

Summary of Health
Benefits for Johns
Hopkins Hospital House
Staff and
Johns Hopkins Bayview
Medical Center House
Staff

2011-
2012

Please use this brochure in conjunction with the information on the University Health Services (UHS) website www.hopkinsmedicine.org/uhs/ and the Student Health Program Summary Plan Description (SPD). SPDs are available at www.hopkinsmedicine.org/som/gme/residents/index.html. Please see the back cover for a detachable card of important telephone numbers you can carry with you.

Administered by
the Johns
Hopkins
University School
of Medicine

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Important Telephone Numbers

CareFirst Dental Plan Member Services	1-866-891-2802
Faculty and Staff Assistance Program (FASAP)	443-287-7000 or 443-997-7000
Health Care Flexible Spending Accounts - WageWorks	1-877-924-3967
School of Medicine Registrar's Office (enrollment)	410-614-3301
Student Health Program (SHP insurance component)	410-424-4485 or 1-888-400-0091
Travel Medicine Consultation & Immunization Service	410-955-8931

University Health Services (UHS)

410-955-3250

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

Extended hours: currently Tuesday 5:00 p.m. to 7:00 p.m. Please refer to the website at 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
Dr. Zoobia Chaudhry	410-502-3469	Assistant: Regina Anthony
Mary Wippel, CRNP	410-955-3250	
Sharon O'Neill, CRNP	410-955-3250	

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 clinic number.

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**

UHS Benefits Office (Darnell Williams)

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

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

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

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

For appointments call Weza Cotman, Clinical Coordinator **410-955-1892**

After-Hours Physician On-Call System: After-hours, seven-day-a-week evenings, weekends, and holidays, physician on-call system for urgent health care problems.

After-Hours Telephone Numbers

Adult Medical/Surgical Emergency **410-955-4331**

(for your assigned primary care provider or coverage)

Psychiatric Emergencies **410-955-1892**

(for University Mental Health Psychiatrist on-call)

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**

Needle Stick Exposures (East Baltimore Campus) 410-955-STIX (410-955-7849)

If you are exposed to potentially infected blood or body fluid, you must call the needle stick hotline immediately for instructions (available 24 hours a day, 7 days a week)

Needle Stick Exposures (Bayview Campus) 410-550-0477 or 410-283-1545 after hours

Introduction

The institutions provide a basic dental plan, a health insurance plan, a FUND to partially subsidize the health insurance out-of-pocket expenses, the Faculty & Staff Assistance Program (FASAP), and access to University Health Services (UHS). Benefits are provided at no cost to the house officer, spouse/same-sex domestic partner* and dependent children. Eligible house officers (whose compensation is a wage, not a stipend) may also voluntarily contribute money from their pay on a pre-tax basis to a Health Care Flexible Spending Account to coverage eligible out-of-pocket medical and dental expenses for themselves, their spouses, and their dependent children. These plans are designed to provide a comprehensive health care plan for house officers, their spouses/same-sex domestic partners, and dependent children.

The basic dental plan, through CareFirst BlueCross BlueShield, is a traditional dental plan with a copayment requirement for services rendered. The plan has a \$50 plan year deductible and then pays 50% - 80% of most eligible expenses for house officers, their spouses or same-sex domestic partners and dependent children under the age of 26.

The health insurance plan, the Student Health Program (SHP) through the Johns Hopkins Employer Health Program (EHP), covers most medical needs between 70% - 100%. The coverage includes well baby and pediatric care, and a 3-tier copay in-network pharmacy benefit for prescription drugs. The program has a deductible of \$100 per person (\$300 per family) and an out-of-pocket maximum of \$3000 per person (\$9000 per family).

A FUND to offset the SHP out-of-pocket maximum provides reimbursement to house officers, same-sex domestic partners, spouses, and children for the SHP copayments up to \$2,000 for individuals and \$6,000 for family expenses incurred. This limits SHP out-of-pocket expenses to \$1,000 per individual and \$3,000 per family each plan year (July – June).

The Faculty and Staff Assistance Program (FASAP) provides assessment and referral services for those who are challenged by personal problems and issues. These may include family or relationship issues, work-related problems, the death of someone close, concerns about drugs or alcohol, stress, depression, or an array of other personal challenges.

University Health Services provides access for outpatient adult primary care and mental health services, with no copay or deductible. Enrollment in UHS also provides an annual eye exam for adults through the Comprehensive Eye Service of the Wilmer Eye Institute with no copay or deductible.

