

Turn to Page 5 for Healthy @ Hopkins

2008 Guide to Benefits Represented Employees



Live. Work. Learn. Grow.

The Johns Hopkins Health System Corporation
The Johns Hopkins Hospital



Live. Work. Learn. Grow.



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Important Telephone Numbers

AFLAC	1-800-99-AFLAC (1-800-992-3522)
AUTO/HOME INSURANCE	1-800-GET-MET-8 (1-800-438-6388)
CHILD/ELDER CARE	
Parents in a Pinch (pre-registration is required)	1-800-688-4697
Child/Elder Care Referrals	443-997-7000
Johns Hopkins Family Center	410-614-4111
CLAIM FORMS	
HR Service Center, Phipps 455	410-955-6208
CLAIMS OR COVERAGE QUESTIONS	
Johns Hopkins EHP	410-424-4450 / 1-800-261-2393
Web site: www.ehp.org	
HR Service Center, Phipps 455	410-955-6208
COBRA QUESTIONS	
Johns Hopkins EHP	410-424-4450 / 1-800-261-2393
CONFIDENTIAL HELP FOR PERSONAL PROBLEMS	
Faculty and Staff Assistance Program (FASAP)	443-997-7000 / 1-800-261-2393
CREDIT UNION SERVICES	
Johns Hopkins Federal Credit Union	410-534-4500
EMPLOYEE LABOR RELATIONS	410-955-6783
HEALTH CARE MANAGEMENT	
Johns Hopkins EHP	410-424-4450 / 1-800-261-2393
HUMAN RESOURCES	
HR Service Center, Phipps 455	410-955-6208
Web site: www.hopkinsmedicine.org/jhhr/	
LINCOLN FINANCIAL GROUP	
Phipps 491 / 493	410-955-5828
LONG-TERM CARE	1-888-868-6745
OCCUPATIONAL HEALTH	410-955-6211
PENSION & TAX-DEFERRED ANNUITY PROGRAM	410-955-5970
PET INSURANCE	1-800-GET-MET-8 (1-800-438-6388)
PRE-PAID LEGAL	1-800-821-6400
Web site: www.legalplans.com	
RETIREE MEDICAL	410-955-5970
WELLNET	
Wellness Services	410-955-9538
WORKERS' COMPENSATION	410-955-6433
WORKlife	
Web site: www.hopkinsworklife.org	443-997-7000

Who Is Eligible?

The benefits described in this booklet are for regularly scheduled employees who work 20 or more hours per week, and are represented by Local 1199E. The following chart highlights the benefits you are eligible to receive depending on how many hours you are regularly scheduled to work each week. New employees are eligible for most benefits on the first of the month following date of hire.

BENEFIT PLAN	EMPLOYEES SCHEDULED TO WORK 30+ HOURS/WEEK	EMPLOYEES SCHEDULED TO WORK 20-29 HOURS/WEEK	EMPLOYEE CONTRIBUTION REQUIRED
Medical/Vision/ Prescription Drug	Yes	Yes	Yes
Dental	Yes	Yes	Yes
Life Insurance ■ Basic with AD&D	Yes	Yes	No
Salary Protection ■ Short-Term Disability (24 weeks) ■ Optional Disability Long-Term Disability (LTD)]	Yes Yes	Yes Yes	No Yes
Pension**	Yes	Yes	No
Tax-Deferred Annuity	Yes	Yes	Yes
Tuition Assistance	Yes	Yes	No
Time-Off Benefits	Yes	Yes	N/A
Child Day Care Center	Yes	Yes	Yes
Back-Up Sick Child/Elder Care	Yes	Yes	Yes
Dependent Child Tuition Program	Yes (40 Hrs. Only)	No	N/A
Credit Union	Yes	Yes	Yes
Savings Bonds	Yes	Yes	Yes
Direct Paycheck Deposit	Yes	Yes	N/A
Auto/Homeowners	Yes	Yes	Yes
Pre-Paid Legal	Yes	Yes	Yes
Long Term Care	Yes	Yes	Yes
Pet Insurance	Yes	Yes	Yes
AFLAC	Yes	Yes	Yes

**After one year in which you work 1,000 hours.

Healthy @ Hopkins

It pays to pay attention to your health. JHHSC/JHH has launched a free program to help you stay healthy and avoid major illnesses. It's called Healthy@Hopkins, and it includes three key pieces:

- A confidential health risk assessment (HRA) to help you understand your current health hazards
- Health management programs (available at or near your work) to help you stop smoking, lose weight, reduce stress, start exercising, etc.
- Care management programs to help you manage a chronic health condition

Not only is the Healthy@Hopkins program free—it literally pays you to get involved. If you complete your health risk assessment during the annual enrollment period, *you are eligible to receive up to \$260 in benefit credits during 2008, depending on your hours worked.* And, if your health risk assessment (HRA) 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 \$0 co-pay for a period of time.* See details below.

Health Risk Assessments (HRA)

Get started on a healthier you by completing your health risk assessment (HRA). This short, confidential survey helps you understand your health risks and identifies areas you can work on.

You can earn benefit dollars toward your 2008 benefit elections as shown below:

Union Employees: If you complete the HRA during the open enrollment period, you will earn \$50.

The HRA is administered by Wellnet and 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. Look for information in your open enrollment packet for instructions on how to complete the HRA online. Paper copies of the survey are also available in the HR Service Center/Benefits in Phipps 455.

Health Screenings

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

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

Special Treatment (and incentive) for Chronic Conditions

Perhaps you have already been diagnosed with a chronic condition, such as asthma or diabetes. Healthy@Hopkins can teach you how to better manage your chronic condition. While you're being treated, your condition-related medication can be purchased with \$0 co-pay.

To qualify, you must first complete the HRA. Then, you may contact EHP Care Management at 410-762-5213 to enroll in a care management program for diabetes or asthma. If your medical claims show that you are currently being treated for diabetes or asthma, EHP Care Management may contact you directly. In any case, if you agree to participate in the care management program 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-pay(s) 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 up with a registered nurse who will:

- Work with you to set and achieve personalized health goals
- Provide you with individualized 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 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. You can also send an e-mail to healthyhopkins@jhhc.com.

Employee Health Center

Coming in 2008 is the new Employee Health Center located in the Phipps Building on the 3rd floor. Here you will be able to see a nurse practitioner for the treatment of pink eye, colds, sore throat, etc. without having to take time from work for offsite doctor appointments. Stay tuned for more information.

