
Summary of Health Benefits and Description of the Ambulatory Care Program

for
Johns Hopkins Hospital House Staff

and
Johns Hopkins Bayview
Medical Center House Staff

administered by
The Johns Hopkins University
School of Medicine

2009-2010

Important Telephone Numbers

Student Health Program (SHP) (insurance component) **410-424-4485 or 1-888-400-0091**

UHS Health Center

Regular hours: Monday through Friday 8:00 a.m. to 5:00 p.m.

Extended hours: currently Thursdays 5:00 p.m. to 7:00 p.m. Please refer to the website at <http://www.hopkinsmedicine.org/uhs/> for up-to-date information as these hours may change

Appointments/Information – Call your assigned medical provider's number:

Dr. Spyridon Marinopoulos **(410) 502-7384** Assistant: Charlene Phipps
Dr. Nancy Codori **(410) 955-7584** Assistant: Regina Anthony
Dr. Edgar (Pete) Miller. **(410) 502-3469** Assistant: Regina Anthony
Kathleen M. Thaney, CRNP. **(410) 955-3250** Assistant: Mary White

If you do not have an assigned doctor, have seen a Health Center doctor who is not listed above, or do not know who your doctor is, call the main health center number.

Main UHS Health Center number **410-955-3250**

UHS Physician On-Call **410-955-4331**
(ask to speak with your assigned physician or his/her coverage)

UHS Director's Office (Dr. Marinopoulos) **410-502-7384**

UHS Health Center Manager (Glory Christy, RN) **410-614-5050**

UHS Senior Administrative Manager (Carol Han) **410-502-7372**

Prescription Refill Line. **410-502-7366**

UHS Benefits Office (Darnell Williams)

Monday through Friday 8:30 a.m. to 5:00 p.m.

Billing/Benefits Questions **410-955-3872**

Mental Health Services

University Mental Health **410-955-1892**

For Appointments call Mary Marshall Teer, Clinical Coordinator **410-955-1892**

Faculty and Staff Assistance Program (FASAP) **443-287-7000 or 443-997-7000**

Travel Medicine Consultation & Immunization Service **410-955-8931**

Wilmer Institute Comprehensive Eye Service

Johns Hopkins Hospital. **410-955-5080**

Greenspring Station **410-583-2800**

Columbia. **410-910-2330**

White Marsh. **443-442-2020**

Your Pediatrician _____

School of Medicine Registrar's Office

Enrollment & Membership Questions **410-614-3301**

After-Hours Physician On-Call System

Medical

If you are using a UHS Health Center assigned physician call 410-955-4331 and ask to speak with your assigned UHS physician or his/her coverage.

If you have selected a Primary Care Physician (PCP) outside of the UHS Health Center, contact your PCP's Office for after hours coverage instructions.

Psychiatric

For psychiatric emergencies contact 410-955-1892 for after hours coverage instructions

After-Hours Telephone Numbers

Evenings, Weekends, and Holidays

Adult Medical/Surgical Emergency **410-955-4331**
(for your assigned UHS primary care provider or coverage)

Psychiatric Emergencies **410-955-1892**
(for University Mental Health Psychiatrist on-call)

Your Pediatrician _____

Your Primary Care Provider _____

Needle Stick Exposures

If you are exposed to potentially infected blood or body fluid, you must call the needle stick hotline immediately for instructions **410-955-STIX (410-955-7849)**

(available 24 hours a day, 7 days a week)

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Introduction

The institutions provide a basic health insurance plan, the Student Health Program (SHP) and an Ambulatory Care Program in order to provide comprehensive health care for house staff members, their spouses/same-sex domestic partners and dependent children. A basic dental plan is also provided. Detailed descriptions of each benefit are provided by the Registrar's Office (410-614-3301) at registration and are also available online at www.hopkinsmedicine.org/som/gme/residents/index.html.

Summary of Student Health Program

The Student Health Program (SHP) is an insurance plan which is administered by the Johns Hopkins Employer Health Programs (EHP). The SHP covers most medical needs and has a 3 tier co-pay in-network pharmacy benefit for prescriptions. The SHP coverage is worldwide and allows participants to select a physician of choice.

The Student Health Program consists of the following:

- Calendar Year Deductible: \$100 Individual; \$300 Family*
 - 30 Days Hospitalization at 100% of Reasonable & Customary (R&C) charges; then 80% of R&C
 - Diagnostic X-Ray and Laboratory Testing at 100% of R&C
 - Professional Medical & Surgical Fees at 80% of R&C
 - Prescription coverage, no deductible: 3 tier payment structure: \$10, \$20 and \$35 co-pay
 - \$1,000,000 Maximum lifetime benefit
\$250,000 Maximum lifetime benefit (substance abuse)
 - The SHP has a calendar year out-of-pocket maximum as follows:
 - Individual \$3,000
 - Family. \$9,000
- *Calendar Year Deductible provided by HSACP.

Description of the Ambulatory Care Program

The House Staff Ambulatory Care Program (HSACP) is designed to provide payment for comprehensive ambulatory health services to house officers, spouses/same-sex domestic partners and children supplemental to the SHP insurance benefit. The Program covers the calendar year deductible, professional fees and, within certain guidelines, medical expenses not covered by the Johns Hopkins Student Health Program (SHP). The SHP covers most costs associated with laboratory tests, medical and surgical procedures, and hospitalization.

