

2003



**JOHNS HOPKINS HEALTH SYSTEM
THE JOHNS HOPKINS HOSPITAL**

**Faculty and Staff
Assistance
Program
(FASAP)**

**Summary
Plan
Description**

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INTRODUCTION

The Faculty and Staff Assistance Program ("FASAP") covers employees of the Johns Hopkins Health System Corporation/The Johns Hopkins Hospital (the "Employer"). FASAP provides a variety of employee assistance benefits as described in this booklet to covered employees and their spouses and children.

FASAP benefits are provided free of charge by your Employer. However, there can be charges for professional services to which you are referred under FASAP. Your Johns Hopkins EHP Medical Plan or other health insurance may pay some of these charges.

If you have questions about your FASAP benefits, please contact FASAP directly at 410-955-1220. You may also visit the FASAP website at www.fasap.org, or refer to the FASAP brochure for additional information.

This booklet is called a Summary Plan Description ("SPD"). This SPD provides certain legally required information about FASAP that is not found at the website or in the FASAP brochure.

ELIGIBILITY AND ENROLLMENT

ELIGIBILITY

You are eligible for FASAP benefits if you are a full time or part time employee of the Employer who is eligible for health insurance benefits. That means you must be regularly scheduled to work at least 20 hours per week, or you must be a Weekend Option Nurse. FASAP is provided for both union and non-union employees.

FASAP benefits are available to spouses and dependent children of eligible employees. FASAP benefits are also available for same sex domestic partners and their dependent children, in accordance with the JHHSC/JHH Policy Regarding Employee Benefits for Domestic Partners (Same Sex). A same sex domestic partner (and his or her dependent children) is eligible for FASAP benefits only while he or she satisfies the requirements for benefits under the Domestic Partner Policy.

ENROLLMENT

If you are eligible, FASAP benefits are available starting on your date of hire with the Employer. There are no enrollment forms to complete – coverage is automatic.

HOW FASAP WORKS

FASAP provides access to counseling and referral services for the types of problems listed below. Appointments are available by calling one of the FASAP offices (East Baltimore: 410-955-1220, or Johns Hopkins at Eastern: 410-997-3800), or go to www.fasap.org for more information.

Some common problems that can be addressed by FASAP include:

- Depression, anxiety and other mental health problems
 - Alcohol and other substance abuse and addiction
 - Coping with change, loss, grief and mourning
 - Family and relationship difficulties
 - Personal or work related stress
 - Career and work problems
 - Sexual harassment
 - Financial problems
 - Legal problems
-

FASAP SERVICES

FASAP offers the following services:

Assessment and Diagnosis: A mental health clinician will discuss with you your concerns or problems. The clinician may ask questions about how things are going at work, at home, and with others, as well as how you are feeling. The clinician may provide you with feedback about the clinician's diagnostic impression. In other words, a FASAP clinician will tell you his or her thoughts about what might be causing your problems and what can be done.

Referral: After discussing your concerns or problems with a FASAP clinician, he or she may recommend that you receive some type of counseling or treatment. FASAP can facilitate referrals to psychiatrists, psychologists, social workers, substance abuse counselors, support groups and various treatment programs. If you have Johns Hopkins EHP Medical Plan coverage, FASAP can work with an EHP Clinical Case Manager to refer you to clinicians and programs within the Johns Hopkins EHP network. While you are not charged for FASAP services,

you can be charged for services to which you are referred. Your Johns Hopkins EHP Medical Plan or other health insurance may help pay for the services provided by the provider or program to which you are referred.

Brief Counseling Treatment: When a problem can be adequately managed in just a few meetings with a FASAP clinician, you can receive brief, time-limited counseling treatment from FASAP. In situations requiring a referral, a FASAP clinician may continue to meet with you until you can meet with the new provider or treatment program.

Supervisory/Managerial Consultation: When supervisors or managers are concerned about, or are unsure how to effectively work with, a co-worker or a subordinate, they can consult with a FASAP clinician. In a collaborative approach, the FASAP clinician and the supervisor or manager will generate alternatives and problem-solve on the most efficient manner to handle the situation.

Training, Education & Outreach: FASAP provides customized, in house discussions or lectures about topics such as Stress Management, Impact of Change on the Workplace, Surviving Workplace Change, Assertiveness Skills Training, Recognizing Depression and Relationship Enhancement. Upon request, FASAP may provide mini lectures on other related topics.

Risk Assessment and Management: FASAP provides mental health risk assessment evaluations on issues where personal safety and risk are involved, such as workplace violence, interpersonal conflict and harassment.

Critical Incident Stress Service: FASAP coordinates with the Critical Incident Stress Service to provide group interventions following work related traumatic events.

