

Johns Hopkins Home Care Group | 2010 Guide to Benefits

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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)
CERIDIAN (FLEXIBLE SPENDING ACCOUNTS)	1-800-992-2437
CLAIM FORMS HR Department, Holabird	410-288-8186
CLAIMS OR COVERAGE QUESTIONS Johns Hopkins EHP HR Department	410-424-4450 / 1-800-261-2393 410-288-8186 / 410-288-8010
COBRA QUESTIONS Johns Hopkins EHP	410-424-4450 / 1-800-261-2393
CONFIDENTIAL HELP FOR PERSONAL PROBLEMS Faculty and Staff Assistance Program (FASAP)	443-287-7000 / 443-997-7000
CREDIT UNION SERVICES Johns Hopkins Federal Credit Union	1-800-JHFCU-70 / 410-534-4500
HEALTH CARE MANAGEMENT Johns Hopkins EHP	410-424-4450 / 1-800-261-2393
HUMAN RESOURCES Holabird Web site: www.hopkinshomecare.org	410-288-8186 / 410-288-8010
LONG-TERM CARE	1-888-868-6745
LINCOLN LIFE 403(b)	1-866-347-6851
OCCUPATIONAL HEALTH	410-955-6211
PENSION & TAX-DEFERRED ANNUITY PROGRAM	410-955-5970
PET INSURANCE	1-800-GET-MET-8
PRE-PAID LEGAL Web site: www.legalplans.com	1-800-821-6400
RETIREE MEDICAL	410-955-5970
WELLNET WELLNESS SERVICES	410-955-9538
WORKERS' COMPENSATION	410-955-6433

Who Is Eligible?

The benefits described in this booklet are for regularly scheduled employees who work 20 or more hours per week. 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 30-40 HOURS/WEEK	EMPLOYEES SCHEDULED TO WORK 20-29 HOURS/WEEK	EMPLOYEE CONTRIBUTION REQUIRED
Medical/Vision/Prescription Drug	Yes	No	Yes
Dental	Yes	No	Yes
Life Insurance			
■ Basic with AD&D	Yes	Yes	No
■ Supplemental with AD&D	Yes	Yes	Yes
■ Dependent Life	Yes	Yes	Yes
Salary Protection			
■ Short-Term Disability (11 weeks)	Yes	Yes	No
■ Optional Disability [Mid-Term Disability* and Long-Term Disability (LTD)]	Yes	Yes	Yes
Flexible Spending Accounts (FSAs)			
■ Health Care FSA	Yes	No	Yes
■ Dependent Care FSA	Yes	No	Yes
Tax-Deferred Annuity**	Yes	Yes	Yes
Tuition Assistance	Yes	No	No
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
Emergency Loan Program	Yes	No	Yes
Long-Term Care	Yes	Yes	Yes
Pet Insurance	Yes	Yes	Yes
AFLAC	Yes	Yes	Yes

*An additional 13 weeks only available to employees who elect Long-Term Disability.

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

Healthy @ Hopkins

It pays to pay attention to your health. JHHCG 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 Personal Wellness Profile (PWP) 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.

Personal Wellness Profile (PWP)

Health Screenings are offered by Wellnet to all employees. 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 PWP. 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.

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

Paying for Your Benefit Plans

JHHCG pays for the majority of your benefits. For most benefits, your contributions are made on a pre-taxed 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.

For Dependent Life Insurance and Long-Term Disability (LTD) coverage, your contributions are made on an after-tax basis. The advantage of paying for these particular benefits with after-tax contributions is that when Life or LTD benefits are paid, they will not be subject to income taxes, since you will have already paid taxes on your contributions.

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)

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 25 with submission of proof of dependency.

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 Department within 30 days of the employment date. Eligible dependent children are covered through the end of the year in which they turn 25 and provided they are still financially dependent on you.

For a list of network hospitals and PCPs who are accepting new patients, check the EHP Provider Directory available at the Holabird Site. You also may visit EHP's Web site at <http://www.ehp.org>.

