

PLEASE SAVE FOR FUTURE REFERENCE
INSURANCE INFORMATION FOR FULL TIME POSTDOCTORAL FELLOWS
<http://www.hopkinsmedicine.org/som/gme/fellows/index.html>

HEALTH INSURANCE (Student Health Program): Effective the date of the appointment for timely registration. If registration is late, the effective date is determined by completion date of application.

Your preceptor pays the cost of individual coverage; you pay to cover eligible family members. Enrollment form required.

Monthly Cost of SHP Coverage – Effective July 1, 2018

Coverage Level	Monthly Cost to Fellow	Cost to Preceptor	Total Cost
Individual	None	\$326	\$326
Individual plus one	\$478	\$326	\$804
Individual plus two or more	\$748	\$326	\$1,074

Your application will be submitted for coverage. A plan description and membership cards will be mailed to your home address in approximately 4-6 weeks if not enclosed. The following information is provided should you need to use the insurance prior to receiving your membership card:

Name & Address of Student Health Plan Administrator:

Student Health Program
Johns Hopkins Employer Health Programs
6704 Curtis Court
Glen Burnie, Maryland 21060
410-424-4485

Membership Number:

A unique number assigned by Employer Health Programs (EHP). To obtain this number prior to receiving your membership card, you may call EHP at the number listed above.

Primary Care Physician

Adult Medical Care – A Primary Care Provider assigned by the University Health Service Health Center
Pediatric Medical Care - For a list of participating providers go to www.ehp.org.

Group Number:

E00016/002

You must change your health coverage within 30 days of a major life event (i.e. marriage, birth, divorce, etc.) Contact the Office of the Registrar, 147 Miller Research Building, to complete the appropriate forms. Questions: 410-614-3301

The Student Health Program includes dental coverage for dependent children under age 19, as required by the Affordable Care Act.

UNIVERSITY HEALTH SERVICES: Effective the date of your appointment. The annual fee of \$550 is paid by your preceptor. No enrollment form required.

DENTAL INSURANCE: Effective the date of your appointment. The premium is paid by your preceptor. No enrollment form is required.

Your name will be submitted for Individual coverage effective as noted above. A plan description and membership cards will be mailed to your home address in approximately 4-6 weeks if not enclosed. The following information is provided should you need to use the insurance prior to receiving your membership card:

Name & Address of Insurance Company:

CareFirst BlueCross BlueShield of Maryland
10455 Mill Run Circle
Owings Mills, MD 21117
www.carefirst.com

Membership Number:

A unique number assigned by CareFirst. To obtain this number prior to receiving your membership card, you may call CareFirst BlueCross Blue Shield at 1-866-891-2802. For a list of participating providers go to www.carefirst.com.

Group Number:

7J79-0004

DISABILITY INSURANCE: Effective the date of your appointment. The premium is paid by your preceptor. No enrollment form is required.

Your disability insurance policy will be mailed to your home address in approximately 4-6 weeks.

LIFE INSURANCE: Effective the date of your appointment. The premium is paid by your preceptor.

No enrollment form is required but you must complete a Beneficiary Designation Form. Your life insurance certificate will be mailed to your home address.

Email questions about your benefit status to SOMBenefits@jhmi.edu or call the Benefits Desk at 410-614-3301.

PLEASE KEEP FOR FUTURE REFERENCE

THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE

SUMMARY OF ALL BENEFITS for FULLTIME POSTDOCTORAL FELLOWS AS OF AUGUST 15, 2018

The following summarizes the Benefits available to Johns Hopkins School of Medicine Fulltime Postdoctoral Fellows.

HEALTH BENEFITS

The health benefits provided to postdoctoral fellows consists of a medical insurance plan, adult primary care through the University Health Services clinic, adult mental health through University Mental Health, and a dental plan. Preceptors provide fellow's individual health insurance and individual dental insurance premiums and the UHS fee. The cost difference between individual and 2-party or family health insurance coverage is the responsibility of the fellow. Please see the fee schedule at the end of this document.

