

*Renew! Refresh! Re-Energize!*



## **2011 Guide to Benefits Non Represented Employees**

The Johns Hopkins Health System Corporation  
The Johns Hopkins Hospital



**JOHNS HOPKINS**  
MEDICINE

Pocket

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MEDICINE

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## IMPORTANT INFORMATION Phone Numbers

<b>Aflac</b>		410-729-8905	<a href="http://www.aflac.com">www.aflac.com</a>
<b>Bright Horizons</b>	Johns Hopkins Family Day Care Center	410-614-4111	<a href="http://www.jhbrighthorizons.org">www.jhbrighthorizons.org</a>
<b>Ceridian</b>	COBRA Questions Flexible Spending Account Questions	800-261-2393 800-992-2437	<a href="http://www.ceridian-benefits.com">www.ceridian-benefits.com</a>
<b>EHP</b>	Care Management Program Claims or Coverage Questions	410-762-5213 410-424-4450	<a href="http://www.ehp.org">www.ehp.org</a>
<b>Employee Labor Relations</b>		410-955-6783	<a href="http://www.hopkinsmedicine.org/jhhr/consultinglaborrelations">www.hopkinsmedicine.org/jhhr/consultinglaborrelations</a>
<b>Faculty &amp; Staff Assistance Program (FASAP)</b>		443-997-7000	<a href="http://www.fasap.org">www.fasap.org</a>
<b>HR Service Center/ Benefits Office</b>		410-995-6208	<a href="http://www.hopkinsmedicine.org/jhhr">www.hopkinsmedicine.org/jhhr</a>
<b>Hyatt Legal Plans</b>	Prepaid Legal	800-821-6400	<a href="http://www.legalplans.com">www.legalplans.com</a>
<b>Johns Hopkins Federal Credit Union</b>		410-955-6116	<a href="http://www.jhfcu.org">www.jhfcu.org</a>
<b>Lincoln Financial Group</b>		410-955-5828	<a href="http://www.hopkinsmedicine.org/jhhr/pension">www.hopkinsmedicine.org/jhhr/pension</a>
<b>MetLife</b>	Auto & Homeowners Insurance Pet Insurance	800-GET-MET8	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
<b>Occupational Health</b>		410-955-6211	<a href="http://www.hopkinsmedicine.org/hse/occupationalhealth">www.hopkinsmedicine.org/hse/occupationalhealth</a>
<b>Parents in a Pinch</b>	Back Up Child & Adult Care	800-688-4697	<a href="http://www.parentsinapinch.com">www.parentsinapinch.com</a>
<b>Pension Office</b>	Retiree Medical & Dental Retirement Questions	410-955-5970	<a href="http://www.hopkinsmedicine.org/jhhr/pension">www.hopkinsmedicine.org/jhhr/pension</a>
<b>Unum</b>	Long Term Care	888-868-6745	<a href="http://www.unum.com">www.unum.com</a>
<b>Wellnet</b>		410-955-9538	<a href="http://www.hopkinsmedicine.org/jhhr/wellnet">www.hopkinsmedicine.org/jhhr/wellnet</a>
<b>Workers' Compensation</b>		410-955-6433	<a href="http://www.hopkinsmedicine.org/hse/workerscompensation">www.hopkinsmedicine.org/hse/workerscompensation</a>
<b>WorkLife</b>	Child & Adult Care Referrals Live Near Your Work YMCA Child Care Center	443-997-7000	<a href="http://www.hopkinsworklife.org">www.hopkinsworklife.org</a>

# Introduction

Because we value the people who work here, The Johns Hopkins Health System Corporation and The Johns Hopkins Hospital (JHHSC/JHH) is proud of the collection of benefits made available to you. Since the benefits provided to you are an important part of your total compensation as a Hopkins employee, you are encouraged to take some time to read this Guide and become familiar with its contents. This Guide gives you a brief description of the benefits offered and is not intended to be a complete source of information on the plans. For more detailed information, please refer to the Summary Plan Description available online at [www.hopkinsmedicine.org/jhr](http://www.hopkinsmedicine.org/jhr) or at the HR Service Center/Benefits Office, Phipps 455. As you review the Guide please note the key information in this introduction section. This section was designed to answer some of the common questions new employees have when deciding to enroll in benefits.

## Things to Know and Consider Before You Enroll

- 1. Compare medical and dental plans.** This Guide gives you an outline on all available medical and dental plans. Take time to compare the differences and make a decision based on your family's needs.
- 2. Who is eligible?** All employees regularly scheduled to work 20 or more hours per week and weekend option nurses are eligible for most benefits.
- 3. Who can I cover?** Most legal dependents can be covered. This includes your legal spouse or same-sex domestic partner and your dependent children/stepchildren up to age 26.
- 4. What will I need to enroll?** You will need the social security numbers and birth dates for you and any dependents you wish to cover. You will also need a copy of your children's birth certificates as well as a copy of your marriage license or domestic partnership affidavit.
- 5. What about Flexible Spending Accounts?** Consider participating in a dependent and/or health care flexible spending account. You can make pre-tax payroll deducted contributions for predictable out-of-pocket health care and/or dependent care expenses.
- 6. Is this Guide really important?** Johns Hopkins offers a variety of choices for benefit coverage including many voluntary benefits. Take some time to review this Guide with your family to learn about them all. It will give you a description of all your options; however, more detailed information can be obtained by reading the Summary Plan Description, by visiting the benefit section of the Human Resources Web site at [www.hopkinsmedicine.org/jhhr](http://www.hopkinsmedicine.org/jhhr) or by calling our HR Service Center/Benefits Office at 410-955-6208.
- 7. When is the deadline to enroll?** Failure to enroll on time results in a lack of coverage. All newly hired employees have **30 days** from their date of hire to complete the online enrollment and submit the appropriate documentation to the Human Resources department. However, the earlier the enrollment process is completed, the earlier I.D. cards can be processed and mailed. During the annual fall Open Enrollment period you will be able to make any needed changes.
- 8. When and how can I make changes to my coverage?** Enrollment is done during your first 30 days of employment or during the Open Enrollment period. There are other times during the year when you can make changes, but only if you have a qualifying change in status or life event as specified by IRS regulations.
- 9. How do I pay for benefits?** Benefits are paid through payroll deduction on a bi-weekly basis; most are done as pre-tax deductions.
- 10. Where can I get help?** You can visit the HR Service Center/Benefits Office on the 4th floor of the Phipps Building or call 410-955-6208 to speak with a Benefits Specialist.

## Qualifying Status Changes

According to IRS regulations, if you have a family status change during the year, you may change your medical, dental, flexible spending accounts, AFLAC and/or life insurance benefits within **30 days** of the qualifying change. You must make your change through the online enrollment system and return the appropriate accompanying documentation to the HR Service Center/Benefits Office, Phipps 455, within the 30-day limit. Visit <https://portal.johnshopkins.edu/jhhsenrollment> to make your change.

### Qualifying changes include

- Marriage, divorce, legal separation or annulment
- Birth, adoption, placement for adoption or appointment of legal guardianship of a child
- Death of a dependent
- Gain or loss of a dependent's coverage
- A change in your or your dependent's employment status due to a switch between full-time and part-time, a strike or lockout, or an unpaid leave of absence
- A significant change in the cost of coverage under a health plan provided by an independent, third-party provider
- A significant change in your or your spouse's medical care coverage that is related to your spouse's employment
- An unpaid leave of absence for you or your spouse under the Family and Medical Leave Act (FMLA)
- A change in your dependent's eligibility (e.g., due to being over the age limit)
- A change in your or your dependent's work site or residence, only if a change in residence will have an effect on benefits
- A judgment, decree or order that requires you to cover a dependent
- Your or your dependent's eligibility for COBRA
- Your or your dependent's eligibility for Medicare or Medicaid (you may change the current election for the eligible person only)
- Same-sex domestic partner can only become uninvolved for reason of ending relationship (affidavit needs to be signed by both parties)
- Any other event that qualifies as a family status change under the Internal Revenue Code (with the approval of the plan administrator) to be consistent with the status change

You may only make benefit changes that are consistent with one of the qualifying family status changes listed above. You may change your level of medical coverage (i.e., yourself or family), but you may not change your medical plan.

## Open Enrollment

JHHSC/JHH provides an Open Enrollment period each year to give all employees an opportunity to review and/or elect any benefit plans for the next plan year.

The Open Enrollment period is held during the fall of each year, and all benefits elected during this period go into effect on January 1 of the following year. Prior to the start of every Open Enrollment period, the HR Service Center/Benefits Office notifies all eligible employees of the dates when elections can be changed.