Eligibility

Members of The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center house staff, spouses/same-sex domestic partners and dependent children are eligible for the HSACP.

Enrollment

In order to maximize coverage under the HSACP, it is required that house officers, spouses/same-sex domestic partners, and dependent children enroll in the Student Health Program and follow the guidelines described in this brochure.

Enrollment is dependent upon completion of the Student Health Program enrollment application as well as the University Health Services (UHS) registration form which the house officer completes prior to commencing appointment. It is the responsibility of the house officer to inform the Registrar's Office, if there are changes in marital status or number of dependents during the year. Changes in enrollment must be made within 30 days of the qualifying event or during the July open enrollment period.

Understanding Reasonable & Customary Charges and Participating Providers

An EHP-participating provider has agreed to accept an EHP-contractual amount (Reasonable & Customary charge) as the fee for service. The Reasonable & Customary charge (R&C) is the usual fee charged by similar providers for the same services in the same geographic area. The Johns Hopkins Employer Health Program (EHP) has determined what is reasonable and customary.

Basically, the Student Health Program covers most participants and their eligible dependents for inpatient charges and outpatient diagnostic work associated with an illness or injury at approximately 80%-100% of R&C. The HSACP provides supplemental payment for eligible services received through or referred by the UHS Health Center/on-call physician or a primary care physician of choice. For more detailed information, please see the Medical Benefits At-A-Glance pages of this booklet. Please note that an EHP-participating facility may not always utilize EHP-participating physicians or labs. In order to receive the maximum benefit, it is to the house officer's advantage to confirm EHP-participation of all providers prior to care.

Children of eligible participants are covered for care provided by a pediatrician of choice. EHP-participating pediatricians can be selected from www.ehp.org.

Pharmacy Benefits

Participants in the SHP (group #E00016) are covered by Caremark prescription services (group #W7569999).

The Plan has a three-tier co-payment benefit as follows:

- Tier One: All Generic Drugs (lowest co-pay, \$10 for retail [each 30 day supply up to 90 days] and \$20 for mail order [90 day supply])
- Tier Two: Preferred Brand Drugs (middle co-pay, \$20 for retail [each 30 day supply up to 90 days] and \$40 for mail order [90 day supply])
- Tier Three: Non-Preferred Brand Drugs (highest co-pay, \$35 for retail [each 30 day supply up to 90 days] and \$70 for mail order [90 day supply])
- If prescribed drug is less than the co-pay the member pays the lesser amount
- No deductible applies to Pharmacy Benefits

SHP in-network pharmacies are listed in a pharmacy directory which is available at the School of Medicine Registrar's Office, the UHS Benefits Office or online at the following website: <http://www.hopkinsmedicine.org/som/gme/residents/index.html>. **Please note: The prescription plan covers oral contraceptives.**

Detailed information on the Pharmacy benefit is on the UHS website <http://www.hopkinsmedicine.org/uhs>.

The Student Health Program coverage is described in further detail in the Summary Plan Description (SPD) that can be obtained from the UHS Benefits Office, University Health Services Health Center, and the School of Medicine Registrar's Office. For a summary comparison of the Student Health Program benefits and UHS Benefits Office supplemental benefits, please refer to Medical Benefits-At-A-Glance on pages 12-15.

- **Exclusions:** Prescriptions are covered if written by your primary physician or a specialist referred by your primary physician. Prescriptions written by an SHP subscriber for another covered person in the SHP will not be covered by the prescription program. Prescriptions are also not covered under the SHP if written by a blood relative or a family member living in the home.

Dental Plan

The Dental Plan is offered by CareFirst BlueCross BlueShield of Maryland for house of-ficers, spouses/same-sex domestic partners, and dependent children. This is a traditional dental plan with a co-payment requirement for services rendered.

University Health Services Benefits Office

The UHS Benefits Office administers the HSACP and provides the supplemental benefit payment for eligible medical services including the deductible, after SHP payment. Supplemental payment for eligible pediatric services is also provided. Payments made by the UHS Benefits Office are funded by the HSACP. The office is located in Blalock 144, Johns Hopkins Hospital, 410-955-3872.

University Health Services Health Center

Location & Hours: Adult medical services are provided at no cost to the participant at the UHS Health Center located at 401 N. Caroline Street (corner of Orleans and Caroline Streets). The hours of operation are from 8:00 a.m. to 5:00 p.m. Monday through Friday and Thursday evenings from 5:00 p.m. until 7:00 p.m. The UHS Health Center is not a walk-in clinic. Appointments can be scheduled between the hours of 8:00 a.m. and 5:00 p.m., including the lunch hour. Please make appointments in advance to avoid scheduling conflicts. Please call and cancel as soon as possible if a scheduled appointment cannot be kept.

UHS Physicians: Care is provided by faculty and professional staff of the Division of General Internal Medicine.

Confidentiality: Your records of visits to the UHS Health Center are subject to the same laws as any Johns Hopkins medical record according to strict federal guidelines. Communications between physician and patient are kept in the strictest confidence.

Selecting Participating Physicians

Adult Care

The Faculty and professional staff of the Division of General Internal Medicine (including the UHS Health Center) or a physician of choice are the primary internists for adult ambulatory care. An EHP-participating provider may be selected from www.ehp.org. Please note that members of the house staff are not recognized as participating physicians in the HSACP. Always be certain to provide all pertinent insurance information and identify yourself as a member of the HSACP to the provider of care.

