200
Baltimore, MD 21218

This enrollment guide provides highlights of the Johns Hopkins University Plans for bargaining unit employees. 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.

Your 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>Medical Plans <i>(includes Prescription Drug coverage through Express Scripts or Kaiser Permanente, depending on the plan you choose)</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> CareFirst BlueCross BlueShield Plan <input type="checkbox"/> BlueChoice HMO <input type="checkbox"/> Kaiser Permanente HMO
<p>Dental Plans</p>	<ul style="list-style-type: none"> <input type="checkbox"/> CareFirst BlueCross BlueShield Dental Plan (PPO) <input type="checkbox"/> Cigna Dental Plan (PPO) <input type="checkbox"/> United Concordia ConcordiaPLUS Dental Plan (DMO)
<p>Flexible Spending Accounts (FSAs)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Health Care Flexible Spending Account <input type="checkbox"/> Dependent Care Flexible Spending Account
<p>Life Insurance</p>	<p>Life Insurance:*</p> <ul style="list-style-type: none"> ✓ 100% of base salary <input type="checkbox"/> Additional 100% of base salary <p>Dependent Life Insurance:</p> <ul style="list-style-type: none"> ✓ \$4,000 for spouse or domestic partner and \$2,000 per child <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 will be required.</i></p>
<p>Business Travel Accident Insurance</p>	<p>Business Travel Accident Insurance:</p> <ul style="list-style-type: none"> ✓ \$50,000 of coverage
<p>Disability Protection</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Short-Term Disability: benefits generally continue 60% of pre-disability pay for up to 11 weeks (to a maximum of \$2,500 weekly) <input type="checkbox"/> Long-Term Disability:** after 90 consecutive days, benefits generally continue 60% of pre-disability pay (up to \$10,000 monthly) <p><i>**Eligible on first day of month coincident with or next following one year of employment unless proof of prior immediate coverage is provided.</i></p>
<p>Voluntary Benefits</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Vision Insurance <input type="checkbox"/> Hyatt Legal Plan <input type="checkbox"/> Auto Insurance <input type="checkbox"/> Homeowner's Insurance <input type="checkbox"/> Critical Illness Insurance <input type="checkbox"/> Accident Insurance

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 employee at the university. You may also cover your eligible dependents, as follows:

- Your legally married spouse or domestic partner*
- Your children up until the end of the year in which your dependent turns age 26; coverage may be continued for children 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 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. Dependents may be covered only under the plan you elect for yourself. The types of coverage available are:

- **Individual** - bargaining unit employee
- **1 Adult and Children** - bargaining unit employee and one or more children
- **2 Adults** - bargaining unit employee and spouse or domestic partner*
- **2 Adults and Children** - bargaining unit employee, spouse or domestic partner,* and one or more children

**Must qualify for coverage under the Johns Hopkins University Domestic Partnership Benefits Policy, which can be found on the Benefits website at <http://benefits.jhu.edu/resources>.*

When Coverage Begins

The participation date for the myChoices Program generally is the first day of employment in an eligible status, which is usually your first day of work after your probationary period. 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 the end of the plan year, unless you have a change in:

- Your marital status (e.g., marriage, certification of domestic partnership, divorce, or death of a spouse or domestic partner)
- 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, domestic partner, or dependent
- In the case of a significant change in access to coverage, place of residence or employment for you, your spouse, 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 or your covered dependent(s) 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.

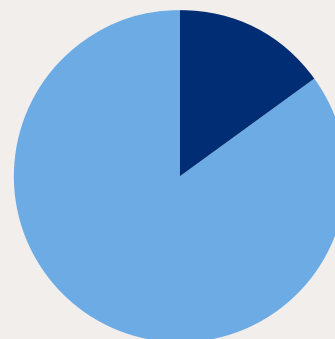
You are not required to enroll your spouse or domestic partner for medical coverage. However, if you are choosing to disenroll a formerly covered spouse or domestic partner because of a termination in the relationship, be sure to complete a Termination of Marriage or Domestic Partnership form (available 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 will pay for your benefit elections with pre-tax dollars deducted from your paycheck.

Medical Plan

You have three medical options to choose from:

- **CareFirst BlueCross BlueShield (BCBS) 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.