Open Enrollment is the only time employees have to change coverage unless they have a qualifying status change. We highly recommend that all plan participants take advantage of this once-a-year opportunity to review benefit elections and adjust coverage to suit individual and family needs.

Healthy@Hopkins is a free program designed to help you stay healthy and avoid major illnesses. The key elements of the program are:

- A confidential personal wellness profile (PWP) to recognize and understand any current health hazards
- Health management programs to help you stop smoking, lose weight, reduce stress, start exercising, etc.
- Care management programs to help you manage chronic health conditions
- Healthy@Hopkins Rewards Program

## HEALTHY@HOPKINS REWARDS PROGRAM

This cutting-edge program offers remarkable incentives to help you and your enrolled family members reach optimum health. Your membership in the Healthy@Hopkins Rewards Program gives you access to a wealth of health care knowledge. Once you've joined, whether you work online or make healthy choices daily, you can easily earn the points that lead to Wellness Rewards.

Joining is easy! Simply complete an application, one online health course, and a confidential Personal Wellness Profile. After becoming a member, simply meet the quarterly point requirement to earn your Wellness Rewards.

It literally pays to pay attention to *Your Good Health*. Employees regularly scheduled to work 30 or more hours per week and weekend option nurses can earn a \$20 bi-weekly Wellness Reward each quarter after meeting the quarterly point requirement. Employees regularly scheduled to work 20-29 hours per week can earn a quarterly \$25 Wellness Reward.

Enroll now for *Your Good Health*. Log on to <https://portal.johnshopkins.edu/jhhsclasses> to join the Healthy@Hopkins Rewards Program today!

## PERSONAL WELLNESS PROFILE (PWP)

This short, private survey helps you understand your health risks and identifies areas that need improvement. The PWP is administered by Wellnet; JHHSC/JHH will not have access to any personal data that is gathered. Johns Hopkins Employer Health Programs (EHP) will analyze the combined data and provide JHHSC/JHH with consolidated reports to use in planning wellness programs and offerings. Paper copies of the PWP are available in the HR Service Center/Benefits Office in Phipps 455 or can be completed online at <https://portal.johnshopkins.edu/jhspwp>.

If your PWP results show that you qualify for one of our asthma or diabetes care management programs, you may be eligible to obtain your condition-related prescription drugs for no co-pay for a period of time.

## CARE MANAGEMENT INCENTIVES

If you have already been diagnosed with a chronic condition such as asthma or diabetes, Healthy@Hopkins can teach you how to better manage it through Care Management Programs (CMP). While you're being treated, your condition-related medication can be purchased with no co-pay.

By completing the PWP and contacting EHP Care Management at 410-762-5213 to enroll in a CMP, you may qualify. If your medical claims show that you are currently being treated for diabetes or asthma, EHP may contact you directly. **If you agree to participate in the CMP for one of these conditions, you must sign an agreement. This agreement covers the actions you need to take to complete the program, and it will describe the rules around having your co-payments waived for condition-related prescription drug medication for a period of time.**

While you're enrolled in EHP's Care Management Program, you will be paired with a registered nurse who will:

- Work with you to set and achieve personalized health goals
- Provide you with education and resources for managing your symptoms
- Regularly review, with you, your medications, vital signs and other appropriate health information
- Help you work with your primary care provider and other specialist physicians to coordinate care

To find out more about the program, please call 410-762-5213 or (toll-free) 800-261-2396, or send an e-mail to [healthyhopkins@jhhc.com](mailto:healthyhopkins@jhhc.com).

## EMPLOYEE HEALTH AND WELLNESS CENTER

The Employee Health and Wellness Center is located on the 3rd floor in the Phipps Building. You are able to see a nurse practitioner for the treatment of pink eye, colds, sore throat, etc., without having to take time from work for off-site doctors appointments. A block of time is reserved daily, in the morning and at lunch time, for walk-ins. **There is no cost to you to be seen in the Employee Health and Wellness Center.** Call 410-614-1620 to make an appointment.

## Wellnet

Wellnet provides a variety of wellness-related programs and educational materials on a range of topics, including:

- Weight management, Smoking cessation, Prenatal counseling, Health screening/risk appraisals, Health fairs, and Exercise programs.

### HEALTH SCREENINGS

Health screenings are offered by Wellnet to all employees on all shifts. Screenings are staffed by health professionals, offering immediate results and include the following:

- Blood Pressure - Cholesterol/Glucose - Body Composition/Weight - Bone Density
- Personal Wellness Profile - Individualized Counseling

### SMOKING CESSATION PROGRAMS

If you're interested in participating in the "Kick Butt" campaign designed to help you put an end to tobacco use, Wellnet and EHP have many resources available to help you with your goal.

#### Programs and Products

- Prescription and non-prescription tobacco cessation products available through EHP Plans
- Health coaching (in person or telephone)
- FREE tobacco cessation quit kits
- Massage, acupuncture and reflexology
- Oral screenings

#### Smoking Cessation Classes

- Fresh Start Tobacco Cessation
- Tobacco Hypnosis
- Thinking about Quitting
- Tobacco Cessation Support Groups
- Understanding Tobacco Cessation Aids

### WALKING PROGRAM

The Wellnet/Healthy@Hopkins walking group, which meets inside the Wolfe Street lobby, walks for 30 minutes on Tuesdays and Fridays. For a schedule and maps of the many inside and outside walking routes of the East Baltimore campus and several off-site locations, please visit: [www.insidehopkinsmedicine.org/wellnet](http://www.insidehopkinsmedicine.org/wellnet).

### FITNESS REIMBURSEMENT PROGRAMS

Receive up to \$50 per calendar year for purchasing cardiovascular home gym equipment or participating in community based or on-site Wellnet sponsored fitness classes and walking groups.

Also, receive a 50 percent reimbursement for participating in an on-site Weight Watchers programs by attending at least 75 percent of 17 week program. Pre-approval is required prior to reimbursement.

For more information on any Wellnet service, please contact them directly at 410-955-9538.

# Flexible Spending Accounts (FSA)

Health and dependent care flexible spending accounts (FSAs) offer you ways to save money on qualified expenses. **You can stretch your income, reduce costs and pay less in taxes by using an FSA.** Money that you set aside in the accounts is deducted before you pay taxes. Then, you can use that money to reimburse yourself for qualified out-of-pocket expenses accrued during the year. You decide the amount that is deducted from your paycheck, up to \$5,000 maximum, on a pre-tax, bi-weekly basis. There are a few important details to remember when considering an FSA.

*\*Pennsylvania residents are subject to state tax withholdings.*

- **Use it or lose it.** If you do not spend all the money in your spending accounts by the end of the calendar year, you lose the balance. You will not receive a refund for the balance.
- You have until **March 31** to file a claim for expenses you incurred during the previous plan year (Jan. 1–Dec. 31).
- Health Care and Dependent Care accounts are two separate accounts. You cannot use funds in one for reimbursement from the other.
- You may use the Health Care FSA for dependent health care reimbursements.
- You will only be reimbursed for expenses incurred during the time you contributed to the FSA. Any expenses incurred prior to enrolling in an FSA will not be considered reimbursable.
- You can contribute from \$130 to \$5,000 per calendar year, which is only \$5 to \$192.30 bi-weekly for Health Care FSA.
- You can contribute from \$260 to \$2,500 or \$5,000 (based on marital status) per calendar year for Dependent Care FSA.
- You cannot be reimbursed from a Health Care FSA for the same expenses that you deduct on your tax return.
  - To qualify for a tax deduction, your uninsured expenses must be more than 7.5 percent of your adjusted gross income. Even then, the IRS only allows you to deduct any amount over 7.5 percent. So, your taxes are usually less with an FSA than with a tax deduction. Please see a tax advisor for specifics on the differences.*
- If your employment ends during the year, your accounts are terminated on your last date of employment. You may only submit reimbursement claims for expenses that were incurred prior to your termination date.

## Health Care Flexible Spending Account

If you are regularly scheduled to work 20 or more hours per week or if you work as a weekend option nurse, you are eligible to use a Health Care FSA.

To get the most from your Health Care FSA you should review the health care expenses you and your dependents had last year, then take a look at any planned health care expenses for this year that are not covered by your health care plan.

### Eligible health care expenses may include:

- Health care plan deductibles
- Co-payments
- Amounts over the maximum your plan pays
- Other expenses not covered by your health plan including:
  - Laser eye surgery
  - Eyeglasses and eye exams
  - Dental expenses not covered by your plan
  - Weight reduction programs
  - Prescribed vitamins
  - And more ...

**Please note:** Expenses for which you have been reimbursed through your Health Care FSA cannot be claimed as itemized deductions on your federal income tax return.