Pediatric Care

Children of eligible participants are covered for care by a pediatrician of choice. It is very important that as soon as possible after arrival, arrangements be made with a pediatrician for the care of dependent children. EHP-participating pediatricians may be selected from www.ehp.org.

Services Provided and Covered by the HSACP

Adult Medical Care

• **PRIMARY MEDICAL CARE:** Adult medical care, including physical examinations, provided by the UHS Health Center staff or by a physician of choice is covered at 100% by the SHP and/or HSACP. An EHP-participating primary care physician may be selected from www.ehp.org. Provider bills and Explanation of Benefits (EOB) for eligible services must be submitted to the UHS Benefits Office for supplemental payment.

- **EMERGENCY ROOM CARE:** An emergency exists if immediate treatment is needed as the result of a sudden or serious illness or injury; a delay in treatment could jeopardize the patient's life, health, or ability to regain maximum bodily function.
 - ◆ In an emergency medical situation, you should go to the nearest medical facility with an emergency room for immediate care.
 - ◆ If you have any questions about the seriousness of your medical needs, you should contact your primary care physician or their coverage for instructions. If your PCP is a UHS provider please call 410-955-4331 after hours for medical/surgical emergencies and 410-955-1892 for psychiatric emergencies. UHS Health Center physicians are only allowed to provide medical advice for their own patients. If you have the Student Health Program, but are not seeing one of the UHS Health Center providers, please call your personal physician's office for advice, as UHS Health Center physicians will not be able to assist you.
 - ◆ You must notify the SHP within 48 hours of any emergency room care in order to receive insurance coverage.
 - ◆ If you receive care in an emergency room for a condition that is not a true emergency (as defined above) the visit will not be covered by the SHP unless referred to the Emergency Room by your physician. Please ask your physician's office to document the referral by contacting EHP within 72 hours.
- **URGENT CARE:** In the event of a medical situation that requires prompt attention but may not be serious enough to warrant a trip to the emergency room, it is very important to first contact your adult primary care physician or pediatrician for instructions on how the problem should be handled. If your primary care physician is a UHS Health Center physician, or University Mental Health Physician, and you need to reach them after hours, please call 410-955-4331 for medical/surgical emergencies. For psychiatric emergencies please call 410-955-1892.
 - ◆ You will be scheduled for treatment at the UHS Health Center or referred to an urgent care center or emergency room depending on your needs. The SHP covers 100% of R&C for charges for urgent care visits. Referrals to urgent care center are not required.
- **REFERRALS TO CONSULTANTS AND SPECIALISTS:** The SHP allows you to self-refer to specialists within the Johns Hopkins Hospital and Health system. However, please be aware that many specialists will refuse to see you without a note from your primary care physician stating the reason for the referral. In addition, a note from your primary care provider may help ensure a more timely appointment with a specialist.
- **GYNECOLOGICAL CARE:** Gynecological examinations, pap smears, and treatment of related problems are available through the UHS Health Center or through a provider of choice. The SHP covers most routine GYN care. Charges for routine GYN care that are not covered by the SHP are covered by the HSACP. Provider bills and EOBs for these services must be forwarded to the UHS Benefits Office for supplemental payment.
- **OBSTETRICAL CARE:** Preliminary counsel with respect to matters of reproductive health is provided by the UHS Health Center staff or by a physician of choice. Eligible participants who are in need of obstetrical services can make an appointment with a UHS Health Center provider or a physician of choice. Confirmation of pregnancy can be made by an over-the-counter pregnancy test. Physician fees in conjunction with prenatal care and delivery will be paid by the HSACP after the SHP insurance has paid. Professional fee balances after insurance for the inpatient initial newborn exam and the newborn hospital discharge exam are covered by the HSACP. Provider bills and EOBs must be forwarded to the UHS Benefits Office for supplemental payment. Mid-wife services are an SHP and HSACP covered benefit.
- **VISION CARE:** One routine eye exam/contact lens evaluation per calendar year is provided by the Wilmer Institute Comprehensive Eye Service (410-955-5080) or through a

provider of choice. The SHP insurance does not cover the routine eye examination/contact lens evaluation. However, these services are covered by the HSACP. Bills received for routine eye examination/contact lens evaluations should be forwarded to the UHS Benefits Office for supplemental payment. Eyeglasses and contact lenses are not covered by the SHP or the HSACP. 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.

- **DIAGNOSTIC TESTS:** Diagnostic tests ordered in connection with an illness or disease are covered by SHP. Those ordered for routine/screening examinations are covered by the HSACP and/or the Student Health Program. Provider bills and EOBs for these services must be forwarded to the UHS Benefits Office for supplemental payment. To better serve the SHP membership arrangements have been made to use the 550 Phlebotomy Lab, 550 N. Broadway, Room 112, for most blood drawing services on the East Baltimore Medical Campus. All other EHP participating labs off-campus are available for use.
- **ADULT IMMUNIZATIONS:** The HSACP covers the cost of adult immunizations. Hepatitis B vaccines are provided to the housestaff member only by Occupational & Environmental Health, not by the HSACP.
- **TRAVEL IMMUNIZATIONS:** The Travel Medicine Consultation and Immunization Service administers travel immunizations and relevant information in the Johns Hopkins Outpatient Center, 410-955-8931, travelmedicine@jhmi.edu. No referral is necessary. Please make an appointment 2-4 weeks in advance of travel. Fees for travel immunizations are covered by the HSACP only if required as part of a required or elective rotation. Following immunization, submit the bill for payment or receipt for reimbursement to the UHS Benefits Office.