The Health Care Flexible Spending Account allows house officers to set aside up to \$5,000 per calendar year from their pay on a pre-tax basis to pay for eligible medical, dental, and vision care expenses incurred by the house officers, their spouses, and dependent children not otherwise covered by insurance or the FUND. Non-Resident Alien or Dual Status Tax Returns: If you file a non-resident alien or dual status tax return, you are not eligible for the Health Care Flexible Spending Account. If you have questions about whether your tax status precludes participation in a spending account, contact the IRS or your tax adviser.

*Note: The University has extended benefits to same-sex domestic partners; however, section 152 of the Internal Revenue code does not recognize domestic partners as dependents. Therefore, the fair market value of the health insurance and/or dental insurance benefits provided by the university for a domestic partner must be treated as taxable income. This means that house officers will be required to pay taxes on the value of the premium which represents the difference between individual and two-party coverage.

This booklet is designed as a summary of health benefits for House Officers. More information about these plans is also available online at www.hopkinsmedicine.org/som/gme/residents/index.html.

Description of the Dental Plan

Who is Covered by the Dental Plan?

The dental plan is offered by CareFirst BlueCross BlueShield for house officers, spouses/same-sex domestic partners, and dependent children.

When Is Dental Coverage Effective?

Coverage is effective the first of the month following the date of your appointment as a house officer.

How Do I Enroll in the Dental Plan?

Coverage for the house officer is automatic. In order to cover the spouse/same-sex domestic partner and dependent children, the house officer must complete an enrollment form at the Registrar's Office within 30 days of appointment. Changes in enrollment can be made during the July open enrollment period or as a result of a "life event" provided application is made within 30 days of the qualifying event. Qualified life events in your family or enrollment status can include:

- Marriage
- Birth or adoption of a child
- Start or loss of your spouse/same-sex domestic partner's employment
- Change in employment status (for you or your spouse/same-sex domestic partner) from part-time to full-time or from full-time to part-time)
- Divorce or termination of same-sex domestic partnership
- Death of your spouse/same-sex domestic partner or other dependent

What is Covered by the Dental Plan?

Carefirst pays only for covered dental services and has a plan year deductible of \$50 for an individual and \$150 for a family. The deductible does not apply to Class I Preventive Services. The lifetime maximum benefit is unlimited.

The dental plan covers as follows:

Class I – Preventive & Diagnostic Services	No deductible required, pays 80% of allowed benefit
Class II – Basic Services	Pays 80% of Allowed Benefit after deductible
Class III – Major Services – Surgical	Pays 80% of Allowed Benefit after deductible
Class IV – Major Services – Restorative	Pays 50% of Allowed Benefit after deductible

A plan booklet, which contains detailed information about the dental plan, will be sent with your membership I.D. cards to your home address within a few weeks of your effective date of coverage.

Student Health Program (Insurance Component)

How Do I Enroll in the Student Health Program?

Enrollment must be made through the School of Medicine Registrar's Office, 147 Broadway Research Building, within 30 days of appointment. Changes in enrollment can be made during the July open enrollment period or as a result of a "life event" provided application is made within 30 days of the qualifying event. Qualified life events in your family or enrollment status can include:

- Marriage
- Birth or adoption of a child
- Start or loss of your spouse/same-sex domestic partner's employment
- Change in employment status (for you or your spouse/same-sex domestic partner), from part-time to full-time or from full-time to part-time)
- Divorce or termination of same-sex domestic partnership
- Death of your spouse/same-sex domestic partner or other dependent

Enrollment & Eligibility Questions or Issues

The School of Medicine has a dedicated staff to assist you with enrollment in the student health insurance and University Health Services at 147 Broadway Research Building, 733 N. Broadway, Baltimore, MD 21205. Benefits Desk 410-614-3301 or email sombenefits@jhmi.edu.

What is Covered by the 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 70% - 100% of most medical needs after you satisfy an annual plan year \$100 deductible for individual or \$300 per family. The plan includes a 3 tier co-pay pharmacy benefit for prescriptions. You are covered worldwide and can see a physician of your choice. See the Medical Benefits-At-A-Glance in this brochure for a summary of most services covered by the plan.

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 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 you have been referred to the Emergency Room by your physician. Please ask your physician’s office to document the referral by contacting EHP within 72 hours.

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.

Diagnostic Tests: Most diagnostic tests are covered at 90%, subject to deductible, if provided by an in-network provider. Be certain to give full SHP information to the appropriate billing office where services are provided. To better serve the SHP participants, 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 also available for use.

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:

PRESCRIPTION DRUGS			
Prescription Drugs	In Network Retail Pharmacy (30 day supply)	In-Network Retail Pharmacy (90-day supply for maintenance drugs)	Mail Order (90 day supply)
Generic	\$10 Copay	\$30 Copay	\$20 Copay
Preferred Brand	\$20 Copay	\$60 Copay	\$40 Copay
Non Preferred Brand	\$35 Copay	\$105 Copay	\$70 Copay

If the 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 available online at www.ehp.org under “Find a Pharmacy.” A cost saving mail order prescription program is available for the convenient purchase of maintenance prescriptions. Please Note: The prescription plan covers oral contraceptives.