For more information on eligible and ineligible expenses please refer to the 2011 FSA Enrollment Kit in the forms section of the HR Web site; [www.hopkinsmedicine.org/jhhr/forms](http://www.hopkinsmedicine.org/jhhr/forms).

## Dependent Care Flexible Spending Account

You can take advantage of further tax savings through a Dependent Care FSA. The Dependent Care FSA helps you pay for child care services which make it possible for you and your spouse (if applicable) to work. Under certain circumstances it also may be used to help pay for the care of elderly parents or a disabled spouse or dependent.

If you are single or married filing a joint tax return, you can contribute up to \$5,000 per year. If you are married filing a separate tax return, you can contribute up to \$2,500 per year. The amount of your FSA contribution cannot be more than your spouse's earned income. But, there are special rules that apply to spouses who are full-time students, looking for work or are disabled. If your spouse falls into any of these categories, call your tax advisor for assistance.

If you contribute to the Dependent Care FSA and you use the back-up sick child/elder care program and/or the child day care center, you may have to pay income taxes on benefits you receive from the combinations—to the extent those combined benefits exceed \$5,000 per year.

### Eligible dependent care expenses may include:

- Day or adult care centers
- Day camp
- Nursery school, not including kindergarten
- In-home day care
- Before and after school day care
- Other eligible expenses that are listed in IRS Publication 503

**Please note:** School tuition for children in any grade and overnight camp fees are not eligible for reimbursement.

**IRS regulations do not allow you to cease deductions because your child care needs change, except due to a family status change. If your day care provider or child care center goes out of business, this is not considered a valid change under IRS regulation. Keep this in mind when planning your contributions.**

For more information on eligible and ineligible expenses please refer to the 2011 FSA Enrollment Kit in the forms section of the HR Web site; [www.hopkinsmedicine.org/jhhr/forms](http://www.hopkinsmedicine.org/jhhr/forms).

## Your FSA Decision Guide

### KNOW HOW FLEXIBLE SPENDING ACCOUNTS WORK

When you have an eligible health care expense, you are reimbursed from your Health Care FSA. Or, if you have an eligible dependent or adult day care expense, you are reimbursed from your Dependent Care FSA. The two accounts are separate. You cannot be reimbursed for health care expenses from your dependent day care account or vice versa.

Your FSA contributions are conveniently deducted from your paycheck on a pre-tax basis. This means your FSA contributions are tax-free. However, if you live in Pennsylvania, contributions to your Dependent Care FSA are subject to Pennsylvania state tax.

**When considering whether or not to participate in an FSA or how much to contribute, ask yourself these questions:**

- Did you have out-of-pocket health care expenses for you and your family last year?
- Do you expect to spend about the same or more for health care in the coming year?
- Will you or a dependent have the need for special items such as eyeglasses, contacts, braces or hearing aids?
- Are you or a dependent considering laser eye surgery during the upcoming year?
- Do you have dependent day care expenses for children under age 13 or adult dependents such as elderly parents?
- How much do you expect to spend on day care expenses during the year?
- Is the amount of taxes you would save with a Dependent Care FSA greater than the amount of taxes you would save by using the Federal Tax Credit? (Refer to the worksheets on page 12.)

### LIMITS ON DEPENDENT FSAs

Under IRS regulations, a dependent adult must regularly spend at least eight hours a day in your home before dependent adult care expenses can qualify for a dependent FSA. This means you cannot use this FSA to cover costs of a dependent adult who is confined in a nursing home or who lives away from you.

In addition, you cannot use a dependent FSA to pay someone to watch your children while you are at home. Under IRS regulations, you must be at work, looking for work or at school while your dependents receive care.

If you contribute to a Dependent Care FSA and submit a claim for more than what is currently in your account, you will be reimbursed up to your current account balance.

### DEPENDENT CARE TAX CREDIT

Current tax law allows you to take a tax credit for some of your dependent care expenses. However, the law does not allow you to use both a tax credit and a Dependent Care FSA for the same expenses. You can claim a tax credit on eligible expenses up to \$2,400 per year for one dependent, or \$4,800 per year for two or more dependents.

If you use a combination of the tax credit and the FSA, the tax credit will be reduced, dollar for dollar, by the amount you are reimbursed by a Dependent Care FSA.

## HEALTH AND DEPENDENT CARE WORKSHEETS

Use these worksheets to help determine your health care and dependent care annual contributions for the upcoming plan year. Remember, be careful in your planning—if you don't use it, you will lose it!

### Health Care FSA

To determine your expenses, review health care expenses from last year and consider any anticipated new health care expenses for you, your spouse and your dependents.

Annual Health Care Expenses	
<b>Deductibles</b>	
Medical, dental, vision	\$ _____
<b>Co-payments/co-insurance</b>	
Amounts not paid by your health plan coverage	\$ _____
<b>Amounts paid over plan limits</b>	
Over reasonable and customary allowance	\$ _____
<b>Expenses not covered by insurance</b>	
Over-the-counter drugs	\$ _____
<b>Vision care</b>	
Glasses, contacts, solutions, exams, etc.	\$ _____
<b>Dental care</b>	
Cleanings, orthodontics, crowns, etc.	\$ _____
Treatment or therapies	\$ _____
Medical equipment	\$ _____
<b>Other anticipated health care expenses</b>	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Estimated Annual Health Care Contribution</b>	\$ _____

### Dependent Care FSA

To determine your expenses, enter the estimated annual amounts you will pay for child and/or elder care.

Annual Child Care Expenses	
Day care center	\$ _____
In-home care	\$ _____
Nursery and preschool	\$ _____
After-school care	\$ _____
Au pair services	\$ _____
Summer day camp	\$ _____
Annual Elder Care Expenses	
Day care center	\$ _____
In-home care	\$ _____
<b>Total Estimated Annual Dependent Care Contribution</b>	\$ _____

## FSA Tax Savings Example

This example represents \$100 additional take-home pay each month.

WITHOUT DEPENDENT AND HEALTH FSA		WITH DEPENDENT AND HEALTH FSA	
Gross earnings	\$1,500	Gross earnings	\$1,500
		Medical expenses	-\$200
		Day care expenses	-\$200
Taxable income	\$1,500	Taxable income	\$1,100
Payroll taxes	-\$375	Payroll taxes	-\$275
Net income	\$1,125		
Medical expenses	-\$200		
Day care expenses	-\$200		
<b>Take-Home Pay</b>	<b>\$725</b>	<b>Take-Home Pay</b>	<b>\$825</b>

Payroll taxes are calculated to assume a 25 percent payroll tax rate which includes federal and state taxes, Social Security and Medicare. Keep in mind this is just an example. Your tax situation may be different. If you have questions about how FSAs will affect your taxes, please contact a tax advisor.

# Education

## Tuition Assistance

After 60 days of employment, employees regularly scheduled to work 20 hours or more per week are eligible for educational assistance to help with continuing education.

Assistance is reimbursed only if you attend an accredited college or technical or vocational school. Courses must lead to licensure or degree or meet the criteria of business or operational necessity (job-related). Internet courses are also covered under the program as long as they meet the same criteria of non-Internet courses. In this educational partnership, you agree to work for JHHSC/JHH for a predetermined period of time after satisfactory completion of the courses. Satisfactory completion of courses is a "C" or better for undergraduate courses and a "B" or better for graduate courses.

### EMPLOYEES HIRED JANUARY 1, 2007 OR LATER

Employees hired Jan. 1, 2007 or later are eligible for tuition assistance up to a maximum of \$10,000 per academic year (Sept. 1 to Aug. 31) for undergraduate study and \$15,000 per academic year (Sept. 1 to Aug. 31) for accelerated MBA/MHS programs.

### EMPLOYEES HIRED PRIOR TO JANUARY 1, 2007

Employees hired prior to Jan. 1, 2007 are eligible for tuition assistance up to a maximum of \$10,000 per academic year (Sept. 1 to Aug. 31) or 18 credits per academic year, whichever is greater, for undergraduate studies or Masters or PhD programs. Employees in accelerated MBA/MHS programs are eligible for up to 24 credits per academic year.

### JOHNS HOPKINS SCHOOL OF NURSING

When attending Johns Hopkins School of Nursing, the maximum reimbursement is \$15,000 per academic year (Sept. 1 to Aug. 31).

**Please note:** Any payments received for either Tuition Assistance or Advancement will be less any academic fees and scholarship and/or grant monies you receive.

## Tuition Advancement

Tuition advancement is available for employees who earn less than \$35,000 annually. Tuition advancement lowers your out-of-pocket expenses by providing payment directly to the school before your classes begin. The percentage of tuition reimbursement/advancement depends on the number of hours you are regularly scheduled to work each week, as shown below:

SCHEDULED HOURS PER WEEK	REIMBURSEMENT AMOUNT
20-29	50%
30-39	75%
40	100%

After satisfactory completion of the last semester, you must agree to work for JHHSC/JHH based on the total dollars received under the tuition assistance or advancement programs.