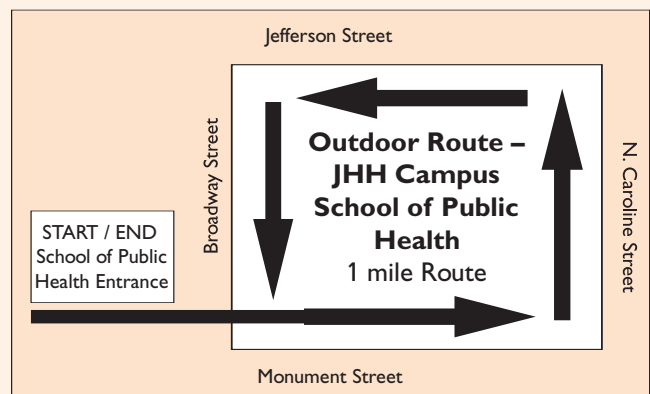
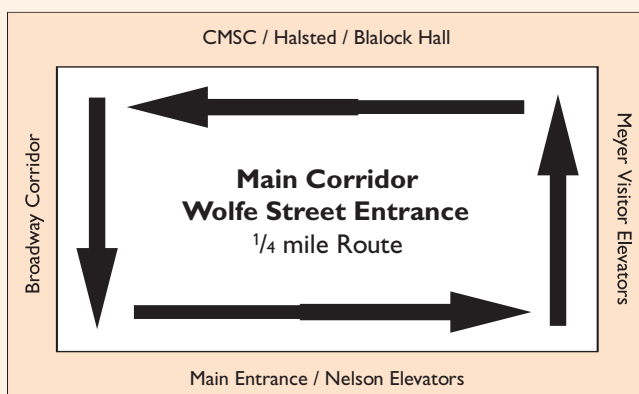
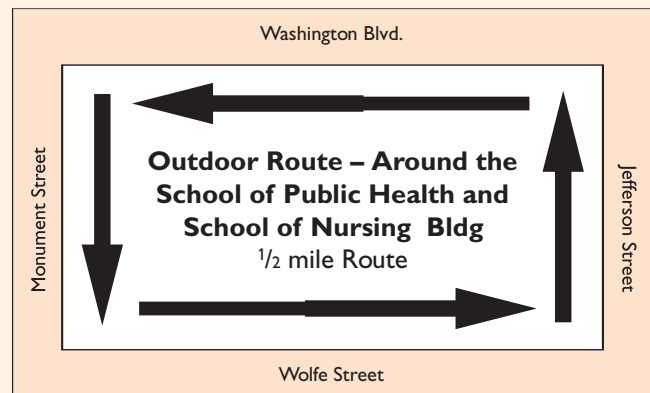
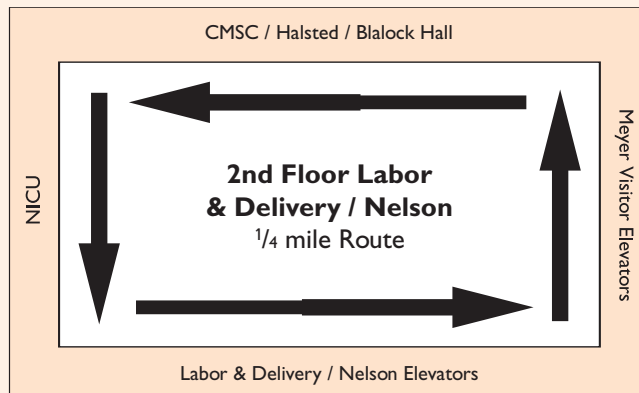
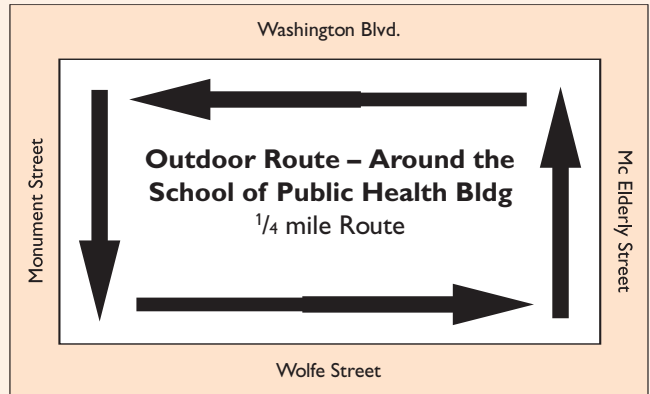
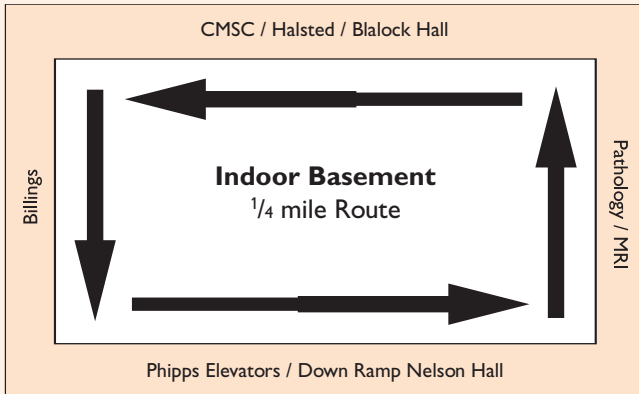
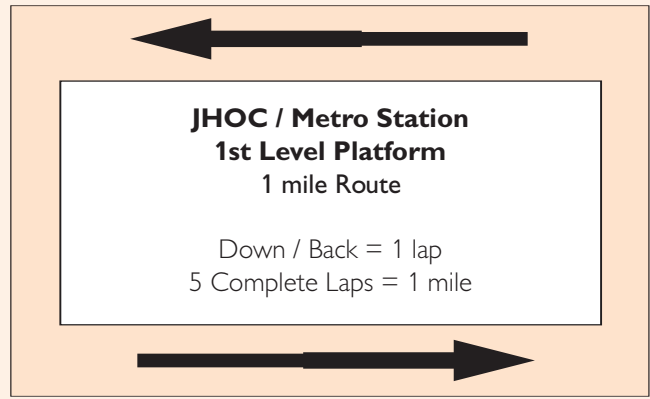
Wellnet's Calendar of Events

This sample monthly calendar outlines the variety of Wellnet sponsored programs. For monthly updates and calendars, please visit www.insidehopkinsmedicine.org/wellnet.