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 preventative PCP and OB/GYN co-pay waived
- \$10 PCP co-pay; \$20 specialty co-pay
- No out-of-network benefits except for life-threatening emergencies
- Prescription co-pays \$10/\$20/\$40 (generic/preferred/non-preferred); prescription mail order \$20/\$30/\$60 (generic/preferred/non-preferred)
- Prescription co-pays for a 90-day supply (at participating pharmacy for maintenance drugs) \$30/\$45/\$90 (generic/preferred/non-preferred)
- No infertility or gastric by-pass benefits

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
- 1 Annual preventative PCP and OB/GYN co-pay waived
- 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)
- Prescription co-pays \$10/\$20/\$40 (generic/preferred/non-preferred); prescription mail order \$20/\$30/\$60 (generic/preferred/non-preferred)
- Prescription co-pays for a 90-day supply (at participating pharmacy for maintenance drugs) \$30/\$45/\$90 (generic/preferred/non-preferred)

Out-Of-Network Benefits:

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

Pre-Existing Conditions

Your EHP coverage is affected by conditions 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.

Over-the-counter (OTC) Medications

Prilosec OTC, Claritin OTC, and Claritin-D-OTC may be purchased without any co-pay or cost to you. Coverage of these drugs are subject to the same criteria as the prescription benefit i.e., written or verbal prescription from a provider is required.

Vision Benefits through The Johns Hopkins Routine Vision Care Network

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

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

You can also receive optometry services at Pearle Vision Centers 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, HR Department, 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.

Contact lens fitting fee may be covered in lieu of an eye exam once every 12 months.

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

JHHCG and you share in the cost of your health care coverage. For 2010, please refer to the chart showing your bi-weekly contributions for either EHP Basic Plan or EHP Premium Plan Medical Coverage.

Same Sex Domestic Partner (SSDP) Post-tax note

If you are including a Same Sex Domestic Partner (SSDP) and/or your same sex domestic partner's child(ren), you will be billed an imputed income as shown in the Bi-Weekly Rates table under the Post Tax column.

The calculations for imputed income provided above illustrate the computation for adding back non-cash taxable income. The actual amount added back to your income may vary slightly from these calculations due to rounding.

* The plan makes an allowance equal to the cost of a standard exam, lenses and frames 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 \$35
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

2009 Biweekly Rates at JHHCG		
EHP Basic	Pre tax	Post tax
Employee only	\$36.22	
Employee and Child(ren) / Employee and SSDP's Child(ren) Only	\$104.94	\$159.42
Employee & Spouse / Domestic Partner	\$130.65	\$245.49
Family / Family with SSDP and Employee's Child(ren)	\$141.15	\$131.71
Family / Family with SSDP and SSDP Child(ren)	\$141.15	\$280.63

EHP Premium	Pre tax	Post tax
Employee only	\$39.22	
Employee and Child(ren) / Employee and SSDP's Child(ren) Only	\$114.15	\$173.21
Employee & Spouse / Domestic Partner	\$142.10	\$226.83
Family / Family with SSDP and Employee's Child(ren)	\$153.52	\$143.26
Family / Family with SSDP and SSDP Child(ren)	\$153.52	\$305.05

EHP Dental - Comprehensive	Pre tax	Post tax
Employee only	\$7.36	
Employee and Child(ren) / Employee and SSDP's Child(ren) Only	\$14.73	\$2.59
Employee & Spouse / Domestic Partner	\$20.25	\$4.53
Family / Family with SSDP and Employee's Child(ren)	\$22.09	\$5.18
Family / Family with SSDP and SSDP Child(ren)	\$22.09	\$4.43

EHP Dental - High Option	Pre tax	Post tax
Employee only	\$9.83	
Employee and Child(ren) / Employee and SSDP's Child(ren) Only	\$19.67	\$3.63
Employee & Spouse / Domestic Partner	\$27.04	\$6.37
Family / Family with SSDP and Employee's Child(ren)	\$29.50	\$6.10
Family / Family with SSDP and SSDP Child(ren)	\$29.50	\$7.27