DOLLARS REIMBURSED	SERVICE PAYBACK
Up to \$4,999	1 years of service
\$5,000 +	2 years of service

Unsuccessful completion of your courses requires you to reimburse JHHSC/JHH before other tuition assistance is approved. Also, employees must remain at the same employment status during the service payback as when classes started. Employees working 40 hours and receiving 100 percent reimbursement must con-

tinue a 40 hour schedule. Employees working fewer than 40 hours are allowed to increase their work hours but cannot decrease their hours to less than when classes began.

Be sure to refer to the Tuition Policy for more detailed information on how each program works and the most current updates. Visit [www.hopkinsmedicine.org/jhhr/policiesprocedures](http://www.hopkinsmedicine.org/jhhr/policiesprocedures).

## Dependent Child Tuition

Full-time employees who have at least two years of continuous service working 40 hours per week are eligible to receive payment toward tuition for their dependent children. Employees can receive payment for full-time (a minimum of 12 credit hours per semester) undergraduate tuition and mandatory academic fees. The two-year eligibility cut-off dates for requesting assistance are Oct. 1 for Fall semester and Feb. 1 for Spring semester. This benefit is available only during periods in which the employee is working full time. Each parent is eligible to receive this benefit if he or she is a full-time employee.

Payment is for 50 percent, **less taxes**, of each dependent child's full time, undergraduate tuition and mandatory academic fees up to a maximum of 50 percent of the Johns Hopkins University's freshman undergraduate tuition. Payment is limited to four years of full-time, undergraduate study per dependent child at any accredited, degree-granting institution.

Accredited institutions that do not offer degrees, but instead issue diplomas or certificates, are not eligible. Payments are available for mini-sessions and summer courses only if the courses will count toward a degree, the dependent child is a full-time student participating in the Dependent Tuition Plan for both fall and spring semesters, and the student has not received the maximum grant allowance for the academic year. Room and board, books, part-time and graduate study are not eligible.

If other tuition scholarship support is received in addition to the Hopkins tuition aid, **the total combined tuition support may not exceed 100 percent of the tuition and mandatory academic fees**. If scholarship support is applicable to room and board and/or meal expense, it must be indicated on the tuition bill so that it may be excluded from any scholarship offset.

### REPAYMENT

If the parent does not maintain full-time status, has a change in job classification that will affect eligibility, or if the student does not maintain full-time student status, the parent is required to refund 100 percent of the Hopkins aid. If the student withdraws before the end of the academic cycle, the parent is expected to refund the Hopkins aid according to the institution's withdrawal policy. If money is not refunded, JHHSC/JHH will consider the student to have used the entire benefit for that cycle.

JHHSC/JHH will reimburse the employee directly when a copy of the bill from the school is provided. All payments made on behalf of employees will be fully taxable and subject to withholding rules.

**Please note:** JHHSC/JHH reserves the right to request evidence of the dependent status of persons listed on the Dependent Tuition Program Application.

## College Savings Plans

You can start saving now for your child's college expenses with the College Savings Plans of Maryland. Your money in the College Savings Plans can be used at nearly any college in the country. The two savings plans offered are the Maryland Prepaid College Trust and the Maryland College Investment Plan. The Maryland Prepaid College Trust allows you to lock in one to five years of future college tuition at today's prices. The Maryland College Investment Plan offers 10 diverse investment options and is managed and distributed by T. Rowe Price. You can invest a minimum of \$25 monthly or up to a maximum of \$250,000 per child. For more information, contact the HR Service Center/Benefits Office, Phipps 455, or call 410-955-6208.

# Insurance

## Short Term Disability

Employees who are regularly scheduled to work 20 or more hours per week, except weekend option nurses, are automatically eligible to participate in Short Term Disability, effective the first day of the month following your date of hire. However, you must complete your probationary period to be eligible to receive STD benefits. Coverage is provided at no cost to you. If approved, Short Term Disability benefits replace 60 percent of your bi-weekly base pay for up to 11 weeks of disability, after a 14-day elimination period, as long as you are under a doctor's care. If you become disabled and have accumulated PTO hours that you have not used, this time will be used to supplement your short term disability payments. Short Term Disability benefits run concurrently with Family Medical Leave (FML) benefits.

## Mid and Long Term Disability

Mid Term Disability replaces 60 percent of your bi-weekly base pay for up to 13 weeks following the first 11 weeks of Short Term Disability benefits, provided you are under a doctor's care. To obtain coverage, you must elect to participate in Long Term Disability insurance coverage.

You are eligible to purchase Mid Term/Long Term Disability benefits if you are scheduled to work 20 or more hours per week. Weekend option nurses are eligible to buy Long Term disability benefits, but not Mid Term Disability.

Long Term Disability insurance replaces 60 percent of your monthly base pay, to a maximum of \$8,000 per month, after you have been continuously disabled for 26 weeks. Benefits may continue up to age 65 as long as you are certified disabled by the insurance carrier. If you begin to receive disability benefits after age 60, your benefits continue as long as you are certified disabled, based on the schedule shown in the Summary Plan Description. If you are certified disabled due to a mental illness, benefits are paid up to a maximum of 24 months.

### PROOF OF GOOD HEALTH

When electing disability insurance when initially hired, you are not required to provide proof of good health. However, if you are electing coverage any time after your first 30 days of employment, you will need to provide proof of good health.

The insurance company must approve your coverage before your new benefit can become effective. Payroll deductions will not begin until coverage is approved.

### COST OF COVERAGE

To calculate the bi-weekly cost of your coverage, use the following formula:

$$(\text{HOURLY RATE}) \times (\# \text{ OF SCHEDULED WORK HOURS}) \times .0115 = \text{BI-WEEKLY COST OF COVERAGE}$$

For example: If you are regularly scheduled to work 40 hours per week and your hourly rate is \$14.42 (\$30,000 annually), your calculation would look like this: **\$14.42 x 40 x .0115 = \$6.63 bi-weekly.**

## Long Term Care Insurance

Long Term Care insurance is a voluntary program that can help you preserve your independence and financial security, and help relieve your family members of the burden of making decisions about how to pay for care should you suffer an injury or illness and need home or nursing home care.

Signing up for coverage is simple, and you can pay your premiums through convenient payroll deduction. Coverage is also available for spouses and parents of employees. Discounts are available for preferred health and spousal coverage. Visit [www.unum.com](http://www.unum.com) for more information.

## Family and Medical Leave

Up to 12 weeks of unpaid job-protected leave is given to employees for certain family and medical reasons under the Family and Medical Leave Act (FMLA) of 1993. You are eligible if you have worked for JHHSC/JHH for at least one year and for 1,250 hours over a period of 12 months. Family Medical Leave (FML) runs concurrently with any other paid or unpaid leave (i.e., short-term disability, workers' compensation, PTO, or any unpaid absence that qualifies under FMLA). For more information on FMLA, please refer to the Family Medical Leave Policy on the HR Web site at [www.hopkinsmedicine.org/jhhr](http://www.hopkinsmedicine.org/jhhr), or contact the HR Service Center/Benefits Office at 410-955-6802.

## Basic and Supplemental Life & Accidental Death and Dismemberment

You are eligible to receive Basic Life Insurance of one times your annual base salary, rounded up to the next \$1,000 to a maximum of \$300,000, at no cost to you. Coverage for new employees is effective on the first of the month following date of hire with a completed enrollment form. Your life insurance also includes basic Accidental Death and Dismemberment (AD&D) insurance, which is equal to the amount of life insurance coverage to which you are entitled. AD&D may pay benefits if you die or suffer certain serious injuries as a result of an accident.

You have the option to buy Supplemental Life Insurance/AD&D coverage. Your Supplemental Life/AD&D options are for an additional one times your annual base salary rounded up to the next \$1,000 to a maximum of \$450,000, or an additional two times your annual base salary, rounded up to the next \$1,000 to a maximum of \$450,000.

IRS regulations require JHHSC/JHH to include in your taxable income the cost of employer-paid group life insurance in excess of \$50,000. The value of this insurance is based on an IRS premium table and not on the actual cost. The value of any coverage in excess of \$50,000 will automatically be reflected on your paycheck as taxable income.

### **PROOF OF GOOD HEALTH**

When electing life and AD&D insurance when initially hired, you are not required to provide proof of good health. However, if you are electing coverage any time after your first 30 days of employment or increasing your current level of coverage, you will need to provide proof of good health.

The insurance company must approve your coverage before your new benefit can become effective. Payroll deductions will not begin until coverage is approved.