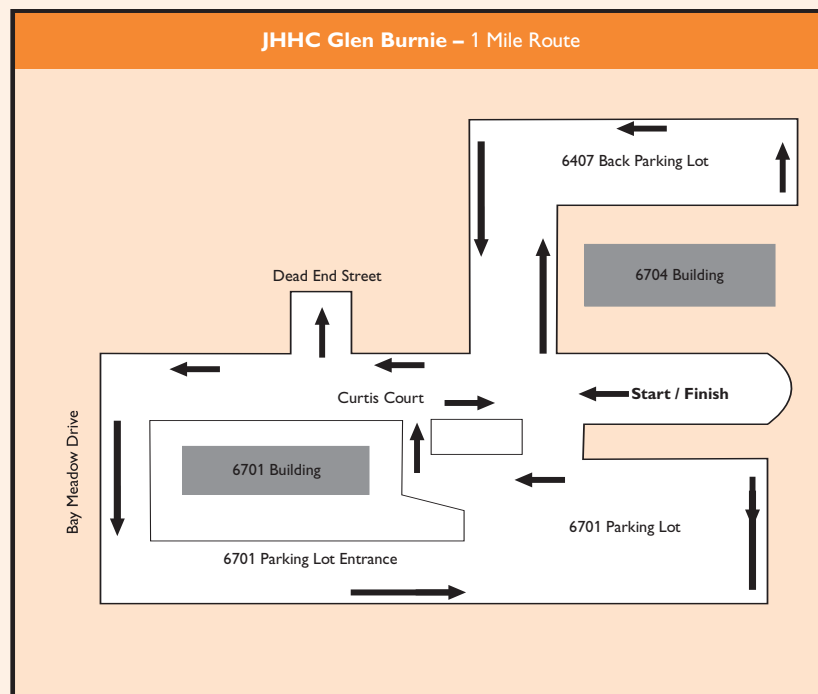
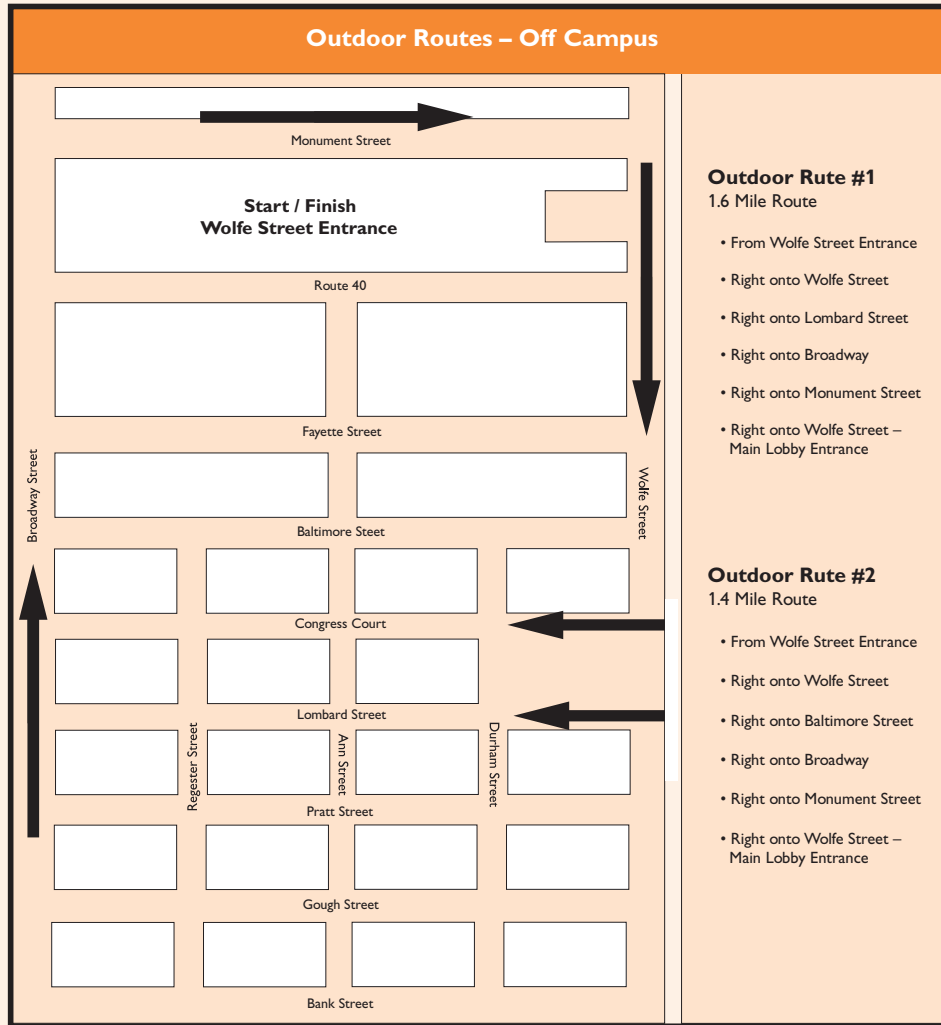
JANUARY 2008				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	1 Aerobics 5 - 6pm MEyer 2 Gym	2	3 Stretch-n-Tone 12:15 - 1pm PCTB 517	4 Walking Group 11:30 - 12pm Meet inside the Wolfe Street Entrance
7 Stretch-n-Tone 12:15 - 1pm PCTB 517	8 Pilates 11:30 - 12:30pm PCTB 517 (8 Week Session)	9 Pilates 5 - 6pm MEyer 2 Gym (8 Week Session)	10 Yoga 5:15 - 6:15pm GSS - Coffee Bar (8 Week Session)	11
14 Stretch-n-Tone 12:15 - 1pm PCTB 517	15 Walking Group 11:30 - 12pm Meet inside the Wolfe Street Entrance	16 Walking Group 11:30 - 12pm Meet inside the Wolfe Street Entrance	17	18 Stand Tall... back care prevention 12:15 - 1pm CMSC 1 Conf. Rm
21	22 Weight Watchers 12:30 - 1:30pm Mt. Washington Campus	23	24 Stretch-n-Tone 12:15 - 1pm PCTB 517	25
28	29	30 Relaxation Workshop 12:15 - 1pm JHOC 2140	31	

Walking Program

Join the Wellnet / Healthy@Hopkins Walking Group. The group walks for 30 minutes on Tuesday's beginning at 11:30 AM and Friday's beginning at 12:15 PM. The group meets inside the Wolfe Street Lobby. Check out the many walking routes (inside and outside) at the JHHSC/JHH downtown location and several offsite locations as shown in this section. For additional maps please visit www.insidehopkinsmedicine.org/wellnet.



Additional Routes



Paying for Your Benefit Plans

JHH pays the majority of the cost of your benefits. Your share of the cost will be deducted from your paycheck. For most benefits, your contributions are made on a pre-tax basis. Because your contributions are deducted before taxes, you reduce your taxable income and save on federal and state income taxes, as well as Social Security taxes.

Medical Benefit Plans

When you enroll in a medical plan, you can elect coverage for:

- Yourself
- Yourself and your child(ren)
- Yourself and your spouse
- Yourself and your same-sex domestic partner
- Family coverage, including spouse and child(ren)
- Family coverage, including same-sex domestic partner and child(ren)

If your spouse/same-sex domestic partner also works for 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.

Eligible dependents include your legal spouse (with submission of marriage certificate), your same-sex domestic partner (with completion of an Affidavit of Domestic Partnership form), and your dependent child(ren) (with submission of a birth certificate) up to age 19 (age 25 if full-time student with proof of full-time student status needed for each semester). Coverage for new employees is effective on the first of the month following date of hire, provided a completed enrollment form has been received by the HR Service Center within 30 days of the employment date. Eligible dependent children are covered through the end of the year in which they turn age 19, or age 25 and they are no longer a full-time student.