Blood-Borne Pathogen Exposure Research Project: If you get stuck by a needle or are exposed to some type of body fluid, you can receive post exposure support and follow up counseling. You can meet with a clinician to discuss any concerns you may have and can also participate in the ongoing "Post Exposure Support Group".

Caregiving, Aging and Retirement: If you have concerns about aging, retirement or other related matters, you may meet with FASAP clinicians specially trained to assess older adults. In addition, a geriatric care manager is available to address the stresses and strains of caregiving.

SERVICES FASAP DOES NOT PROVIDE

FASAP is intended to be a starting place for addressing and treating mental health and substance abuse problems. While FASAP can provide counseling for minor problems, FASAP refers you out for treatment of more serious mental health and substance abuse problems. **Your FASAP benefits cannot take the place of health insurance coverage for treating more serious problems.**

GETTING FASAP BENEFITS

You may make an appointment by calling the FASAP office nearest you -- East Baltimore: 410-955-1220 or Johns Hopkins at Eastern: 410-997-3800.

You will be told if FASAP cannot provide you with a service that you request. Certain FASAP counseling services may constitute “welfare benefits” that are governed by ERISA. If you are denied a FASAP service that is an ERISA welfare benefit, you will receive a written notice of the denial which includes the following information:

- specific reason(s) for the denial;
- specific reference to the pertinent provision(s) of FASAP on which the denial is based;
- description of any additional material or information necessary in order for you to obtain the service and an explanation of why such material or information is necessary; and
- an explanation of FASAP's claim review procedure.

REVIEW OF DENIAL OF BENEFITS

You can request a review of a denial of an ERISA welfare benefit by notifying the Hospital's Benefits Office in writing within 180 days after you receive notice of the denial. The review will be conducted by the FASAP Plan Administrator, which is the Vice President, Human Resources of JHHSC/JHH.

You may review and receive, free of charge, relevant plan documents in connection with your request for review and you may submit any additional information in writing to support your claim. All information will be considered regardless of whether it was considered in the initial determination. If the denial involved a clinical judgment, a health care professional with training in the field of

mental health and substance abuse will be consulted. You may request the identify of any medical experts who were consulted for the denial of your claim.

The Plan Administrator will make a decision and notify you within 30 days of receiving your request for review. The Plan Administrator's decision will be in writing and provide the specific reason(s) for the decision and references to the provision(s) of FASAP on which the decision is based. In addition, the notice will inform you of your right to receive upon request and free of charge: (a) reasonable access to and copies of plan documents and records relevant to your claim, (b) a copy of any rule, guideline or protocol relied on in denying your claim; and (c) an explanation of any scientific or clinical judgment used to determine that your claim is denied based on a medical necessity exclusion. Finally you will be notified of your right to bring a civil suit under ERISA Section 502.

The Plan Administrator has the discretionary authority to determine eligibility for benefits, to interpret any provision of FASAP and this SPD, and to determine any facts which are relevant to eligibility for benefits. The decision of the Plan Administrator on a request for review is final and binding on all parties.

WHEN COVERAGE ENDS

Your coverage under FASAP ends when:

- Your employment ends;
- You no longer meet the eligibility rules; or
- Your Employer stops providing FASAP.

Coverage for a spouse, dependent child or domestic partner ends when your coverage ends.

CONTINUING YOUR COVERAGE UNDER COBRA

If you, your spouse or dependent child lose coverage under FASAP because of certain events ("COBRA qualifying events" as described below), you may be able to continue FASAP coverage under COBRA. Domestic partners and their dependent children cannot continue FASAP under COBRA.

COBRA Coverage For You

If you lose your coverage under FASAP for any of the following COBRA qualifying events, then you have a maximum of 18 months of COBRA continuation coverage:

- termination of your employment (for reasons other than gross misconduct); or
- reduction in your hours of employment.

COBRA Coverage For Your Spouse Or Dependent Children

If your spouse or dependent child loses coverage under FASAP for any of the following COBRA qualifying events, your spouse or dependent child has COBRA continuation coverage for a maximum of 18 or 36 months (as indicated below):

- your death (36 months);
- termination of your employment (for reasons other than gross misconduct) or reduction in your hours of employment (18 months);
- divorce or legal separation (36 months);
- if you become entitled to Medicare (36 months beginning on the day you become entitled to Medicare); or
- a dependent child ceases to qualify as a dependent (36 months).

HOW TO OBTAIN COBRA COVERAGE

When You or a Family Member Are Responsible for Notifying your Employer

If your spouse or a dependent child loses coverage under FASAP because you get divorced or legally separated or because a child loses dependent status, then you (or your spouse or dependent) must notify the Benefits Office in writing within 60 days of the later of (i) the date of the event or (ii) the date on which FASAP coverage would be lost because of the event. If written notice is not provided within this time period, the person(s) losing coverage will not have COBRA coverage.