How the Medical Plans Compare		
Things to consider	Indemnity Plan	Health Maintenance Organization (HMO)
Choice of provider	See any provider	Provider must be part of HMO's network
PCP/referrals needed	No	Yes
What you pay out-of-pocket	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 9 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.

Understand and Compare Your Medical Plan Options

To help you select the best and most cost-effective plan for yourself and your family, you can use the Medical Plan Coverage Comparison tool. This tool provides a side-by-side comparison of the individual features of the medical (and dental) plans that are available to you. For example, let's say that you want to understand how the plans compare on the deductible, cost of physician services, and prescription drugs. After selecting these categories through the tool, you will instantly see how each of the three plans compare on the selected features. To access this tool, visit www.jhumedcovcomp.com.

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 who is in this network, 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 employees and their eligible dependents who are age 18 and older and enroll 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 in the Baltimore area. The comprehensive eye exam will consist of a routine eye exam and complete visual system exam. Call **410-955-5080** 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 voluntary Vision Plan, see page 17.

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 primary care physician (PCP) in the HMO. 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 PCP in the HMO.

BlueChoice and Kaiser Permanente are the two HMO plans offered by the university. Kaiser Permanente provides the majority of its 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 on page 9 and on the following websites:

- www.carefirst.com for BlueChoice and the CareFirst PPO
- www.kaiserpermanente.org for Kaiser Permanente

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 on 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 a generic drug or a formulary brand-name drug.
- You met the annual out-of-pocket maximum. Prescription drug costs will count toward a separate out-of-pocket maximum. Once you reach this maximum, eligible prescriptions are covered 100% through the end of the plan year.

Generic drugs are lower-cost medications that are just as effective as brand-name drugs. You may pay more if you purchase a brand medicine when a generic-equivalent drug is available. You will pay the generic copay plus the difference in cost between the brand and generic drug.

Please note: Some brand name drugs will also be subject to prior authorization, step therapy, and/or quantity limitations.

If You Are Covered by CareFirst BlueCross BlueShield or BlueChoice

The university offers prescription drug coverage through Express Scripts. The chart below shows what you pay 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 cost savings and 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 what you pay when you use a Kaiser pharmacy, preferred community pharmacy, or mail order.

CareFirst BlueCross BlueShield and BlueChoice

	BlueCross BlueShield and BlueChoice
Annual out-of-pocket maximum	\$2,000 per person \$6,000 per family
Retail (Up to 30-day supply)	
Generic	\$10 copay
Formulary* brand	If no generic is available, 20% coinsurance (\$30 min/\$45 max)
Non-formulary* brand	If no generic or formulary brand is available, 25% coinsurance (\$60 min/\$100 max)
Mail order (Up to 90-day supply)	
Generic	\$25 copay
Formulary* brand	\$75 copay
Non-formulary* brand	\$150 copay

Kaiser Permanente

	Retail (Kaiser pharmacy) (Up to 30-day supply)	Retail (community pharmacy) (Up to 30-day supply)	Mail order (Maintenance drug program up to a 90-day supply for two copays)
Annual out-of-pocket maximum	Integrated with medical		
Generic	\$7 copay	\$10 copay	\$14 copay
Formulary* brand	\$15 copay	\$20 copay	\$30 copay
Non-formulary* brand	\$30 copay	\$35 copay	\$60 copay

*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.