Johns Hopkins EHP

Johns Hopkins EHP (Employer Health Programs) offers a choice of health care plans:

EHP BASIC PLAN

In-Network Benefits Only:

- You must choose a Primary Care Physician (PCP)
- Females ages 14+ must choose an OB/GYN PCP
- Referrals are mandatory
- 1 Annual Preventive PCP or OB/GYN co-pay waived
- \$10 PCP co-pay; \$20 specialty co-pay
- No infertility and gastric by-pass benefits
- No out-of-network benefits except for life-threatening emergencies
- Prescription co-pays \$10/\$15/\$30 (generic/preferred/non-preferred); prescription mail order \$20/\$30/\$60 (generic/preferred/non-preferred)
- Co-pay waived for participants enrolled in EHP's Care Management Program for the treatment of Asthma and Diabetes

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 also may visit EHP's Web site at <http://www.ehp.org>.

EHP PREMIUM PLAN

In-Network Benefits:

- Visit any network doctor — NO REFERRALS REQUIRED
- No need to select a Primary Care Physician (PCP)
- 100% coverage for most services
- No deductible
- \$15 PCP co-pay, \$30 specialty co-pay
- Infertility and gastric by-pass benefits after \$1,000 deductible and pre-authorization (does not apply to dependent children)
- No out-of-network benefits except for life-threatening emergencies
- Prescription co-pays \$10/\$15/\$30 (generic/preferred/non-preferred); prescription mail order \$20/\$30/\$60 (generic/preferred/non-preferred)
- 1 Annual preventive PCP or OB/GYN co-pay waived
- Co-pay waived for participants enrolled in EHP's Care Management Program for the treatment of Asthma and Diabetes

Out-Of-Network Benefits:

- 70% coverage for most services after a \$500 deductible (\$1,000 family)

Please note: If you had previously been covered by another health plan for a pre-existing condition, the period of time for which you were covered for that condition may be credited to the pre-existing provision of your EHP coverage. However, you will need to submit a certificate of group health plan coverage from your prior plan administrator to the HR Service Center. Contact the HR Service Center if you have any questions.

Pre-Existing Conditions

Your coverage under Johns Hopkins EHP is affected by any pre-existing condition you may have before becoming eligible. A pre-existing condition is any physical or mental condition for which you or your eligible dependents have been diagnosed with or treated for during the 90 days before your date of hire. However, if you do not elect coverage when you are first eligible, the 90-day pre-existing condition period ends on the effective date of your coverage. If you have one or more pre-existing conditions, any charges incurred during the first six months of coverage to treat this condition(s) will be subject to a \$5,000 maximum benefit.

Tier Pharmacy Benefit Structure

- **Tier One: All Generic Drugs (lowest co-pay)** Generic drugs contain the same active ingredients and are chemically and therapeutically equivalent to brand-name medications, but are less expensive.
- **Tier Two: Preferred Brand Drugs (middle co-pay)** These brand-name drugs offer the most therapeutically safe and effective treatment for most medical conditions.
- **Tier Three: Non-Preferred Brand (highest co-pay)** These drugs often have either a generic equivalent or a preferred-brand alternative.

You should talk to your PCP if you have any questions regarding which tier is best for you.

Vision Benefits through The Johns Hopkins Routine Vision Care Network

Johns Hopkins EHP includes a full range of optometry and ophthalmology vision care services through The Johns Hopkins Routine Vision Care Network. You can receive care at any of these Johns Hopkins Routine Vision Care Network provider sites:

- The Wilmer Eye Institute at The Johns Hopkins Hospital
- Green Spring Pavilion I
- Severna Park
- Bayview Medical Offices
- White Marsh

You can also receive optometry services at Pearle Vision Center at Johns Hopkins, Penn Optical and other locations throughout the Baltimore metropolitan area. For a listing of provider sites, refer to the list of Johns Hopkins Routine Vision Care providers, available from EHP, the HR Service Center or online at www.ehp.org.

If you use a Johns Hopkins Routine Vision Care Network provider, you can receive these benefits*:

- Eye exams covered at 100% after a \$10 co-pay, once every 12 months;
- Lenses and selected frames, covered at 100% after a \$10 co-pay, once every 12 months, or
- Elective contact lenses, covered after a \$10 co-pay; or
- Contact lens fitting fee may be covered in lieu of an eye exam once every 12 months.

SERVICE	IN-NETWORK ANNUAL BENEFIT AMOUNT (ONCE EVERY 12 MONTHS)	OUT-OF-NETWORK ANNUAL BENEFIT AMOUNT (ONCE EVERY 12 MONTHS)
One routine eye exam or contact lens fitting fee every 12 months*	100%, after \$10 co-pay	Up to \$35
Materials:	\$10 co-pay	
Single vision	Up to \$37.50	Up to \$25
Bifocal	Up to \$46	Up to \$40
Trifocal	Up to \$58.50	Up to \$55
Lenticular	Up to \$88	Up to \$80
Frames	Up to \$35	Up to \$35
Contact lenses	\$10 co-pay	
Medically necessary	Up to \$165	Up to \$165
Elective	Up to \$95	Up to \$95

If you choose to receive vision care from a non-Johns Hopkins Routine Vision Care Network provider, benefits are limited. The plan will pay up to the amounts shown in the chart above for the featured products and services.

Cost of Coverage

For 2008, your bi-weekly contributions for medical coverage are as follows:

EMPLOYEES SCHEDULED TO WORK 30+ HOURS/WEEK		
	EHP Basic	EHP Premium
Yourself	\$15.28	\$20.06
Yourself and your child(ren)	\$57.49	\$67.08
Yourself and your spouse or same-sex domestic partner	\$71.57	\$83.51
Family including spouse or same-sex domestic partner and child(ren)	\$77.32	\$91.82

EMPLOYEES SCHEDULED TO WORK 20-29 HOURS/WEEK		
	EHP Basic	EHP Premium
Yourself	\$ 75.06	\$ 79.26
Yourself and your child(ren)	\$150.13	\$158.53
Yourself and your spouse or same-sex domestic partner	\$186.89	\$197.36
Family including spouse or same-sex domestic partner and child(ren)	\$201.92	\$213.22

* The plan makes an allowance equal to the cost of a standard exam, lenses and frames once every 12 months.

Comparison Chart

The following chart provides a side-by-side comparison of both Johns Hopkins EHP medical plans:

NOTE: "R&C" is the reasonable & customary allowance for an expense.