Comparison Chart

The following chart provides a side-by-side comparison of the two 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: 3,000,000 combined, \$100,000 for substance abuse	All options: 3,000,000 combined, \$100,000 for substance abuse	
Office visits One (1) annual preventative visit*	\$10 co-pay primary care office visit \$20 co-pay specialty care office visit \$0 co-pay	\$15 co-pay primary care \$30 co-pay specialty \$0 co-pay	70% of R&C, after deductible 70% of R&C, after deductible
Annual physical exam (by PCP)	\$10 co-pay	\$15 co-pay	70% of R&C, after deductible
Urgent Care, etc	\$15 co-pay	\$15 co-pay	70% of R&C, after deductible
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 GYN exam	\$0 co-pay	\$0 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 GYN/OB 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 lifetime, including prescription drugs, with no more than 3 attempts)	Available at JHH institutions only
Gastric by-pass surgery (pre-certification required)	No gastric by-pass surgery available	100% at JHH institutions only after \$1,000 deductible	Available at JHH institutions only
Emergency treatment	\$125 co-pay	\$125 co-pay	\$125 co-pay (b)
Prescription drugs (30-day supply includes oral contraceptives; limited smoking cessation products also included)	\$10 co-pay (generic) \$20 co-pay (preferred) \$40 co-pay (non-preferred)	\$10 co-pay (generic) \$20 co-pay (preferred) \$40 co-pay (non-preferred)	
Over the Counter (OTE)* (Prilosec, Claritin OTC, Claritin-D-OTC)	\$0 co-pay	\$0 co-pay	
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 up to \$1,500 per year (d)	\$15 co-pay up to \$1,500 per year (d)	70% of R&C up to \$1,500 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 \$1,500 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 \$1,500 per year.

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

JOHNS HOPKINS EHP	Basic Plan REFERRALS REQUIRED	Premium Plan NO REFERRALS REQUIRED	
COVERED SERVICES	In-Network Care Only, Coordinated by Clinical Case Manager	(Access Care In-Network)	(Access Care Out-of-Network)
Inpatient care for mental health (must obtain pre-authorization)	100% (a) (b)	100% (a)	\$500 co-pay per hospital admission, then 70% of R&C, after deductible (a)
Outpatient treatments for mental health	\$20 co-pay (a) (b)	\$20 co-pay	70% of R&C, after deductible
Inpatient care for substance abuse (subject to medical necessity)	100% (a) (b)	100% (a)	\$500 co-pay per hospital admission, then 70% of R&C, after deductible (a)
Inpatient care for alcohol abuse (subject to medical necessity)	100% (a) (b)	100% (a)	\$500 co-pay per hospital admission, then 70% of R&C, after deductible (a)
Outpatient treatment for substance abuse and detoxification	\$20 co-pay (a) (b)	\$20 co-pay	70% of R&C, after deductible

(a) \$500 penalty or a possible denial of benefits for failure to obtain pre-authorization for hospitalization.
(b) 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 30 or more hours per you can choose dental coverage under:

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

If you have elected the Johns Hopkins EHP medical plan or opted out of medical coverage, you may also elect no dental coverage.

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 25 with submission of proof of dependency. 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 25 and they are still financially dependent on you.

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 JHHCG, 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.

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 3500 participating dentists under the Concordia Advantage Plus Network. To search for a participating dental provider, visit www.ucci.com.

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

Comparison Chart

The chart below 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

JHHCG and you share in the cost of your dental care coverage. For 2010, please refer to the chart on Page 6 showing your bi-weekly contributions for either EHP Comprehensive Plan or EHP High Option Plan Dental Coverage.

Same Sex Domestic Partner (SSDP) Post-tax note

If you are including a Same Sex Domestic Partner (SSDP) and/or your same sex domestic partner's child(ren), you will be billed an imputed income as shown in the Bi-Weekly Rates table under the Post Tax column.

The calculations for imputed income provided above illustrate the computation for adding back non-cash taxable income. The actual amount added back to your income may vary slightly from these calculations due to rounding.

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 JHHCG 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 Your spouse/same-sex domestic partner	Primary Secondary
Spouse or same-sex domestic partner	Your spouse's/same-sex domestic partner's employer	Your spouse/same-sex domestic partner Yourself	Secondary 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 courts 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 Department for help to determine which plan is Primary or Secondary in your situation.

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

All employees who are regularly scheduled to work 20 or more hours per week and weekend option nurses 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. 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 may pay benefits if you die or suffer certain serious injuries as a result of an accident.

Employees who are scheduled to work 20 or more hours per week and weekend option nurses may elect to buy Supplemental Life Insurance/AD&D coverage. Coverage for new employees is effective on the first of the month following date of hire with a completed enrollment form. Your Supplemental Life options/AD&D options are:

- An additional amount equal to one times your annual base salary, rounded up to the next \$1,000 to a maximum of \$450,000, or
- An additional amount equal to two times your annual base salary, rounded up to the next \$1,000 to a maximum of \$450,000.

Proof of Good Health Required

Current employees may buy supplemental coverage 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
- Increasing your current election in the year 2010.