## COST OF COVERAGE

Your bi-weekly cost for Supplemental Life/AD&D coverage is based on your current annual base salary and your age as of Jan. 1 of the current plan year. There is a combined maximum benefit of \$750,000 for Basic and Supplemental Life/AD&D. Your Supplemental Life/AD&D premium will be adjusted for any change in your salary throughout the year.

To calculate the bi-weekly cost of your coverage, use this following formula.

$$\text{BASE SALARY} \div \$1,000 = \text{_____} \times \text{RATE} = \text{BI-WEEKLY COST OF COVERAGE}$$

For example, if you are age 25 and earn \$29,700 per year, this amount would be rounded up to \$30,000. This means your cost for one times annual salary would look like this:

$$\mathbf{\$30,000 \div \$1,000 = 30} \quad \mathbf{30 \times \$.034 = \$1.02 \text{ bi-weekly}}$$
 (for two times supplemental, multiply by 2).

Use this chart to help calculate your cost of coverage.

YOUR AGE	BI-WEEKLY RATE PER \$1000 OF COVERAGE
Under 30	\$.034
30-34	\$.044
35-39	\$.048
40-44	\$.071
45-49	\$.118
50-54	\$.187
55-59	\$.288
60-64	\$.450
65-69	\$.801
70 and over	\$1.42

## Dependent Life Insurance

Dependent Life insurance can be purchased by employees to cover their legal spouse, same-sex domestic partner and dependent children in the event of their death. Coverage for your spouse is equal to \$10,000, and coverage for each dependent child up to age 25. Your cost is only \$0.56 bi-weekly, post tax, for your spouse or same-sex domestic partner and \$0.46 bi-weekly, post tax, for your dependent children, regardless of how many dependent children you have.

If you sign up for Dependent Life insurance, after your first 30 days or during Open Enrollment, your dependent will need to complete an Evidence of Insurability (EOI) form. The EOI form is required by the insurance company to determine if your dependent can be covered. The insurance company must approve coverage before the benefit becomes effective. Payroll deductions will not begin until coverage is approved.

## Business Travel Insurance

Twenty-four-hour business travel protection is provided for all types of accidents that may occur while an employee is on a business trip. Coverage starts when the employee leaves his/her home or office—whichever occurs last—and continues until the employee returns to his/her home or office—whichever occurs last. Coverage excludes death from accidents resulting while traveling to and from work, bona fide vacations and leaves of absence.

All benefit-eligible employees are also covered by WorldNet for business and non-business travel. The service provides 24-hour assistance on any travel emergency 100 miles or more from home or in a foreign country. Contact the HR Service Center/Benefits Office for more information.

# Medical Benefits

## Johns Hopkins Employer Health Program (EHP)

JHHSC/JHH offers two medical plans from which you can choose the best coverage for you and your family. Please review the plan highlights and comparison charts below that emphasize the differences in the two. For more detailed information, please refer to the Summary Plan Description available online at [www.hopkinsmedicine.org/jhhr](http://www.hopkinsmedicine.org/jhhr) or at the HR Service Center/Benefits Office, Phipps 455.

The fair market value of benefits provided to domestic partners and their children (who are not dependents of the employee) under Internal Revenue Code Section 152 constitutes taxable income to the employee to the extent the value exceeds any amount paid by the employee for the benefits.

JHHSC/JHH will withhold and report taxes for all employees receiving benefits for domestic partners and their children. The calculation of imputed benefits table—to help you determine the imputed, non-cash income that will be taxable based on your coverage election—can be obtained by contacting the HR Service Center/Benefits Office, Phipps 455.

### BASIC PLAN

The EHP Basic Plan offers in-network benefits only. Claims for any visits or services obtained outside the EHP network will not be paid.

- You must choose a Primary Care Physician (PCP) for benefit coverage
- Females ages 14 and older must choose an OB/GYN and PCP
- Referrals are mandatory
- Any preventive PCP and OB/GYN visits have no co-pay
- No infertility or gastric bypass benefits
- No out-of-network benefits except for life-threatening emergencies
- Co-pay waived for participants enrolled in EHP's Care Management Program for the treatment of asthma and diabetes

### PREMIUM PLAN

#### In-Network Benefits

- Visit any network doctor — NO REFERRALS REQUIRED
- Any preventive PCP and OB/GYN visits have no co-pay
- Infertility and gastric bypass benefits after \$1,000 deductible and pre-authorization (does not apply to dependent children)
- Co-pay waived for participants enrolled in EHP's Care Management Program for the treatment of asthma and diabetes

#### Out-Of-Network Benefits

- 70 percent coverage for most services after a \$500 individual deductible or a \$1,000 family deductible

## COMPARISON CHART

The following chart provides a side-by-side comparison of the two Johns Hopkins EHP medical plans.

COVERED SERVICES	BASIC PLAN	PREMIUM PLAN	
	In-Network Only	In-Network	Out-of-Network
<b>Calendar Year Deductible</b>			
Per individual	None	None	\$500
Per family	None	None	\$1,000
<b>Calendar Year Out-of-Pocket Maximum</b>			
Per individual	None	None	\$3,200
Per family	None	None	\$6,400
<b>Treatment of Illness or Injury</b>			
Primary care office visit	100% after \$10 co-pay	100% after \$15 co-pay	70% of R&C after deductible
Specialty care office visit	100% after \$20 co-pay	100% after \$30 co-pay	70% of R&C after deductible
Laboratory test and X-rays	100%	100%	70% of R&C after deductible
Radiology test <i>CT Scans, PET Scans, MRIs</i>	\$20	\$30	
<b>Preventive Services</b>			
General office visit	100%	100%	70% of R&C after deductible
Well child care	100%	100%	70% of R&C after deductible
Mammogram	100%	100%	70% of R&C after deductible
Annual GYN exam	100%	100%	70% of R&C after deductible
<b>Immunizations and Inoculations</b>			
For common communicable diseases	100%	100%	70% of R&C after deductible(b)
Allergy tests and serum	100%	100%	70% of R&C, after deductible
<b>Prescription Drugs</b>			
In-network pharmacy only <i>34-day supply, includes oral contraceptives and limited smoking cessation products</i>		\$10 co-pay – generic \$25 co-pay – preferred brand \$50 co-pay – non-preferred brand	
90-day supply for maintenance drugs		\$30 co-pay – generic \$75 co-pay – preferred brand \$150 co-pay – non-preferred brand	
Mail-order		\$20 co-pay – generic \$50 co-pay – preferred brand \$100 co-pay – non-preferred brand	
Over the counter * <i>Prescribed Prilosec OTC, Claritin OTC and Claritin D OTC</i>		\$0 co-pay*	
<b>Surgical Procedures</b>			
Inpatient and outpatient services <i>Pre-authorization required</i>	100%	100%	70% of R&C, after deductible (a)
Inpatient hospitalization <i>Pre-authorization required</i>	\$100 co-pay per hospital admission	\$100 co-pay per hospital admission	\$500 co-pay per hospital admission, then 70% of R&C, after deductible (a)
Gastric bypass <i>Pre-authorization required</i>	Not covered	100% at JHH institutions only, after \$1,000 deduction	Not covered
Professional services for inpatient and outpatient surgery <i>Pre-authorization required</i>	100%	100%	70% of R&C, after deductible (a)

*continued on next page*

COVERED SERVICES	BASIC PLAN	PREMIUM PLAN	
	In Network Only	In-Network	Out-of-Network
<b>Reproductive Health</b>			
Maternity care	100%	100%	70% of R&C, after deductible (a)
Infertility services \$30,000 lifetime maximum (includes prescription drugs, limited to 3 attempts)	Not covered	100% at JHH institutions only, after \$1,000 deduction (b)	Not covered
<b>Home Care and Therapy</b>			
Home health care 40 visits per year; must be coordinated through Care Management	100%	100%	70% of R&C, after deductible
Physical and occupational 60 visits per year combined	100% (e)	100% (e)	70% of R&C, after deductible (e)
Speech therapy	100% (b)	100% (b)	70% of R&C, after deductible (b)
Durable medical equipment	100%	100%	70% of R&C, after deductible
<b>Chiropractic Care</b>	100% after \$10 co-pay (c)	100% after \$15 co-pay (c)	70% of R&C, after deductible (c)
<b>Acupuncture</b>	100% after \$10 co-pay	100% after \$15 co-pay	70% of R&C, after deductible
<b>Mental Health and Substance Abuse</b>			
Inpatient care for mental health	\$100 co-pay per hospital admission	\$100 co-pay per hospital admission	\$500 co-pay per hospital admission, then 70% of R&C after deductible (a) (b)
Outpatient treatment for mental health	\$20 co-pay	\$20 co-pay	70% of R&C, after deductible (b)(d)
Inpatient care for substance abuse	100%(a)	100%(a)	\$500 co-pay per hospital admission, then 70% of R&C after deductible
Outpatient treatment for substance abuse and alcohol detoxification	\$20 co-pay	\$20 co-pay	70% of R&C, after deductible
<b>Urgent Care</b>	\$15 co-pay	\$15 co-pay	70% of R&C, after deductible
<b>Emergency Services</b>			
Co-pay waived only if admitted	\$125 co-pay	\$125 co-pay	\$125 co-pay

(a) \$500 penalty applies for failure to obtain pre-authorization. Failure to obtain pre-authorization can result in denial of benefits.