JOHNS HOPKINS EHP COVERED SERVICES	Basic Plan REFERRALS REQUIRED	Premium Plan NO REFERRALS REQUIRED	
	In-Network Care Only, Coordinated by your PCP	(Access Care In-Network)	(Access Care Out-of-Network)
Calendar year annual deductible	None	None	\$500/person \$1,000/family
Calendar year annual out-of-pocket maximum	None	None	\$3,200/person \$6,400/family
Maximum lifetime benefit	All options: \$2,000,000 combined, \$100,000 for substance abuse	All options: \$2,000,000 combined, \$100,000 for substance abuse	
Office visits	\$10 co-pay primary care office visit \$20 co-pay specialty care office visit	\$15 co-pay primary care \$30 co-pay specialty	70% of R&C, after deductible 70% of R&C, after deductible
One(1) annual preventive visit*	\$0 co-pay	\$0 co-pay	
Annual physical exam (by PCP)	\$10 co-pay	\$15 co-pay	70% of R&C, after deductible
Urgent Care, etc.	Co-pay waived in lieu of ER		
Lab test and X-rays	100%	100%	70% of R&C, after deductible
Well-child care	\$10 co-pay	\$15 co-pay	70% of R&C, after deductible
Mammograms	100%	100%	70% of R&C, after deductible
Annual preventive GYN exam*	\$10 co-pay	\$15 co-pay	70% of R&C, after deductible
Immunizations and inoculations	100%	100%	70% of R&C, after deductible
Allergy tests and serum	100%	100%	70% of R&C, after deductible
Professional services for inpatient and outpatient surgery (must obtain pre-authorization for inpatient services)	100%	100%	70% of R&C, after deductible (a)
Inpatient hospitalization (semi-private room unless private accommodations are approved for medical reasons)	100%	100%	\$500 co-pay per hospital admission, then 70% of R&C, after deductible (a)
Medically necessary intensive care	100%	100%	70% of R&C, after deductible (a)
Other inpatient services including pre-admission testing (must obtain pre-authorization)	100%	100%	70% of R&C, after deductible (a)

(a) \$500 penalty applies for failure to obtain pre-authorization for hospitalization.

* Subject to either one annual PCP or OB/GYN visit

JOHNS HOPKINS EHP	Basic Plan	Premium Plan	
	REFERRALS REQUIRED	NO REFERRALS REQUIRED	
COVERED SERVICES	In-Network Care Only, Coordinated by your PCP	(Access Care In-Network)	(Access Care Out-of-Network)
Medically necessary reconstructive surgery and/or surgically implanted prosthetics	100%	100%	70% of R&C, after deductible
Maternity care	100%	100%	70% of R&C, after deductible (a)
Infertility services: In-vitro fertilization and artificial insemination (pre-certification required for all services and Rx; contact EHP for eligibility provisions)	No infertility services available	100% at JHH institutions only, after \$1,000 deductible (maximum of \$30,000 per life-time, including prescription drugs, with no more than 3 attempts)	Available at JHH institutions only
Gastric by-pass surgery	No gastric by-pass surgery available	100% at JHH institutions only (after \$1,000 deductible)	Available at JHH institutions only
Emergency treatment	\$100 co-pay	\$100 co-pay	\$75 co-pay (b)
Prescription drugs (30-day supply includes oral contraceptives; limited smoking cessation products also included)	\$10 co-pay (generic) \$15 co-pay (preferred) \$30 co-pay (non-preferred)	\$10 co-pay (generic) \$15 co-pay (preferred) \$30 co-pay (non-preferred)	
Prescription drugs (90-day supply at a participating pharmacy for maintenance drugs)	\$30 co-pay (generic) \$45 co-pay (preferred) \$90 co-pay (non-preferred)	\$30 co-pay (generic) \$45 co-pay (preferred) \$90 co-pay (non-preferred)	
Mail-order program (90-day supply for maintenance drugs)	\$20 co-pay (generic) \$30 co-pay (preferred) \$60 co-pay (non-preferred)	\$20 co-pay (generic) \$30 co-pay (preferred) \$60 co-pay (non-preferred)	
Home health care (40 visits per year combined maximum under Johns Hopkins EHP Options)	100%	100%	70% of R&C, after deductible
Physical and occupational therapists (subject to visit limitations)	100%	100%	70% of R&C, after deductible
Speech therapy (non-developmental services only), must be pre-authorized	100% (c)	100% (c)	70% of R&C, after deductible (c)
Durable medical equipment, including diabetic supplies through JH Pharmaquip	100%	100%	70% of R&C, after deductible
Chiropractic care	\$10 co-pay \$1,500 per year (d)	\$15 co-pay up to \$1,500 per year (d)	70% of R&C up to \$1,000 per year (d)
Acupuncture	\$10 co-pay; \$1,500 maximum per year	\$15 co-pay; \$1,500 maximum per year	70% of R&C up to \$1,000 per year

- (a) \$500 penalty applies for failure to obtain pre-authorization for hospitalization.
- (b) Does not include deductible.
- (c) All speech therapy services must be pre-authorized by Care Management.
- (d) Restricted to initial exam and X-rays, and spinal manipulation; up to \$1,000 per year.

NOTE: "R&C" is the reasonable and customary allowance for an expense.

JOHNS HOPKINS EHP	Basic Plan	Premium Plan	
	REFERRALS REQUIRED	NO REFERRALS REQUIRED	
COVERED SERVICES	In-Network Care Only, Coordinated by Clinical Case Manager	(Care Managed through Clinical Case Manager)	(Care Not Managed through Clinical Case Manager)
Inpatient care for mental health (30 days per year combined maximum under Johns Hopkins EHP Options)	100% (d)	100% (d)	\$500 co-pay per hospital admission, then 80% of R&C, after deductible (a) (b)
Outpatient treatments for mental health (52 visits per year combined maximum under Johns Hopkins EHP Options)	Visits 1-30, \$10 co-pay; Visits 31-52, 50%, no deductible (b) (c) (d)	Visits 1-30, \$15 co-pay; Visits 31-52, 50% (d)	50% of R&C, after deductible (b) (c) (d)
Inpatient care for substance abuse (30 days per year combined maximum under Johns Hopkins EHP Options)	100% (d)	100% (d)	\$500 co-pay per hospital admission, then 80% of R&C, after deductible (\$20,000 annual maximum benefit) (a)
Inpatient care for alcohol abuse (7 days per year maximum for detoxification only under EHP Options)	100% (d)	100% (d)	\$500 co-pay per hospital admission, then 80% of R&C, after deductible (\$20,000 annual maximum benefit) (a)
Outpatient treatment for substance abuse and detoxification (30 visits per year combined maximum under Johns Hopkins EHP Options)	\$10 co-pay (d)	\$15 co-pay (d)	50% of R&C, after deductible; \$2,500 annual maximum benefit (b)

- (a) \$500 penalty for failure to obtain pre-authorization for hospitalization.
- (b) This coinsurance does not apply to the coinsurance out-of-pocket maximum.
- (c) Services for outpatient mental health and substance abuse visits, which are initially applied to the calendar year deductible, will not count toward the 52 visit maximum.
- (d) **All mental health and substance abuse must be pre-authorized by Care Management.**

Dental Benefit Plans

If you are an employee regularly scheduled to work 20 or more hours per week, you can choose dental coverage under:

- Johns Hopkins EHP Comprehensive Plan, or
- Johns Hopkins EHP High Option.

