

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.