Adult Mental Health Services:

University Mental Health (UMH) offers a confidential source for House staff and their spouses/same-sex domestic partners seeking mental health help. The University Mental Health program can help with a wide range of problems, including sadness, grief, anxiety, alcohol and drug dependency, academic worries, concerns about living up to your potential, relationship difficulties, physical or emotional abuse, eating difficulties, excessive stress, etc.

The mental health benefit (through SHP and the UHS) provides unlimited visits at no cost to the House Staff or covered spouse if care is received through University Mental Health (UMH). It is financially advantageous to use UMH. If you seek care from any other EHP network provider the SHP provides 52% of charges for the first 20 visits then 50% for visits beyond 20 with no deductible. For non-EHP network providers SHP pays 52% of the R&C charges for the first 20 visits, then 50% of R&C charges for visits beyond 20, after deductible.

If you choose mental health care outside of UHS the HSACP will pay up to \$100 annually of the cost of such care. Any balance after SHP & HSACP is your responsibility. If you have questions about billing or the coverage, please call the UHS Benefits Office at 410-955-3872.

LOCATION: The University Mental Health Office is located in the UHS Health Center at 401 N. Caroline Street.

ACCESSING CARE: If you desire an appointment, please call 410-955-1892 to be scheduled as soon as possible with one of the University Mental Health professionals. During your first visit your needs will be evaluated and a comprehensive psychiatric and mental health evaluation will be conducted. A wide range of counseling techniques including medical diagnosis and treatment, psychodynamic therapy, and cognitive-behavioral therapy may be utilized for your treatment. Referrals for continued treatment may be made to another mental health professional.

PSYCHIATRIC EMERGENCIES: If an emergency situation arises during the day, please call University Mental Health at 410-955-1892 and follow the instructions left on the answering machine. At night or on the weekends, you should call 410-955-1892 for the psychiatrist on call.

CONFIDENTIALITY: Your treatment will be private and confidential. What you discuss with your treatment provider will not be communicated to anyone without your permission unless you become a danger to yourself or to others. Records of visits to University Mental Health are kept separately from the Johns Hopkins Hospital medical records system.

In addition to University Mental Health, house officers, their family members and significant others are entitled to access services provided by the Faculty and Staff Assistance Program (FASAP) at no cost. FASAP services include assessment of personal, family, and/or work-related issues, brief counseling, and referral to appropriate services and resources. Offices are located in East Baltimore, 550 N. Broadway, 550 Building, Suite 507, as well as at Johns Hopkins at Eastern, 1101 East 33rd St, Suite C-100. See www.fasap.org or call 443-287-7000 or 443-997-7000 for additional information. There may be fees associated with other services and resources if individuals are referred outside of FASAP. The SHP insurance usually defrays a portion of the cost of such care.

Pediatric Care:

- **PRIMARY CARE:** Children of house officers are covered for care provided by a pediatrician of choice. An EHP-participating pediatrician may be selected from www.ehp.org. The SHP covers well-child care and pediatric sick visits at 100% of the R&C charge. The HSACP provides the calendar year deductible as well as supplemental payment for eligible pediatric visits. Provider bills and EOBs must be forwarded to the UHS Benefits Office for supplemental payment.
- **PEDIATRIC SPECIALTY CONSULTATIONS:** Visits are covered per Medical Benefits-At-A-Glance. Provider bills and EOBs must be forwarded to the UHS Benefits Office for supplemental payment, if required.
- **PEDIATRIC MENTAL HEALTH:** Psychiatric care for dependent children must be arranged through the pediatrician or recommended by the child's school. The HSACP will pay a maximum of \$100 in any calendar year. Additional charges will be partially covered by the SHP. Any balance after SHP reimbursement is your responsibility.
- **PEDIATRIC EMERGENCIES:** All pediatricians provide an on-call system for urgent problems which may arise after office hours. Should an urgent medical problem occur, it is essential that the pediatrician be contacted for instructions on how to handle the emergency. You must notify the SHP within 48 hours of any emergency room care in order to receive insurance coverage. The HSACP provides the calendar year deductible for pediatric emergency care referred by the pediatrician or the on-call pediatrician. If the child is over age two and receives care in an emergency room for a condition that is not a true emergency the visit will not be covered by the SHP or the HSACP. Emergency Room visits for children under age two will be treated as an emergency medical situation and will be covered. All Emergency Room visits referred by your pediatrician will be covered if your pediatrician documents the referral to SHP within 72 hours.
- **PEDIATRIC DIAGNOSTIC TESTS:** Fees for diagnostic tests ordered in connection with an illness, disease, or well child care are covered by the SHP. Urinalysis and lead testing are covered by the SHP. Be certain to give full information to the appropriate billing office where services are provided. Charges for tests not covered by the SHP are your responsibility.

- **PEDIATRIC IMMUNIZATIONS:** The SHP covers the cost of immunizations provided by the pediatrician. The SHP covers pediatric flu vaccinations. Pediatric travel immunizations are not covered.

University Health Services Benefits Office

The UHS Benefits Office provides supplemental payment for eligible adult and pediatric medical services, including the deductible. Provider bills and EOBs for eligible services should be forwarded to the UHS Benefits Office for payment by the HSACP.