Health Plan Comparison Chart

Benefits	CareFirst 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)	\$500 per person \$1,500 per family	None	None
Annual out-of-pocket maximum	\$1,500 per person \$4,500 per family	\$1,500 per person \$4,500 per family	\$3,500 single \$9,400 family
Annual maximum benefit	None	None	
Dependent eligibility	<p>Legally married spouse or domestic partner (if qualified for coverage under Johns Hopkins University Domestic Partnership Benefits Policy) may be covered.</p> <p>Children are eligible for coverage regardless of other medical coverage up until the end of the year in which they turn age 26; coverage may continue for children 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.</p>		
Preventive Care			
Preventive care Adult physical Well child exam OB-GYN exam	100% covered once per calendar year (well child exams covered through age 17)	100% covered	100% covered
Immunizations (adult) and mammograms	100% covered	100% covered	100% covered
Physician Services			
Physician services (office visit)	80% covered after deductible; 100% covered after deductible, if JHU network provider (you will incur additional expenses for diagnostic testing, facility, and hospital charges)	\$15 copay; \$30 specialist copay	\$15 copay; \$30 specialist copay
Physician services (medical and surgical)	80% covered after deductible; 100% covered after deductible, if JHU network provider (you will incur additional expenses for diagnostic testing, facility, and hospital charges)	Inpatient 100% covered; outpatient \$15 PCP copay; \$30 specialist copay	Inpatient 100% covered; outpatient \$15 copay; \$30 specialist copay
Hospital Services			
Hospital service benefits (inpatient)	80% covered after deductible	100% covered	100% covered
Hospital copay per inpatient admission	\$150 copay	\$100 copay	\$100 copay
Emergency care (sudden and serious and accidental injury)	\$100 copay (waived if admitted)	\$50 copay (waived if admitted)	\$75 copay (waived if admitted)
Urgent care	\$50 copay	\$25 copay	\$30 copay
Outpatient surgery	Facility: 100% covered Physician: 80% covered after deductible	\$60 copay	\$50 copay

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
Mental Health/Substance Abuse			
Mental health (inpatient)	80% covered after deductible	100% covered (subject to authorization from Magellan); partial hospitalization at \$10 per day	100% covered
Mental health (outpatient)	80% covered after deductible	\$10 per visit	Group therapy: \$7 copay Individual therapy: \$15 copay
Alcohol and drug addiction (inpatient)	80% covered after deductible	100% covered	100% covered
Alcohol and drug addiction (outpatient)	80% covered after deductible	\$10 per visit	Group therapy: \$7 copay Individual therapy: \$15 copay
Reproductive Health			
Pre- and post-natal care	100% covered	100% covered	100% covered except \$10 copay to confirm pregnancy
Family planning and fertility testing	80% covered after deductible, subject to review	\$15 copay per visit \$30 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 and \$100,000 lifetime maximum; 80% covered after deductible; physician 100% covered after deductible if JHU network provider	50% of allowable charges (limited to 6 attempts per live birth and \$100,000 lifetime maximum)	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 and 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.

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.

Healthy at Hopkins

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

If you're concerned about your personal health, Healthy at Hopkins gives you access to the following resources:

- A confidential survey, called a **health risk assessment**, can help you understand your current health risks and develop a plan for addressing them.
- **Healthy Living programs** (available at or near your workplace) can help you lose weight, reduce stress, or start exercising. There may be a small charge for some of these programs.
- **Care management programs** can help you manage a chronic health condition, if you have one.

Healthy at 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 websites.
- For help with the day-to-day issues of juggling work and family, take a look at what the Office of Work Life & Engagement has to offer. You can find information at hopkinsworklife.org.

For more information about the many programs available through Healthy at Hopkins, visit the Benefits website at <http://benefits.jhu.edu> and select Wellness from the top navigation bar.



Dental Plan

You have three dental options to choose from:

- **CareFirst BlueCross BlueShield PPO Dental Plan**
- **Cigna PPO Dental Plan**
- **United Concordia ConcordiaPLUS Dental Plan**

You may also choose to not elect coverage.

The CareFirst BlueCross BlueShield 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 Dental 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 in 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 website:

- CareFirst BlueCross BlueShield at www.carefirst.com
- Cigna at www.cigna.com
- United Concordia at www.unitedconcordia.com/dental-insurance/member/clients-corner/john-hopkins-university/

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 website and vendor website. See “Resources” on page 19 for contact information.

	CAREFIRST BCBS DENTAL PLAN		CIGNA DENTAL PLAN		CONCORDIAPLUS DENTAL PLAN
	In-Network	Out-of-Network	In-Network	Out-of-Network	
Calendar Year Deductible	\$0	\$50	\$0	\$50 individual \$100 family	\$0
Class I Diagnostic and Preventive Services: cleanings, X-rays, office visits	100% of allowable charges	100% of allowable charges	100% of allowable charges	100% of allowable charges	100% (\$5 copayment for oral evaluation)
Class II Basic Services: fillings, root canals, periodontics, oral surgery	75% of allowable charges	75% of allowable charges, subject to deductible	75% of allowable charges	75% of allowable charges, subject to deductible	90%-100% (fillings) 70% (basic)
Class III Major Services: dentures, crowns, bridges	50% of allowable charges	50% of allowable charges, subject to deductible	50% of allowable charges	50% of allowable charges, subject to deductible	70%
Class I, II & III Calendar Year Maximum Benefit	\$1,500 combined		\$1,500 combined		No maximum
Class IV Orthodontics	50% of allowable charges	50% of allowable charges	50% of allowable charges	50% of allowable charges	Member pays \$2,900 (2-year case)
Lifetime Maximum Benefit (Class IV only)	\$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 by the insurance company to be reasonable and customary. 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. These accounts 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.