You and your eligible family members automatically have COBRA coverage following a qualifying event other than divorce, legal separation, or loss of dependent status. For divorce, legal separation or loss of dependent status, COBRA coverage is only available if the written notice described above is provided on time.

Extending COBRA Coverage For Disabilities

If you, your spouse or dependent child becomes disabled (as determined by the Social Security Administration) at any time during the first 60 days of COBRA continuation coverage, then you, your spouse and your dependent child may be able to extend the 18-month period of continuation coverage to a maximum of 29 months by giving written notice of Social Security disability to the Benefits Office before the first 18 month period ends. If the disability ends, you must notify the Benefits Office.

Your Cost For COBRA Coverage

There is no charge for continuing FASAP coverage under COBRA.

WHEN COBRA COVERAGE ENDS

As described above, depending on the type of COBRA qualifying event, COBRA coverage may be continued for a maximum of 18, 29 or 36 months.

If one of the qualifying events that allow COBRA coverage to be continued for 36 months occurs after an event that allows COBRA coverage to be continued for 18 or 29 months, and before the 18 or 29 months has expired, then COBRA coverage may be continued for up to 36 months, measured from the first qualifying event.

COBRA coverage will terminate before the end of the periods described above if any of the following occur:

- your Employer no longer provides employee assistance benefits;
- the individual on COBRA coverage becomes entitled to Medicare after COBRA coverage begins under FASAP;
- the individual on COBRA coverage becomes covered under another employee assistance plan after COBRA coverage begins under FASAP (provided that pre-existing condition exclusions or limitations under the other employee assistance plan do not apply); or
- disability ceases after receiving 18 months of COBRA coverage.

OTHER INFORMATION

ASSIGNMENT OF BENEFITS

You may not assign your right to receive benefits under FASAP to another person or entity.

AMENDMENT OR TERMINATION OF FASAP

Your Employer reserves the right to amend or terminate FASAP at any time and for any reason.

YOUR RIGHTS UNDER ERISA

As a participant in FASAP, you are entitled to certain rights and protection under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA gives all FASAP participants the following rights relating to FASAP services that are ERISA welfare benefits:

- to examine, without charge, at the office of the Plan Administrator and the Benefits Office, all FASAP plan documents, including annual financial reports, insurance contracts, plan descriptions and all other official plan documents filed with the U.S. Department of Labor;
- to obtain copies of all FASAP plan documents and certain other information upon written request to the Plan Administrator (the Plan Administrator may make a reasonable charge for the copies).

In addition to creating rights for the FASAP participants, ERISA imposes duties upon the persons who are responsible for the FASAP services that are ERISA covered welfare benefits. These persons are "fiduciaries" of FASAP and have a duty to act prudently and in the interest of you and other FASAP participants and beneficiaries. No one, including your Employer or any other person, may fire you or otherwise discriminate against you in any way for the purpose of preventing you from obtaining a FASAP service that is an ERISA covered welfare benefit or from exercising your rights under ERISA.

If your claim for an ERISA welfare benefit under FASAP is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have your claim reviewed and reconsidered as explained earlier in this SPD.

Under ERISA, there are steps you can take to enforce your rights. For example, if you request ERISA welfare benefit materials from FASAP and do not receive them within 30 days, you may choose to file suit in a federal court. In such case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day (or such other amount as may be prescribed by law) until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If your claim for ERISA welfare benefits is denied or ignored, in whole or in part, you may choose to file suit in a state or federal court. If it should happen that FASAP fiduciaries misuse FASAP's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may choose to file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees (for example, if it finds your claim is frivolous).

If you have any questions about FASAP, please contact the Benefits Office. If you have any questions about this statement or about your rights under ERISA, you may contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory, or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

GENERAL INFORMATION

Name of Plan:	Faculty and Staff Assistance Program (a Component Plan under the Employee Benefits Plan)
Plan Year:	July 1-June 30
Plan Sponsor:	The Johns Hopkins Hospital 600 North Wolfe Street Baltimore, MD 21287-1454 410-955-6208
Employer Identification Number:	52-0591656
Plan Number:	506 for non-represented employees 505 for represented employees

Plan Administrator:

Vice President, Human Resources
JHHSC/JHH

Agent for Legal Service:

JHHSC/JHH General Counsel Office

FASAP and this SPD do not constitute a contract of employment. You have the right to terminate your employment at any time. Your Employer retains the same right regardless of any other documents or oral or written statements issued by the Employer or its representatives.