LOCATION & HOURS: The UHS Benefits Office is located in the Johns Hopkins Hospital, Blalock 144. Office hours are from 8:30 a.m. to 5:00 p.m., Monday through Friday. Questions about billing and/or benefits should be directed to this office at 410-955-3872.

PROCEDURE FOR CLAIMS FILING: After medical care is provided, either you or your provider (physician, hospital, lab, etc.) need to file an insurance claim with the insurance company (SHP) in order to receive benefits. In most cases the provider will file the claim for you. However, if your provider will not file the claim you will need to complete a claim form and send it, along with an itemized bill, to:

Johns Hopkins Employer Health Programs
Student Health Program
6704 Curtis Court
Glen Burnie, MD 21060

SHP claim forms are available in the School of Medicine Registrar's Office and the UHS Benefits Office. The deadline for claims submission for payment or reimbursement to SHP and/or HSACP is 18 months after the incurred date of service for medical care.

BILLING DOCUMENTATION: Once the claim has been filed with SHP, you will receive 2 documents for each provider service rendered: an Explanation of Benefits (EOB) and a provider bill (See samples on page 15).

1. The Student Health Program will send you an Explanation of Benefits (EOB), which is an itemized description of services that shows the total cost of the services, what portion was paid by SHP, and if there is a member liability. These EOBs will say on them "This is not a bill." Do not throw away any EOBs.
2. The service provider (physician, hospital, lab, etc.) will send you a bill for the balance once the Student Health Program has made payment for services. The bill will be for the member liability as described in the Explanation of Benefits (EOB). The member liability is the portion that is owed after the SHP has paid the provider. This is a real bill and you need to make sure the balance gets paid (see below).

Please note: You will not receive a bill for a visit to the UHS Health Center since the billing process for UHS Health Center visits is handled internally by UHS. However, you will receive an EOB for a visit to the UHS Health Center for your own records. For visits to specialists, you will receive both an EOB and a provider bill.

PAYMENT OF BILLS: Hold on to all EOBs and bills. **DO NOT IGNORE THESE DOCUMENTS.** For medical care referred through the UHS Health Center/on-call physician or your primary care physician (including emergency and/or urgent care claims) or for eligible pediatric services, you should bring or mail the provider bill along with the corresponding EOB to the Housestaff Ambulatory Care Program (c/o UHS Benefits Office, 600 N. Wolfe St., Blalock 144, Baltimore, MD 21287) for review and payment. If you do not receive an EOB for routine eye exams/contact lens evaluations received through the Wilmer Institute Comprehensive Eye Service, simply submit the provider bill to the UHS Benefits Office for supplemental payment. Bills and EOBs must be in their original form. **PHOTOCOPIES ARE UNACCEPTABLE AND CANNOT BE PROCESSED.** However, you may wish to keep a photocopy of all documents for your own records. Ultimately, the UHS Benefits Office will either pay your provider or reimburse you, if warranted.

Important Points to Remember about the UHS Benefits Office:

- It is the house officer's responsibility to understand what services are and are not covered by the SHP and/or the HSACP prior to seeking care.
- The UHS Benefits Office will pay the \$100 calendar year deductible (\$300 maximum per family) for eligible adult services as well as for eligible pediatric care.
- Members of the house staff are not recognized as participating physicians in the HSACP.
- Adult Ambulatory Surgical Procedures are covered by the HSACP. Medically necessary surgical procedures are covered up to \$1,500 after insurance per occurrence.
- Major procedures and hospitalizations are generally covered by the SHP at 80% or 100% of the R&C charge. The HSACP does not provide supplemental coverage for these services. The balance after SHP is your responsibility.
- The Program administrator will have final authority concerning any interpretations of the services covered and exclusions.

HSACP Exclusions

The following services are not supplemented by the HSACP but may be covered in full or in part by the Student Health Program:

- Pediatric Prenatal Consultations
- Lactating Services
- Routine Pediatric Eye Examinations
- Cosmetic Surgery
- Elective Procedures
- Psychoanalysis
- Inpatient Hospitalization and Physician Fees (except physician fees in conjunction with obstetrical care)
- Routine psychological testing including preschool evaluation
- Hepatitis B Vaccine (This is provided to the House officer only by Occupational & Environmental Health.)
- Therapy Services including: Radiation Therapy, Chemotherapy and Renal Dialysis Treatment
- Prosthetic or Orthopedic Appliances
- Ambulance Services
- Home Health Services
- Physical Therapy
- Occupational Therapy
- Acupuncture
- Prescriptions
- Speech Therapy (Restorative only)
- Private Duty Nursing
- Emergency Room Visits (unless referred by your primary care physician or the pediatrician)
- Fertility Treatment (Not covered by the SHP or HSACP)
- Specimen Handling (Not covered by the SHP or HSACP)
- Eyeglasses or Contact Lenses (Not covered by the SHP or HSACP)
- Dental Care (Not covered by the SHP or HSACP)(covered by a CareFirst BlueCross BlueShield Plan)
- Items listed under *What's Not Covered* in the SHP Summary Plan Description (except those services described in this brochure)

Definitions

Student Health Program (SHP): The student health insurance program administered through Johns Hopkins Employer Health Programs (EHP)

University Health Services (UHS) Health Center: The adult primary care ambulatory medicine center for eligible participants and adult dependents providing most ambulatory care and referrals to specialists. Located at 401 N. Caroline Street.