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 \$2,600 annually to the Health Care Flexible Spending Account.

Be sure to check which medical expenses are considered eligible medical expenses. You can find a list at <https://www.wageworks.com/employees/support-center/healthcare-fsa-eligible-expenses-table>.

Using Your WageWorks Reimbursement Card

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 in the same way as a debit card at doctors' offices, medical facilities, hospitals, and qualified merchants or merchants certified by the Inventory Information Approval System (IIAS).

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

- **Keep your receipts.** You may be asked to substantiate your purchases, so be prepared to submit photocopies 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, you should pay for your non-eligible expenses separately.

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. This account does not cover medical expenses for your dependents. 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 in the table below.

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"> • One dependent: \$2,400 • Two or more dependents: \$4,800

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.



It's important to plan carefully when determining your contributions. In exchange for the tax advantages of flexible spending accounts, the IRS limits the amount you can roll over at the end of the year. If you participate in a Health Care Flexible Spending Account, you are allowed to carry over up to \$500 into the next plan year. Any unused money in your Dependent Care Flexible Spending Account at the end of the year is forfeited. And you can't transfer money between flexible spending accounts.



Spouses/domestic partners and children of spouses/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 spouses/domestic partners or the children of spouses/domestic partners unless they qualify as your eligible dependents under the specific federal tax law definitions that apply to Dependent Care and Health Care Flexible Spending Accounts.

Using Your Account

Our Dependent Care Flexible Spending Account is 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.

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 <https://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 child and dependent care tax credit. To learn whether the Dependent Care Flexible Spending Account or the 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 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.

Life and Business Travel Accident Insurance

Life Insurance (Basic and Supplemental)

The university provides one times your base salary as a university-paid benefit (no cost to you). You can purchase an additional one times your salary of coverage. You will need to complete documentation to qualify for this additional coverage.

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



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 in coverage.

Designating Your Beneficiary

The names of the beneficiaries you designated 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.

Disability Protection

Short-Term Disability Plan

You may choose to elect Short-Term Disability (STD) coverage as part of myChoices. If elected, the STD Plan pays 60% of your pre-disability base salary* (up to a maximum of \$2,500 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. You may enroll for coverage even if you have a pre-existing medical condition (e.g. an injury, illness, or pregnancy).

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

Dependent Life Insurance

The university provides dependent life insurance for your spouse or 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/domestic partner and \$2,000 per child.

Business Travel Accident Insurance

Bargaining unit employees 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 on 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.

Long-Term Disability Plan

The university provides Long-Term Disability (LTD) coverage at no cost for bargaining unit employees. LTD benefits replace 60% of your pre-disability base salary* (not to exceed \$10,000 monthly) if you are unable to work for 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.

Voluntary Insurance Benefits

Johns Hopkins University offers several Voluntary Insurance Benefits options. To learn more about these options, go to www.jhuvoluntarybenefits.com

Vision Plan

Enrollment for vision benefits is done through Mercer 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.



Note: Adult 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.

Auto/Homeowner's Insurance

Johns Hopkins University offers you the option to set up convenient payroll deductions to pay for your auto, homeowner's, or renter's insurance. In addition to finding this convenient, 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.

Critical Illness Insurance

Critical Illness Insurance provides additional financial protection to you during treatment for illnesses such as cancer and Alzheimer's disease. You receive a lump-sum benefit to help you pay some of your additional expenses as you see fit, including copays and deductibles, as well as personal expenses such as mortgage payments and child care. You have three options for coverage:

- \$10,000
- \$15,000
- \$20,000

Accident Insurance

Accidents happen when you least expect it — and they can be costly. The voluntary Accident Insurance benefit helps prepare you financially in the event that you or a family member is injured or needs health treatment as the result of an accident. The plan can supplement your medical coverage by providing financial benefits to help pay for out-of-pocket health care expenses as you see fit, including copays and deductibles, as well as personal expenses such as mortgage payments and child care, or other expenses resulting from an accidental injury. You may choose between a low and a high option for coverage for:

- Sports-related accidental injuries
- Broken bones
- Burns
- Concussions
- Lacerations
- Back or knee injuries

Hyatt Legal Plan

The Hyatt Legal plan provides participants with unlimited access to nearly 11,000 attorneys nationwide at discounted rates. You can get in touch with an attorney either by phone or in person.