(b) Must be pre-authorized by Care Management.

(c) Restricted to initial exam and X-rays, and spinal manipulation up to \$1,500 per year.

(d) Services for outpatient mental health and substance abuse visits are applied to the calendar year deductible.

(e) Must be pre-authorized after 12 visits.

\* Requires written prescription

**NOTE:**

1) "R&C" is the reasonable and customary allowance for an expense.

2) For a list of network hospitals and PCPs who are accepting new patients, check the EHP Provider Directory, available at the HR Service Center, or call EHP at 410-424-4450. You may also visit EHP's Web site at <http://www.ehp.org>.

3) If your spouse/same-sex domestic partner also works for JHH/JHH, you cannot be covered as both an employee and dependent. In addition, your eligible dependent(s) may only be covered by one parent's plan.

## Pharmacy

You **must** obtain prescription drugs from a Network pharmacy to receive benefits under both the Basic and Premium Plans. Certain medications will require pre-authorization before prescriptions can be filled. There may also be limits on the quantity of medications that you can receive for certain prescriptions.

### TIER PHARMACY BENEFIT STRUCTURE

- **Tier One: Generic Drugs (lowest co-pay)** Contain the same active ingredients and are chemically and therapeutically equivalent to brand-name medications
- **Tier Two: Preferred Brand Drugs (middle co-pay)** Offer the most therapeutically safe and effective treatment for most medical conditions.
- **Tier Three: Non-Preferred Brand (highest co-pay)** Often have either a generic equivalent or a preferred-brand alternative.

Talk to your PCP if you have any questions regarding which tier is best for you.

### OVER-THE-COUNTER MEDICATIONS

Over-the-counter (OTC) drugs or medications can typically be obtained without a prescription, regardless of whether or not your doctor gives you a prescription for it. However, prescription drug benefits are provided for Prilosec OTC, Claritin OTC and Claritin-D OTC, but only if your doctor prescribes these drugs and you show the pharmacist your prescription at the time of purchase. No co-pay applies when you obtain a prescription for Prilosec OTC, Claritin OTC and Claritin-D OTC.

## Vision Coverage

### JOHNS HOPKINS ROUTINE VISION CARE NETWORK

The EHP medical plans cover a full range of vision care services through the Johns Hopkins Routine Vision Care Network. You can receive Johns Hopkins Routine Vision Care Network services at any of these provider sites:

- Wilmer Eye Institute at The Johns Hopkins Hospital
- Green Spring Station Pavilion I
- Severna Park
- Johns Hopkins Bayview Medical Center
- White Marsh
- Pearle Vision Centers at Johns Hopkins
- Penn Optical

For a complete listing of provider sites, refer to the list of Johns Hopkins Routine Vision Care providers, available from EHP online at [www.ehp.org](http://www.ehp.org).

Vision benefits are paid as follows, depending upon whether you use a Johns Hopkins Routine Vision Care Network provider or an Out-of-Network provider.

COVERED SERVICES	JOHNS HOPKINS ROUTINE VISION CARE NETWORK	OUT-OF-NETWORK
	Basic and Premium	Premium only
<b>Routine exam or contact lens fitting</b> <i>Once every 12 month</i>	100%, after \$10 co-pay	Up to \$35
<b>Materials</b> <i>Once every 12 months</i>	\$10 co-pay, then:	
Single vision	Up to \$75	Up to \$70
Bifocal	Up to \$92	Up to \$80
Trifocal	Up to \$117	Up to \$110
Lenticular	Up to \$176	Up to \$160
<b>Frames</b>	Up to \$70	Up to \$70
<b>Contact Lenses</b>		
Medically necessary	Up to \$165	Up to \$165
Elective	Up to \$95	Up to \$95

**Note:** Benefits are provided for necessary or elective contact lenses in lieu of lenses and frames. This means that you can get either eyeglasses or contact lenses in a 12-month period, but not both.

### COST OF COVERAGE

Hopkins pays 85 percent of the cost of coverage for single employees and 80 percent for employees with dependents. You are eligible for the lower non-tobacco user EHP medical premium rate if you certify that you do not use tobacco or that you plan to quit during the 2011 Plan year.

For 2011, bi-weekly, pre-tax contributions for medical coverage (medical, prescription and vision) are as follows for non-tobacco users:

EMPLOYEES SCHEDULED 30 OR MORE HOURS PER WEEK OR WEEKEND OPTION NURSES		
	EHP Basic	EHP Premium
Employee only	\$34.26	\$38.53
Employee and children	\$91.37	\$102.75
Employee and spouse or same-sex domestic partner	\$113.75	\$127.92
Family-employee, spouse or same-sex domestic partner and children	\$122.89	\$138.20

EMPLOYEES SCHEDULED 20-29 HOURS PER WEEK		
	EHP Basic	EHP Premium
Employee only	\$91.36	\$102.75
Employee and children	\$182.73	\$205.49
Employee and spouse or same-sex domestic partner	\$227.50	\$255.84
Family-employee, spouse or same-sex domestic partner and children	\$245.78	\$276.39

For 2011, bi-weekly, pre-tax contributions for medical coverage (medical, prescription and vision) are as follows for tobacco users:

EMPLOYEES SCHEDULED 30 OR MORE HOURS PER WEEK OR WEEKEND OPTION NURSES		
	EHP Basic	EHP Premium
Employee only	\$44.26	\$48.53
Employee and children	\$101.37	\$112.75
Employee and spouse or same-sex domestic partner	\$123.75	\$137.92
Family-employee, spouse or same-sex domestic partner and children	\$132.89	\$148.20

EMPLOYEES SCHEDULED 20-29 HOURS PER WEEK		
	EHP Basic	EHP Premium
Employee only	\$101.36	\$112.75
Employee and children	\$192.73	\$215.49
Employee and spouse or same-sex domestic partner	\$237.50	\$265.84
Family-employee, spouse or same-sex domestic partner and children	\$255.78	\$286.39

## Johns Hopkins Employer Health Program (EHP) Dental

There are two Johns Hopkins EHP Dental Plans from which you can choose. Both plans offer a broad range of dental care services for you and your family. Each of the Johns Hopkins EHP Dental plans offers you the choice to receive dental care services from both in-network and out-of-network dentists. You can save money under either Plan when you use dentists who are in the Johns Hopkins EHP Dental network. You may elect dental coverage even if you opt out of medical coverage.

The two Johns Hopkins EHP Dental plans for you to choose from are the:

- Comprehensive Plan and
- High Option Plan

### COMPARISON CHART

The following chart provides a side-by-side comparison of the two Johns Hopkins EHP dental plans.

COVERED SERVICES	COMPREHENSIVE		HIGH OPTION	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Calendar Year Deductible</b>				
Per individual	None	\$50	None	\$50
Per family	None	\$150	None	\$150
<b>Combined Maximum Annual Benefit</b>	\$1,500 per person		\$3,000 per person	
<b>Preventive Services</b>				
Exams Twice per year	100%	80% of R&C, after deductible	100%	80% of R&C, after deductible
X-rays Twice per year	100%	80% of R&C, after deductible	100%	80% of R&C, after deductible
<b>Basic Service</b>				
Fillings	80%	60% of R&C, after deductible	80%	60% of R&C, after deductible
Oral surgery	80%	60% of R&C, after deductible	80%	60% of R&C, after deductible
<b>Major Service</b>				
Crowns, inlays and overlays	50%	30% of R&C, after deductible	60%	40% of R&C, after deductible
Bridges	50%	30% of R&C, after deductible	60%	40% of R&C, after deductible
Orthodontia Lifetime maximum benefit of \$1,500	Not covered	Not covered	50% up to lifetime maximum	Not covered

**Please Note:** Coverage does not extend to services that are provided by an immediate family member.

## COST OF COVERAGE

JHHSC/JHH shares in the cost of your dental care coverage. For 2011 bi-weekly, pre-tax contributions for dental coverage are as follows:

EMPLOYEES SCHEDULED 30 OR MORE HOURS PER WEEK OR WEEKEND OPTION NURSES		
	Comprehensive	High Option
Employee only	\$4.89	\$6.62
Employee and children	\$9.79	\$13.25
Employee and spouse or same-sex domestic partner	\$13.46	\$18.22
Family-employee, spouse or same-sex domestic partner and children	\$14.68	\$19.87

EMPLOYEES SCHEDULED 20-29 HOURS PER WEEK		
	Comprehensive	High Option
Employee only	\$7.43	\$9.70
Employee and children	\$14.86	\$19.40
Employee and spouse or same-sex domestic partner	\$20.43	\$26.68
Family-employee, spouse or same-sex domestic partner and children	\$22.29	\$29.10

# Additional Benefits

## Time Off Benefits

### PAID TIME OFF

Paid Time Off (PTO) combines vacation, sick and floating holiday leave under one combined “bank” of time. PTO accrues bi-weekly at a rate determined by the number of hours you work. Full-time employees, scheduled 30 to 40 hours per week, accrue PTO based on the number of scheduled hours each week. Part-time employees, scheduled 20 to 29 hours per week, accrue PTO on a prorated basis according to the number of hours worked. New employees begin to accrue PTO on their date of hire and are eligible to begin using PTO after the completion of their 90-day probationary period.