I. HEALTH INSURANCE (Effective date is determined by completion date of application)

All postdoctoral fellows, their spouses, and dependent children must be covered by health insurance. It is required that postdoctoral fellows subscribe to the School of Medicine Student Health Program (SHP). Spouses and dependent children may be covered under an alternative insurance plan if it meets minimum requirements established by the School of Medicine Registrar's Office. Non-Maryland HMO's, foreign and/or travelers insurance is not accepted as alternative insurance.

The health insurance, Student Health Program (SHP), is administered by the Johns Hopkins Employer Health Program (EHP), and covers the postdoctoral fellow, spouse or same-sex domestic partner, and dependent children through age 25 for most inpatient and outpatient medical care. The plan also includes well child and pediatric care, and prescription drugs. The insurance has a plan year deductible of \$150 per person and \$450 per family and the out-of-pocket maximum coinsurance of \$3,000 per person and \$9,000 per family. For more information on SHP coverage, go to <https://www.ehp.org/our-health-plans/johns-hopkins-university-student-health-program/>. The EHP website also includes an easy-to-use provider directory search tool to find participating providers and facilities.

Enrollment in the SHP must take place within 30 days of appointment. Changes in enrollment can be made during the July open enrollment period or because of a "life event" provided application is made within 30 days of the qualifying event. Please note: the birth of a child is a life event. To enroll or make eligible changes in coverage, go to the Office of the Registrar, Suite 147 Miller Research Building.

Within a few weeks following enrollment in the SHP, EHP will mail membership cards to your home address. If you need your membership information prior to receiving your cards, you may call EHP at 410-424-4485.

The Student Health Program includes CareFirst dental coverage for dependent children under age 19, as required by the Affordable Care Act.

** Under section 152 of the Internal Revenue Code, unmarried same-sex domestic partners are not recognized as dependents. Therefore, the fair market value of the health insurance benefits provided by the university for a domestic partner must be treated as taxable income. This means that taxes will be calculated on the difference in the premium for individual and two-party coverage that is paid by the university; this amount will be reflected on your pay statement.*

II. UNIVERSITY HEALTH SERVICES (UHS) (Effective the date of appointment)

All full-time postdoctoral fellows are enrolled in University Health Services and preceptors pay the annual UHS fee. Enrollment in UHS gives you access to adult primary care (UHS will assign a primary care provider) and adult outpatient mental health services. Spouses/domestic partners enrolled in the SHP may also access UHS services without payment of an additional health fee as their visits will be billed to the SHP by UHS. Spouses/same-sex domestic partners not enrolled in SHP do not have access to UHS. The UHS Health Center is located at 933 N. Wolfe Street and their website is <http://www.hopkinsmedicine.org/uhs/>.

III. UNIVERSITY MENTAL HEALTH SERVICES (UMHS) (Effective the date of appointment)

University Mental Health is part of UHS and offers a confidential source for postdoctoral fellows seeking outpatient mental health services. Spouses/domestic partners enrolled in the SHP may also use UMHS without payment of an additional health fee, as their visits will be billed to the SHP by UHS. Services are rendered by physicians and professional staff of the Johns Hopkins Psychiatry Department. Spouses/same-sex domestic partners not enrolled in SHP do not have access to UMHS. For more information online, go to http://www.hopkinsmedicine.org/uhs/UMH/University_Mental_Health.html.

IV. Vision Insurance

The University is now providing vision insurance through EyeMed at no cost to Postdoctoral Fellows. Postdoctoral Fellows can also cover their spouse/same-sex domestic partner and/or children on the vision plan at no cost. This insurance plan includes eye exams, glasses and contact lenses both in-network and out-of-network. Please note that Wilmer Eye Clinic is not a participating provider for this vision insurance plan. For more information, visit www.eyemed.com. Your enrollment is automatic but you must complete an application form at the Office of the Registrar, Miller Research Building Ste. 141 in order to include your eligible family members on this plan.