Bargaining Unit Employees' Pension Plan

You are eligible for this retirement plan if you are a bargaining unit employee who was hired:

- Before January 1, 2002; or
- On or after January 1, 2002, in which case you become eligible for this plan once you complete two years of service.

How the Plan Works

The plan is a traditional defined benefit pension plan that pays you a monthly retirement income once you retire. Your pension is based on:

- Your length of service with the university
- Your earnings and salary history while at the university
- Your age when retirement income payments begin

You are vested in this benefit (i.e., “own” this benefit).

The plan defines when you may retire and begin receiving your benefits:

- Early retirement is as soon as you reach age 55, provided you are 100% vested.
- Normal retirement is the first day of the month following your 65th birthday.
- Late retirement is generally anytime after your normal retirement date.

Staff Voluntary 403(b) Retirement Plan

You are eligible to make pre-tax voluntary contributions to the 403(b) retirement plan. You may receive the university's matching contribution if you are a full-time or part-time bargaining unit member after two years of service.

How the Plan Works

- You may make pre-tax contributions to the plan each pay period, from a minimum of \$15 per month up to the annual maximum established by the IRS
- If you are age 50 or older, you may make additional “catch-up” contributions
- After two years of full-time or part-time service, the university will match 20% on the first 3% of base salary that you contribute
- You are always 100% vested in all contributions, including those from the university. “Vesting” refers to your ownership of your plan account.

To enroll or make changes, visit benefits.jhu.edu/mychoices and click on the Retirement Choice link.

Tuition Benefits

The university offers three types of tuition plans. Full details can be found at benefits.jhu.edu/tuition, but here's a quick summary:

Tuition Grant: Your dependents may be eligible for a grant applied toward the cost of full-time study at an accredited, degree-granting institution.

Tuition Reimbursement: You may be eligible to take undergraduate credit and non-credit courses for career development at an accredited university. The plan reimburses up to \$2,000 in tuition expenses.

Tuition Remission: You may be eligible for part-time credit and non-credit courses offered through the continuing education unit of one of JHU's academic divisions.

Resources

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

Medical		
CareFirst BlueCross BlueShield	1-877-691-5856	www.carefirst.com
BlueChoice	1-877-691-5856	www.carefirst.com
Kaiser Permanente	1-800-777-7902	www.kaiserpermanente.org
Prescription Drugs		
Express Scripts	1-800-336-3862	www.express-scripts.com
Kaiser Permanente	1-800-777-7902	www.kaiserpermanente.org
Dental		
CareFirst BlueCross BlueShield	1-877-691-5856	www.carefirst.com
Cigna	1-888-336-8258	www.cigna.com
United Concordia	1-866-357-3304 1-800-332-0366	www.unitedconcordia.com/dental-insurance/member/clients-corner/john-hopkins-university/
Flexible Spending Accounts		
WageWorks	1-877-924-3967	www.wageworks.com
Life Insurance and Dependent Life Insurance		
Securian	1-888-658-0193	www.lifebenefits.com
Disability		
The Hartford	1-800-303-9744	www.thehartford.com
Benefits Service Center		
Benefits Service Center	1-410-516-2000	www.benefits.jhu.edu
Voluntary Benefits		
Mercer <ul style="list-style-type: none"> • Vision • Auto and Homeowner's Insurance • Critical Illness Insurance • Accident Insurance • Hyatt Legal Plan 	1-866-795-9362	www.jhuvoluntarybenefits.com

Legal Notices

Legal notices informing you of your rights under federal law are on the Benefits website: <http://benefits.jhu.edu/resources/legal.cfm>.

This enrollment guide provides highlights of the Johns Hopkins University Health and Welfare Plans for bargaining unit employees. 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.



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