Under either of the two Johns Hopkins EHP dental benefit options, you can elect coverage for:

- Yourself
- Yourself and your child(ren)
- Yourself and your spouse
- Yourself and your same-sex domestic partner
- Family coverage, including spouse and child(ren)
- Family coverage, including same-sex domestic partner and child(ren)

Eligible dependents include your legal spouse (with submission of marriage certificate), your same-sex domestic partner (with completion of an Affidavit of Domestic Partnership form), and your dependent child(ren) (with submission of birth certificate) up to age 19 (age 25 if full-time student with proof of full-time student status needed for each semester). Coverage for new employees is effective on the first of the month following date of hire, with a completed enrollment form. Eligible dependent children are covered through the end of the year in which they turn age 19, or age 25 and they are no longer a full-time student.

Please note: Benefits will not be provided under the plan if services are provided by an immediate family member.

If your spouse/same-sex domestic partner also works for 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.

EHP Dental Networks

Each of the two Johns Hopkins EHP dental options offers you the choice to receive dental care services from in-network or out-of-network dentists. You can save money on your dental care bills by using in-network dentists. You will not have to pay annual deductibles if you choose in-network, and there is no co-pay for preventive care. That's because the dentists who participate in the network have agreed to accept reduced payments for their services, and the benefits under the in-network part of the plan are greater. The network currently includes approximately 300 participating dentists.

NOTE: "R&C" is the reasonable and customary allowance for an expense.

Comparison Chart

The chart at right provides a side-by-side comparison of the EHP dental plans:

COVERED SERVICES	JOHNS HOPKINS EHP COMPREHENSIVE PLAN		JOHNS HOPKINS EHP HIGH OPTION	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible	\$0	\$50/person \$150/family	\$0	\$50/person \$150/family
Preventive	100%	80% of R&C, after deductible	100%	80% of R&C, after deductible
Basic (fillings, root canals, extractions)	80%	60% of R&C, after deductible	80%	60% of R&C, after deductible
Major (crowns, dentures, etc.)	50%	30% of R&C, after deductible	60%	40% of R&C, after deductible
Annual maximum	\$1,500 combined, per person, per year		\$3,000 combined, per person, per year	
Orthodontia	Not covered		50% up to a separate lifetime maximum of \$1,500 per person (for adults and children after one year of participation in the High Option Plan)	Not covered

Cost of Coverage

JHH and you share in the cost of your dental care coverage. For 2008, your bi-weekly contributions for dental coverage are as follow:

EMPLOYEES SCHEDULED TO WORK 30+ HOURS/WEEK		
Johns Hopkins EHP		
	Comprehensive Plan	High Option Plan
Yourself	\$ 6.46	\$ 8.74
Yourself and your child(ren)	\$12.94	\$17.48
Yourself and your spouse or same-sex domestic partner	\$17.79	\$24.04
Family, including spouse or same-sex domestic partner and child(ren)	\$19.38	\$26.22

EMPLOYEES SCHEDULED TO WORK 20-29 HOURS/WEEK		
Johns Hopkins EHP		
	Comprehensive Plan	High Option Plan
Yourself	\$ 9.69	\$12.24
Yourself and your child(ren)	\$19.39	\$24.65
Yourself and your spouse or same-sex domestic partner	\$26.67	\$34.29
Family, including spouse or same-sex domestic partner and child(ren)	\$29.10	\$37.26

Coordinating Medical and Dental Benefits When You Have Other Coverage

When you're covered by more than one medical and/or dental plan (including any coverage you may have under an Automobile Personal Injury Policy, PIP), your JHH benefits will be paid under the Coordination of Benefits (COB) provision. Under the COB provision, the plan that pays first is called the Primary Plan. The Secondary Plan generally makes up the difference between the Primary Plan's benefits and the benefits the Secondary Plan would pay if there were no Primary Plan. When one group plan does not have a COB provision, that plan is always considered Primary and always pays first. When both plans have a COB provision, the chart below shows you how the Primary Plan is determined for you or your spouse/same-sex domestic partner.

IF YOU ARE:	AND THE OTHER PLAN IS SPONSORED BY:	AND EXPENSES ARE FOR:	THEN YOUR PLAN IS:
Employee	Your spouse's/same-sex domestic partner's employer	Yourself	Primary
		Your spouse/same-sex domestic partner	Secondary
Spouse or same-sex domestic partner	Your spouse's/same-sex domestic partner's employer	Your spouse/same-sex domestic partner	Secondary
		Yourself	Primary

To determine benefits for child(ren), the parent whose birthday falls earlier in the calendar year will have the Primary Plan for the children. When parents are divorced or separated, the parent with custody of the child(ren) usually has the Primary Plan, unless the noncustodial parent has been assigned financial responsibility by the court for the child(ren)'s health care.

If none of these rules apply, the plan that has covered the patient longer will be the Primary Plan. Contact the HR Service Center for help to determine which plan is Primary or Secondary in your situation.

Basic Life and Accidental Death & Dismemberment (AD&D) Benefits

All employees who are regularly scheduled to work 20 to 29 hours per week and have completed 12 months of service are eligible to receive Basic Life Insurance of \$4,000. Employees who are scheduled to work 30 or 40 hours per week receive Basic Life Insurance equal to \$1,000 during the first 12 months of service and one times their annual base salary, up to a maximum amount of \$50,000, after 12 months of service. Your life insurance also includes Basic AD&D Insurance, which is equal to the amount of life insurance coverage to which you are entitled. AD&D Insurance may pay benefits if you die or suffer certain serious injuries as a result of an accident.

Disability Benefits

Short-Term Disability

Employees, who are regularly scheduled to work 20 or more hours per week and have completed their probationary period, automatically receive Short-Term Disability benefits. If approved, Short-Term Disability benefits replace 66²/₃ percent of your bi-weekly base pay up to a maximum of \$300 weekly for up to 24 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 Sick Bank or Vacation Bank that you have not used, this time will be used to supplement your Short-Term Disability payments. Short-Term Disability benefits are separate from any FMLA benefits you may be receiving.

Long-Term Disability Insurance

Regular employees who are scheduled to work 20 or more hours per week are eligible to buy Long-Term Disability benefits. Coverage for new employees is effective on the first of the month following the date of hire, with a completed enrollment form. Benefits include:

- Long-Term Disability Insurance that 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 continue 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 disabled due to a mental illness, benefits are paid up to a maximum of 24 months, as long as you continue to be certified disabled.

Proof of Good Health Required

Current employees may apply for Long-Term Disability Insurance (if not currently enrolled) with proof of good health. If you are a current employee, you will need to provide proof of good health if you are:

- Selecting this coverage for the first time, or
- Reapplying for this coverage

Please refer to the enrollment instructions regarding Evidence of Insurability. The insurance company must approve your coverage before your new benefit amount can become effective. Payroll deductions will not begin until coverage is approved.

Cost of Coverage

Rates* per \$100 of Covered Salary			
Your Age	Bi-Weekly Rate	Your Age	Bi-Weekly Rate
Under 25	\$0.0040	50 – 54	\$0.0294
25 - 29	\$0.0058	55 – 59	\$0.0350
30 - 34	\$0.0094	60 – 64	\$0.0354
35 - 39	\$0.0134	65 – 69	\$0.0494
40 - 44	\$0.0166	70 & over	\$0.0624
45 - 49	\$0.0228		

*LTD rates are based on five-year increments. Rates increase as you age.