University Health Services (UHS) Benefits Office: The Benefits Office provides service to you for billing and benefits inquiries and makes payments to approved providers for medical services rendered. Located at Blalock 144, Johns Hopkins Hospital.

University Mental Health (UMH): University Mental Health offers mental health care to eligible house staff and their spouses/same-sex domestic partners. Located at 401 N. Caroline Street.

Participating Provider: A physician, hospital, lab, etc. who has agreed to accept an EHP contractual amount (Reasonable & Customary charge) as fee for service.

- Student Health Program participating providers are listed on the www.ehp.org website.
- The UHS Health Center is an EHP-participating provider.

Reasonable & Customary Charges (R&C): This is the usual fee charged by similar providers for the same services or supplies in the same geographic area. Johns Hopkins Employer Health Programs (EHP) determines what is reasonable and customary.

Deductible: The amount you must pay for services each calendar year before the SHP begins to pay for benefits. The UHS Benefits Office pays the calendar year deductible for eligible care received through or referred by the UHS Health Center/on-call physician, your primary care physician, and the pediatrician. There is no deductible for prescriptions.

Coinsurance: Your share for certain medical expenses after the deductible is met. SHP generally pays 80% to 100% of R&C, while either you or the UHS Benefits Office pays the remaining balance.

Out-of-pocket Maximum: Since you are responsible for a portion of the cost of your medical expenses, the Student Health Program includes an annual out-of-pocket limit to protect you in the event of high medical bills. After you have paid the out-of-pocket limit (\$3,000 per person or \$9,000 per family), the SHP covers any additional medical expenses incurred in the same calendar year at 100%.

- The out-of-pocket limit includes the deductible and coinsurance but does not include: penalties, prescription drug coinsurance and expenses, program maximums, any charges for services which are not covered, or mental health and substance abuse charges, including treatment for alcoholism.

Explanation of Benefits (EOB): An itemized statement that describes benefits processed by your insurance (SHP) once medical services are provided and charges are submitted to the SHP. The EOB is issued by the SHP.

Student: Enrolled as a student (includes leave of absence) in the Johns Hopkins University School of Medicine, Johns Hopkins University Bloomberg School of Public Health, Johns Hopkins University School of Nursing or the Johns Hopkins Hospital School of Medical Imaging (generally includes degree candidates, visiting students, house staff, postdoctoral students and trainees).

Spouse: One who is of the opposite sex and is married to a student by a ceremony recognized by the law of Maryland. A husband or wife is a spouse until a court formally decrees the marriage to be dissolved.

Domestic Partner: Two non-related adults of the same sex, both of whom are at least 18 years of age, are committed as a family in a long-term relationship of indefinite duration and are socially, emotionally, and financially interdependent in an exclusive mutual

commitment in which they agree to be responsible for each other's common welfare and share financial obligations. This definition covers same-sex partner relationships, and not persons who are cohabiting simply as roommates.

Child: Unmarried dependent children are covered until the end of the calendar year in which they turn 19, unless they are full-time students and primarily supported by their parents, in which case they may be covered until the end of the calendar year in which they turn 25, or until the end of the calendar year in which the full-time student status ends, whichever comes first.

Benefit Period: January 1 - December 31 (calendar year)

Medical Benefits At-A-Glance

The following chart summarizes most of the benefits and services available under the Student Health Program (SHP) and the House Staff Ambulatory Care Program (HSACP). It is not a comprehensive listing of services provided. All benefits are subject to medical necessity.

Services and Supplies	Student Health Program Coverage			HSACP
	Option 1 Access Care through UHS	Option 2 Access Care through any EHP Network Providers	Option 3 Access Care through Out of Network Providers	Supplemental Coverage after SHP for eligible services
TREATMENT OF ILLNESS OR INJURY				
Primary care office visit (age 19 and older)	100%	80%	80% of R&C after deductible	Pays balance not covered by SHP
Adult Specialty care office visit	Not provided	100%	80% of R&C after deductible	Pays balance not covered by SHP
Pediatric care office visit (under age 19)	Not provided	100%	100% of R&C	Pays balance not covered by SHP
Pediatric specialty care office visit	Not provided	100%	100% of R&C	Pays balance not covered by SHP
Podiatry care office visit	Not provided	100%	100% of R&C	Pays balance not covered by SHP
Diagnostic services and treatment	Not provided	100%	100% of R&C	Pays balance not covered by SHP
PREVENTIVE SERVICES				
Adult General physical exam	100%	Not covered	Not covered	Pays balance not covered by SHP
Diagnostic services for physical exam	100%	100%	Not covered	Pays balance not covered by SHP
Well-child care: office visits, immunizations and PKU, flu vaccine, urinalysis and lead testing	Not provided	100%	100% of R&C	Pays balance not covered by SHP
Mammograms (screening) Once per 12 month period	Not provided	100%	100% of R&C	Pays balance not covered by SHP
Colonoscopy screening	Not provided	80%	80% of R&C after deductible	Pays balance not covered by SHP
Annual GYN exam Once per 12 month period	100%	80%	80% of R&C after deductible	Pays balance not covered by SHP
Annual Pap (pathology only) Once per 12 month period	100%	100% for JHH/JHU 80% for all other in-network providers	80% of R&C after deductible	Pays balance not covered by SHP
Adult immunizations and inoculations; Gardasil is covered by insurance only for the FDA-approved age range 9-26	100%	Not covered	Not covered	Pays balance not covered by SHP
SURGICAL PROCEDURES				
Professional services for inpatient and outpatient surgery	Not provided	80% ⁽²⁾	80% of R&C after deductible ⁽³⁾	Inpatient balance NOT supplemented. Outpatient balance up to \$1500 per occurrence
Reconstructive and/or surgically implanted prosthetics	Not provided	80% ⁽²⁾	80% of R&C after deductible ⁽²⁾	Pays deductible only