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 January 1, 2010. Please note 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 the following formula:

$$(\text{ANNUAL BASE SALARY}) \div \$1,000 = \underline{\hspace{2cm}} \times \text{RATE} = \text{BI-WEEKLY COST OF COVERAGE}$$

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 salary would look like this:

$$\$30,000 \div \$1,000 = 30 \quad 30 \times \$0.034 = \$1.02 \text{ bi-weekly} \quad (\text{For two times supplemental, multiply by 2})$$

YOUR COST FOR SUPPLEMENTAL LIFE/AD&D COVERAGE	
Your Age	Bi-weekly Rate per \$1,000 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

Please note: Internal Revenue Service (IRS) regulations require JHHCG 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.

Flexible Spending Accounts

Health care and dependent care expenses can take quite a bit out of your family's budget. JHHCG offers you a way to pay these expenses on a tax-free basis. Flexible Spending Accounts (FSAs) allow you to set aside tax-free money in two types of accounts that reimburse you for eligible health care and dependent care expenses. These accounts are:

- Health Care Flexible Spending Account
- Dependent Care Flexible Spending Account (for child and adult daycare)

By setting aside money pre-tax, you pay fewer taxes and save money. Then, when you pay for an eligible expense (such as day care), just submit a claim and you'll receive the money back from your account.

Who Is Eligible to Use These Accounts

If you are regularly scheduled to work at least 30 hours per week, you are eligible to use these accounts. Part-time employees who work 19 hours or less per week are not eligible to enroll in FSAs.

Flexible Spending Accounts: Your Decision Guide

Is it preferable to open both accounts? And how do you decide how much to contribute?

Take a moment to ask yourself the following questions:

- What were the total out-of-pocket health care expenses for you and your family last year? These expenses could include doctor's office visits and prescription co-pays, over-the-counter medications, deductibles, etc.
- Do you expect to spend about the same (or more or less) 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 child(ren) under age 13? Or for 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 worksheet on page 15.)

Cost of Participation

You determine how much of your pay you want to contribute on a tax-free basis to use later as reimbursement for your eligible FSA expenses, to the following limits:

- Health Care FSA: Set aside up to \$5,000 per year (minimum of \$5 per bi-weekly pay, maximum of \$192.30 per bi-weekly pay).
- Dependent Care FSA: Set aside up to \$5,000 per year; \$2,500 if you are married and file a separate tax return (minimum of \$10 per bi-weekly pay, maximum of \$192.30 per bi-weekly pay).

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 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 before federal, state or Social Security taxes are calculated. 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.

Tax Savings Example

The following example shows how you can save taxes by using FSAs:

Diane, a single parent with two children, earns \$35,000 a year. She estimates that her family will have \$500 in uninsured medical care expenses this year and that day care for her children will cost \$1,200 this year.

The following chart compares Diane's take-home pay after expenses, with and without FSAs:

	WITH FLEXIBLE SPENDING ACCOUNTS	WITHOUT FLEXIBLE SPENDING ACCOUNTS
Diane's Annual Pay	\$35,000	\$35,000
TAX-FREE EXPENSES		
Health Care	- \$500	\$0
Dependent Care	- \$1,200	\$0
Taxable Salary	\$33,300	\$35,000
Federal Taxes*	- \$3,094	- \$3,379
Social Security (7.85%)	- \$2,547	- \$2,678
TAXABLE EXPENSES		
Health Care	\$0	- \$500
Dependent Care	\$0	- \$1,200
Take-Home Pay (after health and dependent care expenses)	\$27,659	\$27,243
Difference in Take-Home Pay (after health and dependent care expenses)	\$27,659 - \$27,243 = \$416	

*Based on Diane filing a Head of Household tax return for federal taxes. Since state taxes differ, this example shows only federal taxes.

In this example, Diane will save \$416 in taxes by contributing to the Health Care and Dependent Care FSAs. 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.

IRS Rules

Because of the tax advantages FSAs offer, the IRS places restrictions on their use:

- If there is money left in your FSA at the end of the year, you lose the balance. This is called the “use it or lose it” rule. Keep this rule in mind when you determine your contribution amounts. You have until March 31 of the next plan year to file a claim for expenses you incurred during the previous plan year.
- If you did not enroll in a FSA at the beginning of the plan year, but then did enroll sometime during the year due to a qualified family status change, you will only be reimbursed for expenses incurred during the time you contributed to the FSA.