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

$$\frac{\text{Your Hourly Rate}}{\text{Your Hourly Rate}} \times \frac{\text{Your Weekly Scheduled Hours}}{\text{Your Weekly Scheduled Hours}} \times \frac{\text{Your Rate (table above)}}{\text{Your Rate (table above)}} = \$ \frac{\text{Your Bi-weekly Cost of Coverage*}}{\text{Your Bi-weekly Cost of Coverage*}}$$

For example, if you earn \$10.50 an hour, work 40 hours per week, and are 30 years old, your bi-weekly rate would be \$0.0094. This means your cost would look like this: \$10.50 x 40 x \$0.0094 = \$3.95 (Your bi-weekly cost)

* Final cost may vary slightly due to rounding.

Retirement Benefits

Pension Plan Benefits at No Cost to You

You become eligible to participate in the Pension Plan if:

- You reach age 21 and complete one year of service in which you are credited with 1,000 hours of service; or
- You are under age 21 and complete three years of service in which you are credited with 1,000 hours of service each year.

JHH pays the full cost of this basic retirement benefit after meeting five years of the vesting requirement. Your benefit is calculated using a formula based on:

- The length of time you have worked for the Hospital,
- Your earnings (final average); and
- Your age.

Option to Join Tax-Deferred Annuity Program [403(b)]

In addition to your Pension Plan benefit, you may choose to participate in the 403(b) program. Under this program, you elect to have a percentage of your annual salary deposited in your account each pay period, on a pre-tax basis. You are not taxed on the money until it is withdrawn, presumably at retirement, when you will be in a lower tax bracket. You will also be able to continue “Roth” contributions to your 403(b) Plan. Contact the Lincoln Office at 410-955-5828 for more information.

Please note: There is an annual limit on contributions, as determined by the IRS. You may receive additional information by contacting the Pension Office at 410-955-5970.

COBRA Extension

Retiring employees who are at least age 62 with 25 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. For more information, contact the Pension Office at 410-955-5970.

Time-Off Benefits

Vacation

During your first year of service, if you are scheduled to work 20 hours or more a week, you are eligible for one week (five days) of your first year’s vacation entitlement after six months of employment.

The following vacation schedule is for full-time employees with one or more years of service:

YEARS OF EMPLOYMENT:	NUMBER OF VACATION DAYS PER YEAR:
After 1 year	10 days (80 hours annually)
After 2 years	12 days (96 hours annually)
After 5 years	15 days (120 hours annually)
After 10 years	21 days (168 hours annually)
After 20 years	27 days (216 hours annually)

The qualifying date for receiving your annual vacation entitlement is your employment anniversary date. Part-time employees will receive vacation accumulations and vacation pay on a prorated basis, based on their regularly scheduled hours of work.

Free Days

In addition to vacation time, you are eligible to receive up to three free days a year. During your first year of employment, free days are based on your hire date as shown in the following chart:

IF YOUR HIRE DATE IS:	NUMBER OF FREE DAYS YOU MAY RECEIVE IS:
December 1 - February 28	3
March 1 - May 31	2
June 1 - August 31	1

Sick Time

If you are a full-time employee, regularly working 40 hours per week, you will be eligible for paid sick time once you have completed your 90-day probationary period. During your first two years of employment, you accrue sick time at the rate of five-sixths (5/6) of one day for each month of employment. After two years of employment, you are eligible for 10 days of sick time, as of the beginning of your third year of employment and for each year of employment after that. Regular part-time employees, working 20 or more hours each week, will accumulate sick time on a prorated basis, depending on the number of hours they are scheduled to work. Sick time may be accumulated up to a maximum of 65 regular work days (520 hours).

Holidays

JHH provides you with seven paid holidays each year, once you have completed your 90-day probationary period. Part-time employees can receive paid holidays on a prorated basis, depending on the number of hours 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

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

REASON FOR LEAVE	BENEFITS
Death of immediate family member	Up to three days off within one week of death (pro-rated for part-time employees)
Jury duty	Employee receives regular pay
Annual military leave	Hospital pays difference between regular pay and military pay for up to 10 days once a year

Family and Medical Leave

The Hospital also provides up to 12 weeks of unpaid, job-protected leave to eligible 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 JHH for at least one year and for 1,250 hours over the previous 12 months. Family Medical Leave runs concurrently with any other paid or unpaid leave (i.e., sick time, short-term disability, vacation, workers' compensation, or an unpaid absence that qualifies under FMLA). For more information on FMLA, please contact the HR Service Center.

Other Benefits

Helping You Pay for Continuing Education

If you are a full-time employee who is regularly scheduled to work 40 hours per week or a part-time employee regularly scheduled to work 20-39 hours per week, you may be granted educational assistance after 60 days of employment.

To receive reimbursement, you must attend an accredited college, technical school or vocational school. The course must lead to licensure, degree and/or meet the criteria of business necessity (job required) or operational necessity. 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 after satisfactory completion of the course(s).

Employees Hired Prior to January 1, 2007:

Employees may take up to 18 credits per academic year for undergraduate courses (September 1 - August 31). Employees in an accelerated MBA/MHS program may take a maximum of 24 credits per academic year. Employees will be eligible for tuition assistance up to a maximum of 18/24 credits or \$10,000 per academic year, whichever is greater.

COURSES	SERVICE PAYBACK	MBA PROGRAMS (18-24 CREDIT)
January - June	6 months	8 months
July - December	6 months	8 months
Completion of degree	1 year	1 year, 4 months

Employees Hired January 1, 2007 or Later:

Employees are eligible for tuition assistance up to a maximum of \$10,000 per academic year (September 1 to August 31). After satisfactory completion of the course(s) the employee agrees to work for JHH based on the total reimbursed to you under the tuition assistance program.

DOLLARS REIMBURSED	SERVICE PAYBACK
\$0 - \$4,999	1 year of service
\$5000 +	2 years of service

The reimbursement percentage you can receive depends on the number of hours you are regularly scheduled to work each week, as shown below:

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

Effective 9/1/07: Employees hired 1/1/07 or later, who attend the JHU School of Nursing, are eligible for a maximum of \$15,000 per academic year. This is applicable only to those attending the JHU School of Nursing.

Dependent Child Tuition Program

Eligibility

Dependent child(ren) of full-time (40 hours/week) employees, who have a minimum of two years continuous service, are eligible for payments of their full-time (a minimum of 12 credit hours per semester), undergraduate tuition and mandatory academic fees. A dependent child is a blood descendent of the first degree, one who is legally adopted, or one who is a stepchild primarily dependent on the eligible parent for financial support, and under the age of 26. Please note, JHH reserves the right to request evidence of the dependent status of persons listed on the Dependent Tuition Program Application.