Services and Supplies	Student Health Program Coverage			HSACP
	Option 1 Access Care through UHS	Option 2 Access Care through any EHP Network Providers	Option 3 Access Care through Out of Network Providers	Supplemental Coverage after SHP for eligible services
LABORATORY AND X-RAY PROCEDURES⁽³⁾				
Laboratory tests, imaging exams, X-rays and ultrasound	Not provided	100%	100% of R&C	Pays balance not covered by SHP
REPRODUCTIVE HEALTH				
Physician office visits (for prenatal care only)	100%	100%	80% of R&C after deductible	Pays balance not covered by SHP
Charges for delivery and related anesthesia	Not provided	100% ⁽²⁾	80% of R&C after deductible ⁽²⁾	Pays balance not covered by SHP
Newborn care – Initial and discharge visits only	Not provided	100% ⁽²⁾	100% of R&C ⁽²⁾	Pays balance not covered by SHP
Newborn care – all other inpatient visits	Not provided	80% ⁽²⁾	80% of R&C after deductible ⁽²⁾	Pays deductible only
Birthing center (licensed facility only)	Not provided	100% ⁽²⁾	100% of R&C ⁽²⁾	Pays balance not covered by SHP
Voluntary sterilization	Not provided	80% ⁽²⁾	80% of R&C after deductible ⁽²⁾	Pays deductible only
ALLERGY TESTS AND PROCEDURES				
Allergy tests	Not provided	100%	100% of R&C	Pays balance not covered by SHP
Desensitization materials and serum	Not provided	80%	80% of R&C after deductible	Pays deductible only
URGENT CARE CENTER				
Physician visit	Not provided	100%	100% of R&C	Pays balance not covered by SHP
Diagnostic services and treatment	Not provided	100%	100% of R&C	Pays balance not covered by SHP
EMERGENCY SERVICES				
Emergency care (the onset of a sudden and serious condition requiring immediate care) Facility and professional fees	Not provided	100% for services within 72 hours after onset of emergency, then 80% after deductible	100% of R&C for services within 72 hours after onset of emergency, then 80% of R&C after deductible	Pays balance not covered by SHP
HOSPITAL CARE				
Inpatient care (semi-private, unless private room is medically necessary)	Not provided	100% for 1st 30 days, then 80% after deductible ⁽²⁾	100% of R&C for 1st 30 days, then 80% of R&C after deductible ⁽²⁾	Pays deductible only
Intensive care	Not provided	100% for 1st 30 days, then 80% after deductible ⁽²⁾	100% of R&C for 1st 30 days, then 80% of R&C after deductible ⁽²⁾	Pays deductible only
Other inpatient services	Not provided	100% for 1st 30 days, then 80% after deductible ⁽²⁾	100% of R&C for 1st 30 days, then 80% of R&C after deductible ⁽²⁾	Pays deductible only
Inpatient physician services (excluding surgical services)	Not provided	80% ⁽²⁾	80% of R&C after deductible ⁽²⁾	Pays deductible only
Skilled nursing rehabilitation facility	Not provided	100% for 1st 30 days, then 80% after deductible ⁽²⁾	100% of R&C for 1st 30 days, then 80% of R&C after deductible ⁽²⁾	Pays deductible only

Services and Supplies	Student Health Program Coverage			HSACP
	Option 1 Access Care through UHS	Option 2 Access Care through any EHP Network Providers	Option 3 Access Care through Out of Network Providers	Supplemental Coverage after SHP for eligible services
Exams and testing prior to outpatient surgery	100%	100%	100% of R&C	Pays balance not covered by SHP
Outpatient surgery facility charges, including freestanding surgical centers	Not provided	100% ⁽²⁾	100% of R&C ⁽²⁾	Pays balance not covered by SHP
CHEMOTHERAPY/RADIATION THERAPY				
Physician visit	Not provided	100%	80% of R&C after deductible	Pays balance not covered by SHP
Physician Materials	Not provided	80%	80% of R&C after deductible	Pays deductible only
ACUPUNCTURE				
\$300 maximum per calendar year	Not provided	80%	80% of R&C after deductible	Pays deductible only
HOME HEALTH CARE				
Must be provided by a licensed health care organization	Not provided	100% for 1st 90 visits per calendar year, then 80% after deductible ⁽²⁾	100% of R&C for 1st 90 visits per calendar year, then 80% of R&C after deductible ⁽²⁾	Pays deductible only
HOSPICE CARE				
Inpatient and home	Not provided	100% ⁽²⁾	100% of R&C ⁽²⁾	Pays deductible only
AMBULANCE TRANSPORTATION				
To and/or from a hospital only	Not provided	80%	80% of R&C after deductible	Pays deductible only
SPEECH THERAPY				
Restorative, non-developmental therapy only	Not provided	80% ⁽²⁾⁽⁵⁾	80% of R&C after deductible ⁽²⁾⁽⁵⁾	Pays deductible only
PHYSICAL/OCCUPATIONAL THERAPY				
Excludes maintenance therapy	Not provided	80%	80% of R&C after deductible	Pays deductible only
CHIROPRACTIC CARE				
Restricted to initial evaluation, X-Rays and spinal manipulations \$1,000 calendar year maximum	Not provided	80%	80% of R&C after deductible	Pays balance not covered by SHP for initial evaluation only
DURABLE MEDICAL EQUIPMENT				
Equipment, prosthetic appliances and medical supplies	Not provided	80% ⁽²⁾	80% of R&C after deductible ⁽²⁾	Pays deductible only
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES				
Professional fees for outpatient mental health treatment	100% combined benefit provided. SHP pays 52% 1st 20 visits per calendar year, then 50% balance paid by UMH	52% for 1st 20 visits per calendar year, then 50%	52% of R&C after deductible for 1st 20 visits per calendar year, then 50% of R&C after deductible	Pays maximum of \$100 annually for care received outside UMH
Professional fees for inpatient mental health care	Not provided	80%	80% of R&C after deductible	Pays deductible only