Health Care Flexible Spending Account

A Health Care FSA can only reimburse you for eligible expenses. You decide the amount that will be deducted from your paycheck on a tax-free basis and deposited into your account. The maximum amount you can contribute is \$5,000 per year (or \$192.30 per bi-weekly pay). The minimum amount you can contribute is \$130 per year (or \$5 per bi-weekly pay).

ELIGIBLE EXPENSES	EXPENSES THAT ARE NOT COVERED
Some examples of eligible health care expenses include but are not limited to:	Some examples of expenses that would not be eligible under the Health Care FSA include, but are not limited to:
Acupuncture;	Cosmetic surgery;
Chiropractors;	Cosmetics and toiletries;
Contact lenses and contact lens supplies;	Dietary supplements;
Deductibles and co-pays;	Health club dues;
Eyeglasses and eye examinations;	Marriage counseling;
Family counseling;	Non-medical expenses, such as electronic air filters and hot tubs, unless prescribed by a doctor; and
Hearing aids;	Payments for domestic help, a companion, or a babysitter, who primarily renders services of a non-medical nature (may be eligible under Dependent Care FSA).
Immunizations;	
Nursing services;	
Over-the-counter medications;	
Psychiatric care;	
Psychologist;	
Special items, such as guide dogs for the blind;	
Surgery, including laser eye surgery;	
Transportation for medical service or treatment;	
Vitamins (prescribed);	
Weight reduction programs;	
Wheelchairs; and	
Any other unreimbursed, out-of-pocket medical, dental and vision expenses allowed as deductions by the IRS on your federal tax return (except insurance premiums). These expenses are listed in IRS publication 502.	

For a more comprehensive list of eligible expenses, please refer to the IRS Web site at http://www.irs.gov/forms_pubs/. Please note: Expenses for which you have been reimbursed from your Health Care FSA cannot be claimed as itemized deductions on your federal income tax return.

Health Care Flexible Spending Account Worksheet

To get the most from your Health Care FSA, think carefully about your health care expenses. You should review the health care expenses you 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.

REMEMBER:

Be careful in your planning—if you do not use it, you will lose it!

WORKSHEET: HEALTH CARE EXPENSES

The following worksheet will help you decide how much money to contribute to your account.

Type of Expense	Expected Expenses for This Plan Year
Medical care co-pays	\$
Medical expenses over the amount paid by your medical benefits	\$
Dental care co-pays	\$
Dental expenses not covered by your dental benefits	\$
Other eligible health care expenses	\$
Total	\$
Divide your total by the number of pay periods in the year	\$

The amount in the shaded box is the amount you may decide to contribute to your FSA account each pay period.

Health Care Flexible Spending Account Versus Tax Deduction

If you currently deduct uninsured health care expenses on your income tax return, you may be wondering how this will affect a Health 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 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 the amount over 7.5 percent. So, your taxes are usually less with a FSA than with a tax deduction.

Dependent Care Flexible Spending Account

The cost of day care for young children has become a major expense for many families. For some families, it's not just children who need dependent care. Often, elderly parents need care while you are at work. If you're paying for care for your child or elderly parent, you probably know what those costs will be each year. To help offset some of these costs, you can take advantage of the tax-savings feature of a Dependent Care FSA.

Purpose of Dependent Care Flexible Spending Account

The purpose of the Dependent Care FSA is to help pay the cost of daycare for your dependents while you are at work. You cannot be reimbursed from this FSA to pay for health care for your dependents. However, you may use the Health Care FSA for reimbursement for dependent health care. The Dependent Care FSA is for dependent day care expenses only.

For a more comprehensive list of eligible expenses, please refer to IRS Publication 503, available on the IRS Web site at http://www.irs.gov/forms_pubs/

Maximums and Minimums

If you are single or married filing a joint income tax return, the maximum amount you can contribute to the Dependent Care FSA is \$5,000 per year. If you are married, but filing a separate income tax return, the maximum amount you can contribute is \$2,500 per year. The minimum amount you can contribute to your account is \$260 per year.

Please note: 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 combination of the FSA, the back-up care program and the center, to the extent those combined benefits exceed \$5,000 per year.

In addition, the amount of your FSA contribution cannot be more than your spouse's earned income. However, 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.