The annual accrual schedules for full-time employees shown in the charts below are based on an eight-hour day, 40-hour work week.

NON-EXEMPT EMPLOYEES			EXEMPT EMPLOYEES		
Years of Service	Maximum Accrual	1.5 x Maximum Accrual*	Years of Service	Maximum Accrual	1.5 x Maximum Accrual*
0 to 1	17 days per year 5.23 hours per pay period	204 hours	0 to 1	22 days per year 6.77 hours per pay period	264 hours
2 to 4	19 days per year 5.85 hours per pay period	228 hours	2 to 4	25 days per year 7.69 hours per pay period	300 hours
5 to 9	22 days per year 6.77 hours per pay period	264 hours	5 to 9	27 days per year 8.31 hours per pay period	324 hours
10 to 19	27 days per year 8.31 hours per pay period	324 hours	10 to 19	28 days per year 8.62 hours per pay period	336 hours
20+ or more	32 days per year 9.85 hours per pay period	384 hours	20 or more	32 days per year 9.85 hours per pay period	384 hours

\* Employees are allowed to accrue up to 1.5 times their annual PTO accrual. PTO can be carried over from year to year. Any PTO in excess of the 1.5 times will not be carried over and will be lost.

**Please Note:** Upon termination, your PTO balance will be paid out at 50 percent.

### PTO SELL BACK

Twice a year, in January and July, employees have the opportunity to participate in the PTO sell back program. This is a voluntary opportunity for employees who have either reached their maximum accrual or just want some extra money to sell back some of their PTO hours.

To participate, employees are required to sell back a minimum of eight hours. There is no maximum amount of hours that can be sold; however, full-time employees are required to keep a minimum PTO balance of 80 hours and part-time employees are required to keep a minimum PTO balance of 40 hours. All vacation sales are voluntary, and all payment is equal to 50 percent of the amount sold.

## Holidays

JHHSC/JHH provides you with seven paid holidays each year. You are eligible for the holidays immediately after employment. Part-time employees will be paid for the holidays on a pro-rated basis according to the number of hours they are scheduled to work. The seven observed holidays are:

- New Year's Day
- Martin Luther King, Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

## Other Paid Leave

JHHSC/JHH grants other paid leave to employees once they have completed their 90-day probationary period, as shown on the chart below:

REASON FOR LEAVE	BENEFIT
Death of immediate family member	Up to three days off within one week of death (prorated for part-time employees)
Jury duty	Employee receives regular pay
Annual military leave	The difference between regular pay and military pay up to 10 days per year

## Retirement Benefits

### PENSION PLAN

You can participate in the Pension Plan after one year of employment during which you have worked 1,000 or more hours. JHHSC/JHH pays the full cost of this basic retirement benefit after you've met the five-year vesting requirement. Your benefit is calculated using a formula based on your length of Hopkins service, and your earnings (final average). You may receive additional information by contacting the Pension Office in Phipps 460 or at 410-614-3494.

### TAX-DEFERRED ANNUITY PROGRAM [403(b)]

In addition to your Pension Plan benefit, you may participate in the 403(b) program. New employees will be automatically enrolled in the 403(b) program with an initial 2% pre-tax contribution level, unless you elect not to participate.

You may also elect to have a different percentage of your salary deposited into an account each pay period on a pre-tax or after-tax ("Roth") basis. There is an annual limit on contributions as determined by the IRS. You may receive additional information by contacting the Lincoln Office in Phipps 493 or at 410-955-5828.

## RETIREE MEDICAL

Retiring employees who are at least age 62 with 15 years of service may elect to continue their EHP medical plan until they become eligible for Medicare or for a maximum of 36 months, under COBRA. This can help bridge the gap in medical insurance for employees and their spouses prior to Medicare eligibility at age 65. You may receive additional information by contacting the Pension Office at 410-955-5970.

## RETIREE DENTAL

MetLife offers two dental plans to retirees and their dependents at affordable rates. Both plans include a comprehensive network of dentists throughout the country. For more information on the plans, contact the Pension Office at 410-955-5970.

## Adoption

Benefit eligible employees who adopt a child are eligible for a lump sum payment up to a maximum of \$5,000 per child to assist with adoption expenses. This lump sum payment can be used to assist with agency adoption fees, court costs, attorney fees, round-trip transportation to bring the child home or other fees associated with a legal adoption. Contact the HR Service Center/Benefits Office for more information on required documentation or visit the HR Web site at [www.hopkinsmedicine.org/jhhr](http://www.hopkinsmedicine.org/jhhr).

## Child and Adult Care Programs

**Back-Up Child and Adult Care:** “Parents in a Pinch” provides emergency child or adult care services on a seven-day-a-week availability. Back-up care providers have been screened, bonded and trained and will come to the employee’s home in those circumstances where this service will enable the employee to go to work. JHHSC/JHH shares in the cost of this service. Pre-registration is required. For more information, contact the HR Service Center/Benefits Office at 410-955-6208 or visit the HR Web site at [www.hopkinsmedicine.org/jhhr](http://www.hopkinsmedicine.org/jhhr).

**Child and Adult Care Referrals:** Contact WORKlife at 443-997-7000 or [www.hopkinsworklife.org](http://www.hopkinsworklife.org) to receive assistance with dependent care referrals, including nanny/au pair information, summer camp information, etc., at no cost to you. WORKlife will conduct the search to help you find dependent care.

**Johns Hopkins Family Center:** Child care is available at the Johns Hopkins Family Center, located two blocks south of the corner of Broadway and Orleans Street. Run by Bright Horizons Family Solutions, the Center cares for children ages 6 weeks to 5 years. For more information, contact the Family Center at 410-614-4111. Scholarships are also available annually to assist with child day care center costs.

**YMCA:** Child care is available at the YMCA located across the street from our Eastern site at the Harry & Jeanette Weinberg Family Center at Stadium Place on E. 33rd St. Enrollment is available for children from pre-K to 4 years. For more information, contact WORKlife at 443-997-9000 or [www.hopkinsworklife.org](http://www.hopkinsworklife.org). Scholarships are also available annually to assist with child day care center costs.

## Employee Assistance Program

JHHSC/JHH provides an established Employee Assistance Program to help you address various complications that may impact your physical or mental health and/or your ability to perform your job. Contact the Faculty and Staff Assistance Program (FASAP) by calling 410-955-1220.

## AFLAC

AFLAC provides income protection when you miss work because of an accident or injury. They offer cancer, accident, hospital and recovery protection policies, as well as protection if you have a stroke or heart attack. Benefits include services not covered under your medical plan that can be costly, such as travel expenses while seeking treatment, lost wages and home care. You can pay for these voluntary programs through payroll deductions on a pre-tax basis. For more information, visit [www.aflac.com](http://www.aflac.com) or call 410-729-8905.

## Auto/Homeowners Discount Program

MetLife offers special group rates and the opportunity to pay by payroll deduction. In addition to low group rates, you can receive discounts for paying by payroll deduction, your years of JHHSC/ JHH service and your good student status. MetLife offers discounts ranging from 10-20 percent.

Free quotes are available by calling 1-800-GET-MET-8 or by visiting [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).

## Pet Insurance

MetLife, through Veterinary Pet Insurance, provides coverage for your pet, including dogs, cats, birds, etc. For more information, call 1-800-GET-MET-8 or visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits). Identify yourself as a JHHSC/JHH employee and provide your employee badge I.D. number as verification.