Additional Benefit Through University Health Services – Adult Eye Exam

One adult comprehensive eye exam/contact lens evaluation per plan year is provided by the Wilmer Institute Comprehensive Eye Service for the Postdoctoral Fellow (not available to dependents.) University Health Services (UHS) administers payment of this exam. Appointments may be made at any of the following Wilmer sites:

- Johns Hopkins Hospital 410-955-5080
- Greenspring Station 410-583-2800
- Columbia 410-910-2330
- White Marsh 443-442-2020
- Bel Air 410-399-8443
- Bethesda 240-482-1100

As the SHP insurance does not cover the adult routine eye examination/contact lens evaluation, provider bills for routine eye examination/contact lens evaluations and an Explanation of Benefits (EOB) if received, should be forwarded to the UHS Benefits Office for prompt payment by that office. Contact lenses and eyeglasses are not covered by the SHP or the UHS Benefits Office. However, the Wilmer Institute Comprehensive Eye Service provides 25% off the regular retail price for all prescription eyewear frames, lenses, and lens treatments; 10% off all non-prescription sunglasses; and 5% off a minimum purchase of 4 boxes of disposable or planned replacement contact lenses. Eyeglasses and contact lenses are eligible expenses for the Health Care Flexible Spending Account. For more information or submit claims, contact University Health Services at 410-955-3872.

Pediatric Vision Coverage

In addition to the vision insurance plan through EyeMed, dependent children under the age of 19 have vision coverage provided by the Student Health Program as mandated by the Affordable Care Act. More information is available online at <http://benefits.ehp.org/#/johns-hopkins-student-health-program/20162017-JHU-SHP--Vision---Members-Under-Age-20-Only--426>,

V. FACULTY & STAFF ASSISTANCE PROGRAM (FASAP) (Effective the date of appointment)

The FASAP program is available to fellows and their immediate families. Services include identification, assessment and diagnosis of personal problems, referral to appropriate service or treatment resources; brief counseling, preventive and educational sessions, and support and discussion groups. More information is available online at http://hopkinsworklife.org/employee_assistance/fasap/.

VI. DENTAL PLAN (Effective the date of appointment)

Fellows are provided a basic CareFirst BlueCross BlueShield dental plan with a co-payment requirement for services rendered. This benefit is available at no cost to the fellow and is not available to spouse/domestic partner. Dental coverage for dependent children under age 19, who are covered by your medical insurance (Student Health Program) is provided as required by the Affordable Care Act. Within a few weeks following enrollment in the dental plan, CareFirst will mail membership cards to your home address. If you need your membership information prior to receiving your cards, you may call CareFirst at 1-866-891-2802.

The plan booklet is online at <http://www.hopkinsmedicine.org/som/StudentInsurance/DentalBookletFellowsStudents2016.pdf>. To search for participating providers, go online <https://member.carefirst.com/mos/#/fadpublic/search/standard> and follow the link to dental-traditional dental to use the provider directory search tool.

VII. LONG TERM DISABILITY INSURANCE (Effective the date of appointment)

Johns Hopkins provides long term disability insurance through UNUM at no cost to the postdoctoral fellow. The plan has two components, group coverage and individual coverage with automatic enrollment in each.

- The benefit is \$3,000 per month (\$2,250 per month for the group policy plus \$750 per month for the individual policy).
- Benefits are payable after the 90th day of your disability with an approved claim.

The group policy is online at <http://www.hopkinsmedicine.org/som/StudentInsurance/LTDCertificateOfCoverage1July2014.pdf>. The individual policy will be mailed by UNUM to your home address a few weeks following the effective date of coverage.

VIII. LIFE INSURANCE (Fellow only – Coverage is effective date of appointment. No enrollment form required; completion of beneficiary form required.)

Johns Hopkins provides a \$100,000 group term life policy as part of the benefits package. The policy is underwritten by UNUM Life Insurance Company of America. Internal Revenue Service regulations (IRC section 79) provide exclusion for the first \$50,000 of group term life insurance coverage. The imputed cost of coverage in excess of \$50,000 must be included in income and will be reflected on your pay statements. This will appear on your pay statement under the heading Non Cash Earnings-GTLI Taxable Income. Depending upon your age, your semimonthly statement will reflect an additional \$1.50 - \$6.00 of income on which tax will be levied. Failure to designate a beneficiary can result in tax liability to your estate. A certificate of coverage will be mailed to your home address following the effective date of coverage and the group policy is online at <http://www.hopkinsmedicine.org/som/StudentInsurance/life09282009.pdf>