Eligible Dependent Care Expenses

The types of expenses that are eligible for reimbursement from a Dependent Care FSA include:

- Day care centers for child(ren) or the elderly
- Day camp
- Nursery school (not kindergarten)
- In-home day care
- Other eligible expenses that are listed in IRS Publication 503

Please note: School tuition for child(ren) in kindergarten and up and overnight camp fees are not eligible for reimbursement. However, before- and after-school day care expenses are eligible for reimbursement.

Who May Use the Dependent Care Flexible Spending Account

You are eligible to use this account if you have:

- Child(ren) under 13 years of age for whom you claim a tax exemption; or
- Child(ren), spouse or other dependents of any age who cannot care for themselves due to a mental or physical disability.

You may use this account if you are:

- A single parent; or
- Married to a spouse who cannot provide care because he or she is:
 - working,
 - looking for work,
 - attending school full-time, or
 - physically or mentally disabled.

Please note: 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. Keep this in mind when planning for your contributions.

Eligible Dependent Care Providers

You may be reimbursed for dependent day care services provided by a person or organization that is not:

- Your own child under age 19, or
- Someone you or your spouse is claiming as a tax exemption.

When you submit a dependent care claim form for reimbursement, you must include the tax identification number or the Social Security number of the organization or person providing the care.

Limits on 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 this 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 this FSA to pay someone to watch your child(ren) 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. You will receive money for the remaining eligible unreimbursed expenses as your account grows through your contributions.

Dependent Care Tax Credit

The 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 dependent care 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.

Generally, if your family's annual income is \$25,000 or more, the FSA will save you more in taxes. If your family's income is less than \$25,000, it is probably better to take the tax credit. If you have questions about whether a Dependent Care FSA or tax credit would be better for you, please contact your tax advisor.

Dependent Life Insurance Plan

Employees who are regularly scheduled to work 20 or more hours per week and weekend option nurses are eligible to buy Dependent Life Insurance for their legal spouse or same-sex domestic partner and dependent child(ren) including child(ren) of a same-sex domestic partnership. New employees are eligible for this coverage on the first of the month following date of hire, with a completed enrollment form. When you buy this coverage, you receive coverage for your spouse equal to \$10,000. For each dependent child up to age 25 who relies on the employee for financial support, coverage is equal to \$5,000. Your share of the cost is \$0.56 bi-weekly for your spouse and \$0.46 for your dependent child(ren) regardless of how many children you have, which is deducted from your paycheck on an after-tax basis. If you decide to elect family coverage, the cost will be \$1.02 bi-weekly.

If your spouse also works for JHHCG, your spouse cannot be covered for optional life insurance as both an employee and dependent. In addition, your eligible dependents may only be covered by one parent's plan.

Proof of Good Health Required

Current employees may buy dependent coverage with proof of your dependent's 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 adding a dependent (other than when enrolling a spouse or child within 31 days of marriage or birth). An Evidence of Insurability form is required (please refer to enrollment instructions regarding this). The insurance company must approve your coverage before your new benefit amount can become effective. Payroll deductions will not begin until coverage is approved.

Short-Term and Long-Term Disability Benefit Plans

Short-Term Disability

Employees (except weekend option nurses) who are regularly scheduled to work 20 or more hours per week automatically receive Short-Term Disability benefits. 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 Sick time, or Vacation hours or Personal days 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.

Mid- and Long-Term Disability Insurance

In addition to the Short Term Disability coverage, regular employees who are scheduled to work 20 or more hours per week are eligible to buy Mid-Term/Long-Term Disability benefits. Weekend option nurses are eligible to buy Long-Term Disability benefits, but are not eligible for Mid-Term Disability. Coverage for new employees is effective on the first of the month following the date of hire, with a completed enrollment form. In order to obtain Mid-Term Disability coverage, you must elect to participate in Long-Term Disability Insurance coverage. Benefits include:

- Mid-Term Disability that replaces 60 percent of your bi-weekly base pay for up to 13 weeks following the first 13 weeks (this includes the 14-day elimination period) of Short-Term disability benefits (if eligible), provided you are under a doctor's care.
- 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 may continue to age 65 as long as you are certified totally disabled by the insurance carrier. If you begin to receive disability benefits after age 60, your benefits may 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, substance abuse and/or self-reported symptoms, benefits are paid up to a maximum of 24 months as long as you continue to be certified disabled.
- Effective January 1, 2010, Conversion of Long Term Disability will no longer be available. For complete information regarding pre-existing conditions, exclusions and limitations, please refer to your Summary Plan Description.