## Credit Union

As a JHHSC/JHH employee, you are eligible to join the Johns Hopkins Federal Credit Union (JHFCU) and take advantage of their competitive, high-quality financial services. Serving the Johns Hopkins community since 1971, JHFCU is a not-for-profit financial institution that is owned by its members. JHFCU provides easy and free access to accounts online, over the phone, or in the branch. With a full range of savings and loan products, five branches located on Hopkins' campuses, plus a network in excess of 29,000 surcharge-free ATMs (including 1,500 M&T and 28,000 CO-OP Network ATMs), JHFCU is a convenient and trusted banking option. To learn more about the benefits of the Johns Hopkins Federal Credit Union, visit [www.jhfcu.org](http://www.jhfcu.org).

## Direct Paycheck Deposit

Enjoy the convenience of having your payroll check deposited directly into your savings or checking account. Contact the HR Service Center/Benefits Office or stop by Phipps 4th floor to pick up a Direct Deposit Authorization Form or visit the forms section of the HR Web site at [www.hopkinsmedicine.org/jhr/forms](http://www.hopkinsmedicine.org/jhr/forms).

## Live Near Your Work Program

The Johns Hopkins Health System, in partnership with the city of Baltimore and the State of Maryland, provides financial assistance to eligible employees who purchase homes near their place of employment through two programs: “Live Near Your Work” and “House Keys 4 Employees.” For more information or to receive an application packet, contact the WORKlife Program at 443-997-7000.

## MTA Transit Plus Program

You are able to purchase MTA monthly transit passes for the bus, light rail and/or Metro subway using pre-tax dollars, at work. When you buy your passes with pre-tax dollars, you save on federal, state and Social Security taxes by lowering your taxable income. For information on how to enroll, contact the HR Service Center/Benefits Office at 410-955-6208; or visit the forms section of the HR Web site at [www.hopkinsmedicine.org/jhr/forms](http://www.hopkinsmedicine.org/jhr/forms).

## Pre-tax Parking

If you park on one of the Hospital’s parking or shuttle lots, you can pay for the cost with pre-tax dollars directly from your paycheck. For more information, contact Parking at 410-955-5333.

## Prepaid Legal

MetLife, through Hyatt Legal Plans, offers a special group rate to employees to participate in their prepaid legal plan. For a deduction of just \$15 per month, you can receive legal advice for a wide range of legal matters, including:

- Identity theft
- Defense of civil lawsuits
- Preparation of wills, powers of attorney
- Pre-marital agreements
- Real estate matters, and more

Call 1-800-821-6400 or visit [www.legalplans.com](http://www.legalplans.com) for more information.

## Employee Discounts

### **Tickets**

Discount tickets are available for employees to a number of area amusement parks in Baltimore and the surrounding area. Discounts are available for places, such as: Six Flags, The Baltimore Zoo and The National Aquarium. Tickets can be purchased at the HR Service Center/Benefits Office when available.

### **Prescription Drugs**

The Monument Outpatient Pharmacy offers the following discounts when you present your JHHSC/JHH badge at the time of purchase.

*90-day Quantities of Maintenance Prescription Medications:*

For Generic Medications - \$10 Co-Pay **Discount**

For Brand Preferred Medications - \$20 Co-Pay **Discount**

For Brand Non-Preferred Medications - \$40 Co-Pay **Discount**

*Prescription Medications for Quantities Other Than 90-day Supplies:*

For all Medications (Brand Preferred and Generic) - \$5 Co-Pay **Discount**

### **Shopping**

Employees can also take advantage of online shopping discounts through several programs.

### **Hopkins Corporate Perks**

By registering with this online program, you will have easy access to discounts up to 75% off brand names and products at your favorite stores. You can even invite friends and family members to join in the savings. Visit <http://hopkins.corporateperks.com> to register with the company code "hopkins".

### **PerksCard**

The PerksCard program allows you to save money while shopping online or in local merchant stores. You can print valuable coupons online and take them to stores to save. Get your PerksCard by visiting the HRSC, Phipps 455; then visit [www.perkscard.com](http://www.perkscard.com) to register your card and start saving.

For more information on available discounts, contact the HR Service Center/Benefit Office at 410-955-6208 or visit the forms section of the HR Web site at [www.hopkinsmedicine.org/jhhr/forms](http://www.hopkinsmedicine.org/jhhr/forms).

# Eligibility Chart

The following chart highlights the benefits you are eligible to receive depending on the number of hours you are regularly scheduled to work.

BENEFIT PLAN	EMPLOYEES SCHEDULED TO WORK 30 OR MORE HOURS PER WEEK	EMPLOYEES SCHEDULED TO WORK 20-29 HOURS PER WEEK	WEEKEND OPTION NURSES	EMPLOYEE CONTRIBUTION REQUIRED
AFLAC	Yes	Yes	Yes	Yes
Auto/Homeowner Insurance	Yes	Yes	Yes	Yes
Back-Up Child and Adult Care	Yes	Yes	Yes	Yes
Child Day Care	Yes	Yes	Yes	Yes
Credit Union	Yes	Yes	Yes	Yes
Dependent Tuition <b>Employees working 40 hours only</b>	Yes	No	No	N/A
Direct Deposit	Yes	Yes	Yes	N/A
<b>Flexible Spending Accounts</b> Health Care Dependent Care	Yes	Yes	Yes	Yes
<b>Life Insurance</b> Basic w/AD&D Supplemental w/AD&D Dependent Life	Yes	Yes	Yes	No Yes Yes
Long Term Care	Yes	Yes	Yes	Yes
Medical-Dental-Vision- Prescription Drugs	Yes	Yes	Yes	Yes
Paid Time Off	Yes	Yes	No	N/A
Pension	Yes	Yes	Yes	No
Pet Insurance	Yes	Yes	Yes	Yes
Prepaid Legal	Yes	Yes	Yes	Yes
Retiree Dental	Yes	Yes	Yes	Yes
Retiree Medical	Yes	Yes	Yes	Yes
<b>Salary Protection</b> Short Term Disability Mid and Long Term Disability	Yes	Yes	No Yes <b>LTD only</b>	No Yes
Tax-Deferred Annuity	Yes	Yes	Yes	Yes
Tuition Assistance	Yes	Yes	Yes	N/A
Wellness Rewards	Yes	Yes	Yes	N/A

# Key Facts to Remember

## WHO IS ELIGIBLE?

- All employees regularly scheduled to work 20 or more hours per week and weekend option nurses are eligible for most benefits.

## WHO CAN BE COVERED?

- Most legal dependents can be covered. This includes your legal spouse or same-sex domestic partner, as well as your dependent children/stepchildren until the end of the month in which they reach age 26, regardless of student status.

### To cover dependents you will need:

- the Social Security numbers and birth dates for your dependents,
  - a copy of your marriage license or same-sex domestic partner affidavit for spouse coverage, and/or
  - a copy of birth certificates for dependent child coverage.
- If your spouse/same-sex domestic partner also works for JHHSC/JHH, you cannot be covered as both an employee and dependent. In addition, your eligible dependents may only be covered by one parent's plan.

## WHEN IS ENROLLMENT?

- All newly hired employees have 30 days from their date of hire to complete online enrollment and submit proper documentation to the Human Resources Department. Failure to enroll on time results in a lack of coverage.
- During the annual fall Open Enrollment period you will be able to make any needed changes. There are other times during the year when you can make changes but only if you have a qualifying change in status or life event as specified by IRS regulations.

## HOW DO I PAY FOR BENEFITS?

- Most benefits are paid through payroll deduction on a bi-weekly basis; most are done as pre-tax deductions.

## WHERE CAN I GET HELP?

- More detailed information can be obtained by reading the Summary Plan Description in the benefits section of the Human Resources Web site at <http://www.hopkinsmedicine.org/jhhr/BenefitsWellnet/ForNonrepresentedEmployees>.
- You can visit the HR Service Center/Benefits Office on the 4th floor of the Phipps Building or call 410-955-6208 if you have questions or need more detailed information.



The benefits described in this booklet are for non represented employees only. You may work for The Johns Hopkins Health System Corporation or for The Johns Hopkins Hospital. The Johns Hopkins Health System Corporation and The Johns Hopkins Hospital expect to continue these plans indefinitely but reserve the right to modify, amend, suspend or terminate any plan at any time and for any reason without prior notification. You will be notified of any changes to these plans and how they affect your benefits, if at all. The plans described in this booklet are governed by insurance contracts and self-insured plan documents, which are available for examination in the HR Service Center. We have attempted to make the explanation of the plans in this booklet as accurate as possible. However, should there be a discrepancy between this booklet and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. In addition, you should not rely on any oral descriptions of the plans, since the written descriptions in the insurance contracts or plan documents will always govern.

Fall 2010 for 2011 Plan Year

**The Johns Hopkins Health System Corporation  
The Johns Hopkins Hospital**