IX. INCOME DEFERRAL 403(b) RETIREMENT PLAN

The Johns Hopkins University has a voluntary retirement plan for postdoctoral fellows. This plan allows you to voluntarily tax shelter a portion of your taxable income received as compensation (i.e. salary/wages). That portion of income received from a grant in the form of fellowships (stipends) is excluded from 403(b) eligibility. Any contribution you make is unmatched by the University. The minimum voluntary contribution is \$7.50 per pay and may not exceed \$18,500 of your taxable compensation. Detailed information and the portal to the enrollment site is available online at <http://www.benefits.jhu.edu/mychoices/retirement/welcome.cfm>. The Income Deferral 403(b) Fee Disclosure document is available at http://benefits.jhu.edu/documents/inc_deferral_403b_fee_disclosure.pdf. For more information, contact the Benefits Services Center at 410-516-2000 or email benefits@ju.edu.

X. BACKUP CARE THROUGH CARE.COM (Optional Plan: Eligible as of the date of appointment, enrollment is required)

Backup Care is a program designed to provide sick, emergency & back-up care for children or adults. The cost of care is partially subsidized by Johns Hopkins for up to 10 placements a year; additional unsubsidized placements are available. Enrollment in the plan must be completed online at http://hopkinsworklife.org/family_support/backup_care/apply_backup_care/index.html

XI. INTERNATIONAL AWAY ELECTIVES

The University has recommended resources available to School of Medicine learners who are enrolled in international away electives. Information on the JHU International Travel Registry, International SOS travel assistance program, and the Hopkins Travel Clinic for immunizations are available online at <http://ssc.jhmi.edu/travel/index.html> (requires JHED login) then click on Travelers Tools from the menu on the left of the page.

XII. EXEMPTIONS

Postdoctoral Fellows rotating to Johns Hopkins whose primary training appointment is in a non-Johns Hopkins affiliated Baltimore metropolitan area hospital, fellows whose primary Johns Hopkins University appointment is not in a School of Medicine department, and fellows on active military duty are exempt from these requirements as their primary institutions are responsible for their health care and other benefits. Postdoctoral fellows may be exempted from the life insurance and disability insurance programs if equivalent coverage is provided by their funding agencies and such coverage is reviewed and approved by the Registrar's Office. **Fellows whose funding institutions (i.e. Howard Hughes Medical Institute, Helios Institute, Lieber Institute) provide equivalent benefits are not eligible for the School of Medicine benefit plans.**

Benefits Eligibility Chart			
Coverage	University Health Services (UHS) for adult primary care and University Mental Health Services (UMHS) for adult outpatient mental health care	Student Health Program (SHP) through Employer Health Programs (EHP)	CareFirst BlueCross BlueShield Dental
Individual (Fellow)	Coverage required	Coverage required	Coverage required
Children of Fellow	Not eligible	Eligible, may waive if covered by acceptable alternative insurance	Coverage for child(ren) is provided for those enrolled in the Student Health Program.
Spouse	Eligible if enrolled in SHP	Eligible, may waive if covered by acceptable alternative insurance	Coverage is not available.
Same-Sex Domestic Partner	Eligible if enrolled in SHP	Eligible	Coverage is not available

Monthly Cost of SHP Coverage – Effective July 1, 2018

Coverage Level	Monthly Cost to Fellow	Cost to Preceptor	Total Cost
Individual	None	\$326	\$326
Individual plus one	\$478	\$326	\$804
Individual plus two or more	\$748	\$326	\$1,074

Note: In addition to supplementing the cost of the Student Health program, the premiums for University Health Services, the student dental plan, life insurance and disability insurance are paid in full by the Preceptor. If you have elected greater than individual insurance, you are responsible to pay the additional cost. If you are paid through Johns Hopkins University payroll, that cost will be deducted from your pay. If you are not paid by Johns Hopkins University, you are responsible to make monthly payments to the School of Medicine business office at the Miller Research Building, Ste. 131.

Complete descriptions and plan booklets for the health insurance program, dental insurance, disability insurance, and life insurance plans are available on following website: http://www.hopkinsmedicine.org/som/offices/registrars/pdoc_benefits.html. Descriptions of the benefit plans will be distributed with membership cards and insurance certificates. The benefits described herein are for the 2018-2019 academic year. Benefit plans and their costs are reviewed annually and are subject to modification.