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

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

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

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

For example, let's suppose 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 \times 40 \times .0115 = \6.63 bi-weekly.

Retirement Benefits

Option to Join Lincoln Alliance 403(b) Retirement Plan

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 may be in a lower tax bracket. You become eligible for matching contributions each year of service during which you have worked 1,000 hours or more and attain 21 years of age. JHHCG will contribute \$0.50 for every \$1.00 you save, up to two percent of your base salary. After meeting the eligibility criteria, you may receive employee discretionary contributions based on 3% of your compensation. For more information, call Lincoln Financial Group toll-free at 1-866-347-6851 or visit www.lfg.com.

Employees hired on or after May 1, 2009 will be automatically enrolled in the Plan. The initial automatic contribution percentage is 2%, with annual increases up to 4% of compensation. If an employee who is automatically enrolled decides within the first 90 days of Plan participation that he or she does not wish to participate in the Plan, the employee may request a cash withdrawal of automatic contributions. The employee may also increase or decrease his or her contributions.

Lincoln Financial Group
332 One Forty Village Road
Westminster, MD 21157

Years of Vesting Service With Employer	Applicable Vesting Percentage
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

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.

Retiree Medical

Bridge to Medicare

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.

Time-Off Benefits

Holidays

JHHCG 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 you are scheduled to work.

The six observed holidays are:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

For the seventh (7) holiday you are given a choice between Martin Luther King, Jr. Day, Presidents' Day or the Friday after Thanksgiving. You must declare at the beginning of the year which day you want as your 7th holiday. If you are a new employee after MLK day you will not be eligible for a 7th holiday until January 1st of the next year.

Personal Days

Full time employees receive three (3) personal days during the calendar year, based on the date of hire. During the first year of employment, employees will be eligible for personal days as follows:

Hire date from January 1 to May 31 will be eligible for 3 Personal Days.

Hire date from June 1 to September 30 will be eligible for 1 Personal Day.

Vacation

The JHHCG provides paid vacations to eligible employees and encourages those employees to take vacations on a regular basis. Vacations, however, may be scheduled by management to assure optimum patient care and efficient operation of the company.

New employees must successfully complete their new hire period before they become eligible to utilize vacation. Regular full-time employees scheduled to work 40 hours per week are eligible for full vacation allotments. Regular part-time employees (those scheduled to work 20 hours or more per week) are eligible for vacation allotments on a pro-rated basis.

Full-Time Vacation Accrual		
Length of Service	Non-Exempt	Exempt
Up to 2 years	10 days / 3.08 hrs bi-wkly	15 days / 4.62 hrs bi-wkly
More than 2 less than 5	13 days / 4.0 hrs bi-wkly	18 days / 5.54 hrs bi-wkly
More than 5 less than 10	18 days / 5.54 hrs bi-wkly	21 days / 6.46 hrs bi-wkly
More than 10	21 days / 6.46 hrs bi-wkly	27 days / 8.31 hrs bi-wkly

Sick Time

The Johns Hopkins Home Care Group provides limited paid sick time to eligible employees for those days when they are unable to work because of illness.

- 1. Eligible employees** are those employees who are regularly scheduled to work 20 hours or more per week and who have been employed at JHHCG for at least 90 calendar days.
- 2. Regular full-time employees:** Regular full-time employees accrue sick time at the rate of 2.15 hours per pay up to a maximum of 7 days per year.
- 3. Regular part-time:** Sick time is accrued in the same manner as full-time employees, but on a pro-rated basis, in relation to the regularly scheduled hours.
Example: An eligible employee who works 30 hours per week will accrue sick time at the rate of 75% of the full-time rate of 2.15 hours which is 1.61 hours per pay (30/40 x 2.15).

In order to receive sick time, an employee must notify his/her supervisor each day of the absence at least one (1) hour prior to the beginning of the shift (or in compliance with departmental procedures).

Your supervisor may require a doctor's certificate prior to approving sick leave for any related absence. If you have been absent due to a contagious illness or out of work on sick leave for 3 or more work days, the Employee Health Office must clear you before returning to work.

The Occupational Health Office is located at 98 N. Broadway, Suite 421, Baltimore, MD 21231. The telephone number is 410-502-5656 / 410-955-6211.