Covered employees become eligible for this benefit after completing two consecutive years of full-time employment at JHH. The two-year eligibility cutoff dates are: October 1 for fall semester and February 1 for spring semester. This benefit is available only during periods in which a covered staff member is employed full-time. Each parent is eligible if they are each a full-time employee meeting the requirements listed above.

Payment

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. Room and board, books, part-time and graduate study are not eligible. 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 be counted 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.

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.)

If the parent does not maintain full-time status 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 100 percent of the money is not refunded, JHH will consider the student to have used the entire benefit for that cycle.

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.

Adoption Benefit

Benefit eligible employees who adopt a child are eligible for a lump sum payment up to a maximum of \$3,000 per child to assist with adoption expenses. This includes agency adoption fees, court costs, attorney fees, and round-trip transportation to bring the child home. Documentation should be submitted to the HR Service Center.

College Savings Plans

You can use your after-tax dollars to begin saving for college. Your money in the College Saving Plans of Maryland 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 semester to five years of future college tuition at today's prices. The Maryland College Investment Plan offers 13 investment options, allows you to invest starting as with as little as \$25 a month and is managed and distributed by T. Rowe Price. Both Plans offer generous State and Federal tax benefits. For more information, contact the HR Service Center.

Aflac

Aflac provides cancer, accident, hospital, and recovery protection policies, as well as protection if you have a stroke or heart attack. Aflac's 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.

Child/Elder Care Programs

- Johns Hopkins Family Center: An on-site child care center is located two blocks south of the corner of Broadway and Orleans Streets. It is run by Bright Horizons Family Solutions, a nationally known provider of high-quality child care programs. Children of employees ages six weeks to five years are eligible to enroll. For more information, contact Family Center at 410-614-4111. Scholarships are also available annually to eligible employees to assist with the cost of the child day care center. Contact the HR Service Center for more information.
- Child/Elder Care Referrals: Contact *WORKlife* at 443-997-7000 to receive assistance at no cost to you with dependent care referrals, including nanny/au pair information, summer camp information, etc. *WORKlife* will conduct a search for you, based on your needs, to help you find dependent care.
- Back-Up Sick Child/Elder Care: JHH has contracted with a company called "Parents in a Pinch" to provide emergency child/elder care services on a seven-day-a-week availability. Notice or request shall be by telephone, and reasonably in advance where practical. Back-up child 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. JHH will share in the cost of this service. Contact the HR Service Center for more information. Pre-registration is required.

Credit Union

As a JHH employee, you are eligible to join the Johns Hopkins Federal Credit Union and take advantage of the following services:

- Statement savings accounts
- Telephone and Internet account transactions
- Interest-bearing checking accounts
- Certificates of deposit
- IRAs
- Keogh accounts
- Christmas Club accounts
- Low-interest loans
- Automatic deposit through payroll deduction

For details, you may call the Credit Union directly at 410-955-6116.

Direct Paycheck Deposit

You may enjoy the convenience of having your payroll check deposited directly into your savings or checking accounts. Contact the HR Service Center or stop by Phipps 4th floor to pick up a Direct Deposit Authorization Form.

Employee Assistance Program

The Hospital provides an established Employee Assistance Program to help you address various problems that may impact your physical or mental health and/or ability to perform your job. You may contact the Faculty and Staff Assistance Program (FASAP) by calling the HR Service Center.

Live Near Your Work Program

Live Near Your Work (LNYW) is a cooperative partnership among the state, city and Johns Hopkins Health System that provides financial assistance to eligible employees who purchase homes near their place of employment. For more information or to receive an application packet, contact the HR Service Center.

MTA Transit Plus Program

Under this program, you may use pre-tax dollars to conveniently purchase your MTA monthly transit passes at work. You can buy passes for the bus, light rail, and Metro subway. When you buy your passes with pre-tax dollars, you save on federal, state and Social Security taxes (as much as \$250 per year) because you lower your taxable income. For information on how to enroll, contact the HR Service Center.

Pre-Tax Parking

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

Wellnet

As a JHH employee, you are eligible for a variety of wellness-related programs and educational materials on a wide variety of topics, including:

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

Business Travel Insurance

Twenty-four hour business travel protection is provided against all types of accidents that may occur while an eligible 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 home or office (whichever occurs last). Coverage excludes accidents resulting while traveling to and from work, bona fide vacations and leaves of absence. The amount payable is based on occupation. All benefit eligible employees are also covered by WorldNet. The service provides 24 hour assistance on any travel emergency 100 miles or more from home or in a foreign country.

Long-Term Care Insurance

A voluntary program, paid by employees, to provide long-term care should they suffer an injury or illness and need home care or nursing home care. Coverage will also be available for spouses and parents of employees. Discounts are available for preferred health and spousal coverage. Contact the HR Service Center or visit www.unumprovident.com for more information.

Auto/Homeowners Discount Program

MetLife offers special group rates and the opportunity to pay by payroll deduction. In addition to low group rates, receive discounts for:

- Payroll deduction (as much as 10 percent)
- Years of JHH service (as much as 20 percent)
- Good student (as much as 20 percent)

Free quotes are available by calling their toll-free, no obligation number, 1-800-GET-MET-8 or visit www.metlife.com/mybenefits.

Pet Insurance

MetLife, through Veterinary Pet Insurance, offers special group rates to provide coverage for your pet, including dogs, cats, birds, etc. For more information call 1-800-GET-MET-8. Identify yourself as a JHH employee and provide your employee badge ID number, as verification.

Pre-Paid Legal

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

- Defense of civil lawsuits
- Preparation of a will, powers of attorney
- Pre-marital agreements
- Real estate matters, and more

Call 1-800-821-6400 or visit www.legalplans.com for more information.

Employee Discounts on Amusement Park Tickets and More

Discount tickets are available for employees to a number of amusement parks in the Baltimore area. Tickets can be purchased at the HR Service Center.

Important: Please Read!

QUALIFYING “FAMILY 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 life benefits within 30 days of the qualifying change. You must complete and return the appropriate forms to the HR Service Center, Phipps 455, within the 30-day limit. Qualifying changes include:

- Marriage, divorce, legal separation or annulment
- Birth, adoption, placement for adoption or appointment of legal guardianship of a child
- Death of you or 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
- A change in your dependent’s eligibility (e.g., due to being over the age limit)
- A change in your or your dependent’s residence or worksite
- A judgment, decree or order that requires you to cover a dependent, resulting from your divorce, legal separation, annulment or death of your spouse
- 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)
- 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
- Same-sex domestic partner can only become disenrolled for reason of ending relationship (affidavit needs to be signed by both parties)

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

To make a mid-year change in your benefits, **you must provide proof of your family status change** within 30 days of the change to the HR Service Center, Phipps 455. Any other “non-qualifying” change can only be made during the annual open enrollment period.

For More Information

Contact the HR Service Center, Phipps 455 at 410-955-6208 if you have any questions about these materials.

The benefits described in this booklet are for represented employees only. The Johns Hopkins Hospital expects to continue these plans indefinitely, but reserves 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 at 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 2007 for 2008 Plan Year