Services and Supplies	Student Health Program Coverage			HSACP
	Option 1 Access Care through UHS	Option 2 Access Care through any EHP Network Providers	Option 3 Access Care through Out of Network Providers	Supplemental Coverage after SHP for eligible services
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES (Continued)				
Facility charges for inpatient mental health care	Not provided	100% for 30 days, then 80% after deductible ⁽²⁾⁽⁴⁾	100% of R&C for 30 days, then 80% of R&C after deductible ⁽²⁾⁽⁴⁾	Pays deductible only
Facility charges for inpatient alcohol and substance abuse care	Not provided	Alcohol detoxification: 100% for 7 days per calendar year, then 80% after deductible ⁽²⁾⁽⁴⁾ Substance abuse rehabilitation: 100% for 30 days per calendar year, then 80% after deductible ⁽²⁾⁽⁴⁾	Alcohol detoxification: 100% of R&C for 7 days per calendar year, then 80% of R&C after deductible ⁽²⁾⁽⁴⁾ Substance abuse rehabilitation: 100% of R&C for 30 days per calendar year, then 80% of R&C after deductible ⁽²⁾⁽⁴⁾	Pays deductible only
Professional fees for inpatient alcohol and substance abuse care	Not provided	80% after deductible	80% of R&C after deductible	Pays deductible only
Professional fees for outpatient alcohol and substance abuse care	100%	100%	80% of R&C after deductible	Pays deductible only
Facility charges for outpatient alcohol and substance abuse treatment (30 day visit maximum per calendar year)	Not provided	100% up to 30 visits per calendar year maximum	100% of R&C up to 30 visits per calendar year maximum	Pays deductible only
MAXIMUM LIFETIME BENEFIT PER PERSON	\$1,000,000			
MAXIMUM LIFETIME BENEFIT PER PERSON FOR ALCOHOL AND SUBSTANCE ABUSE	\$250,000 120 days/visits combined for all inpatient and outpatient care			
CALENDAR YEAR DEDUCTIBLE (ALL OPTIONS COMBINED)				
Individual	None	\$100	\$100	\$100
Family	None	\$300	\$300	\$300
COINSURANCE OUT OF POCKET MAXIMUM PER CALENDAR YEAR (ALL OPTIONS COMBINED)				
Individual	\$3000	\$3000	\$3000	Not applicable
Family	\$9000	\$9000	\$9000	Not applicable
PRESCRIPTION DRUGS				
NETWORK PHARMACY				
In-network pharmacy for each 30-day supply	\$10 co-pay – generic \$20 co-pay – brand preferred formulary \$35 co-pay – brand non-preferred			
90-day supply	Mail order \$20 co-pay – generic \$40 co-pay – brand preferred formulary \$70 co-pay – brand non-preferred		In-network pharmacy \$30 co-pay – generic \$60 co-pay – brand preferred formulary \$105 co-pay – brand non-preferred	

⁽¹⁾ "R&C" (Reasonable and Customary Charge) is defined on pages 3 & 10.

⁽²⁾ Failure to obtain pre-certification may result in a penalty or possible denial of benefit

⁽³⁾ JH Medical Campus preferred Blood Draw Lab, 550 Building, Suite 112, 550 N. Broadway, Baltimore, MD 21205

⁽⁴⁾ Two partial hospitalization days equal one inpatient hospital day and are paid according to the inpatient benefit level

⁽⁵⁾ Covered benefits only include therapy aimed at restoring the level of speech the individual had attained before the onset of a condition (i.e., before illness or injury). Speech therapy for developmental disorders, such as stuttering, articulation disorders, tongue thrust, lisping, etc., is Not Covered.

Consumer Input

The Housestaff Ambulatory Care Program was designed by the House Staff Society. Please contact the Registrar's Office/Office of Graduate Medical Education in writing, 733 N. Broadway, Suite 147, Baltimore, MD 21205, with suggestions related to the health benefits or the House Staff Ambulatory Care Program.

A UHS Student Advisory Committee, with house staff representation, meets monthly to discuss various policies and provides a direct link between house staff and the UHS administration. Contact the House Staff Society, <http://www.hopkinsmedicine.org/housestaffcouncil>, for the name of your representative.

University Health Services Advisory Board

In addition to the UHS Student Advisory Committee a University Health Services Advisory Board consisting of faculty and administrators meets quarterly to address policy issues. Membership is as follows:

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University Health Services

Notes