Other Paid Leave

JHHCG 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	JHHCG pays difference between regular pay and military pay for up to 10 days once a year

Family and Medical Leave

The JHHCG also provides unpaid, job-protected leave to eligible employees for certain family and medical leave reasons under the Family and Medical Leave Act (FMLA) of 1993. The FMLA provides 12 weeks for General FMLA Leave, 12 weeks for Military Family Leave: Qualifying Exigency Leave and 26 weeks for Military Family Leave: Caregiver Leave. You are eligible if you have worked for JHHCG for at least 12 months in the last seven years and have been employed for at least 1,250 hours of service during the 12-month period immediately preceding the start of leave. Family Medical Leave runs concurrently with any other paid leave (i.e. short term disability, workers' compensation, vacation, sick, personal or an unpaid absence that qualifies under FMLA). For more information on FMLA, please contact the HR Department at 410-288-8186.

Other Benefits

Helping You Pay for Continuing Education for Yourself and Your Dependent Child(ren)

Tuition Assistance

If you are a full-time employee, who is regularly scheduled to work 30-40 hours per week, you may be granted educational assistance after 90 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 JHHCG for a predetermined period after satisfactory completion of the course(s).

Please note: Upon completion of degree/licensure, you must agree to work for JHHCG for a minimum of one (1) year.

The maximum amount of tuition assistance for eligible employees is \$5,200 per twelve (12) month period. For satisfactory completion of approved course(s), you must receive a "C" or better for undergraduate courses or maintain a "B" average or better for graduate-level courses.

Tuition Advancement

Your application must be submitted no later than four (4) weeks before the course starting date. Applications submitted later will result in disapproval of request.

Official grades must be submitted within one (1) month from the completion date of the course or as soon as grades are received.

Unsuccessful completion of your course(s) would require you to reimburse JHHCG before other tuition assistance is approved.

The percentage amount of reimbursement 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
40	100%
30-39	75%

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: JHHCG 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 JHHCG. 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 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 100 percent of the money is not refunded, JHHCG will consider the student to have used the entire benefit for that cycle.

JHHCG 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.

College Savings Plans

You can use your pre-taxed dollars to begin saving for college. Your money in the College Savings Plans of Maryland can be used at nearly any college in the country. The two savings plans we offer are: Maryland Prepaid College Trust and 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 investment options and is managed and distributed by T. Rowe Price. You can invest in a minimum of \$25 monthly or up to a maximum of \$250,000 per child.

To join or if you have any questions, please call 888-463-4723.

Aflac

Aflac provides cancer, accident and recovery protection policies, as well as protection if you have a stroke or heart attack. Aflac 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 their website at www.aflac.com

Credit Union

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

- Share savings accounts
- Telephone and Internet account transactions
- Free Share Draft checking accounts
- Share Certificates
- IRAs
- Holiday Club accounts
- Low-interest loans
- Automatic deposit through payroll deduction
- Surcharge-free ATM access nationwide at more than 26,000 ATMs

For details, you may call the Credit Union directly at 410-534-4500 or 1-800-JHFCU-70. Visit our website at www.jhfcu.org

Direct Paycheck Deposit

You may enjoy the convenience of having your payroll check deposited directly into your savings or checking accounts. Contact the HR Department at 410-288-8186 or 288-8010 or stop by the Holabird site 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 410-955-1220 or 443-997-3800.

Free Parking

Free parking is available at the Holabird site.

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. Visit www.unumprovident.com for more information.

Wellnet

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

- Weight Management
- Smoking Cessation
- Prenatal Counseling
- Health Screening/Risk Appraisals
- Health Fairs
- Exercise Programs

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 JHHCG 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 or visit www.metlife.com/mybenefits. Identify yourself as a JHHCG employee and provide your employee badge I.D. number, as verification.

Pre-Paid Legal

MetLife, through Hyatt Legal Plans, offers a special group rate to JHHCG 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 area amusement parks and the National Aquarium in Baltimore. Tickets can be purchased at the HR Service Center (main campus site).

Live Near Your Work Grant Program

As a JHHCG employee, you are eligible to participate in the Live Near Your Work (LNYW) Grant Program and receive financial assistance toward the purchase of a new home in approved areas.

For more information on the program, visit www.jhu.edu/lnyw or call 443-997-7000.

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 5901 Holabird Avenue HR Department, 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

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 Department, Holabird. Any other “non-qualifying” change can only be made during the annual open enrollment period.

For More Information

Contact the Human Resources Department at 410-288-8186 or 410-288-8010 if you have any questions about these materials.