Exclusions: Prescriptions are covered if written by a primary care physician or specialist with whom you have formally established care. 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.

Pediatric Care

Primary Pediatric Care: Children of eligible participants are covered for care provided by a pediatrician of their choice. It is very important that as soon as possible after arrival, arrangements be made with a pediatrician for the care of dependent children.

Pediatric Specialty Care Visits are covered per the Medical Benefits-at-a-Glance

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. 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. If your 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.

Pediatric Tests: Fees for diagnostic tests ordered in connection with an illness or disease are generally covered at 90%, subject to deductible, if provided by an in-network provider. Testing in conjunction with well-child care examinations is covered by SHP. For testing in conjunction with well child care coverage refer to Medical Benefits-At-A-Glance. Be certain to give full information to the appropriate billing office where services are provided.

Pediatric Mental Health Services: Mental health services are available to children of eligible participants and should be arranged through referrals made by your pediatrician or the child’s school.

Pediatric Immunizations: Immunizations for children, including pediatric flu vaccines, are provided by the pediatrician and are covered by the SHP.

Pediatric Vision Care: Routine pediatric eye exams are not covered. Exams for a specific problem are covered.

Benefits Exclusions: Please refer to the Student Health Program Summary Plan Description for items listed under What's Not Covered.

The House Staff Insurance Supplement Fund (FUND)

A FUND to offset the SHP out-of-pocket maximum provides reimbursement to house officers, spouses, same-sex domestic partners, and children for the SHP deductible and copayments up to \$2,000 for individuals and \$6,000 for family expenses incurred. This limits SHP out-of-pocket expenses to \$1,000 per individual and \$3,000 per family each plan year (July – June).

How Do I Enroll?

In order to maximize coverage, eligibility for the FUND is contingent upon completion of the SHP enrollment application upon commencement of appointment. It is the responsibility of the house officer to inform the Registrar's Office within 30 days if there are changes in marital status or number of dependents during the year.

Billing Documentation:

Once a claim has been filed with SHP, you may receive two documents for each provider service rendered: a bill and an Explanation of Benefits (EOB).

1. Your health insurance plan 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 the plan 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.) may send you a bill for the balance once the insurance plan 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 insurance plan has paid the provider. This is a real bill and you need to make sure the balance gets paid (see below).

How Do I Submit Claims to the FUND?

Once you have met the required \$1,000 individual or \$3,000 family SHP out-of-pocket coinsurance, you may begin to submit bills to the UHS Benefit Office for review and payment. Please submit the insurance Explanation of Benefits (EOB) that you receive from EHP along with an itemized bill from your provider to the UHS Benefits Office.

Payment of Bills:

Hold on to all EOB's and bills. DO NOT IGNORE THESE DOCUMENTS. You will need these in their original form for submission to the UHS Benefits Office. However, you may wish to keep a photocopy for all documents for your own records. Bring or mail the EOB and provider bill, including bills for routine eye exams, to the UHS Benefits Office for review and payment.

House Staff Insurance Supplement Fund
c/o UHS Benefits Office, Blalock 144
600 N. Wolfe Street
Baltimore, MD 21287

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.

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 SHP and/or the FUND prior to seeking care.
- The program administrator will have final authority concerning any interpretations of the services covered and exclusions.

Faculty and Staff Assistance Program (FASAP)

The Johns Hopkins Faculty and Assistance Program (FASAP) provides mental health services to School of Medicine house officers and their immediate family members at no cost. FASAP services include: Identification, assessment, and diagnosis of personal, family, school, and work-related problems, brief problem resolution and consultation, preventive and educational sessions, support and discussion groups, referrals to appropriate and accessible services and resources. For more information, visit the FASAP website at <http://www.jhu.edu/hr/fasap/>.

University Health Services (UHS)

Eligibility

All full-time house officers and their spouse/same-sex domestic partner are enrolled in University Health Services (UHS). The institution pays the annual fee of \$450. Enrollment in University Health Services gives you access to adult primary care and outpatient adult mental health services as long as the house officer maintains an active appointment in the School of Medicine. Upon graduation, you and your spouse/same-sex domestic partner should make arrangement to establish with a non-UHS provider for primary care and mental health needs unless being appointed to a postdoctoral fellowship in the School of Medicine.

Adult Primary Care

The UHS offers adult primary care services including routine gynecological examinations, pap smears, and the treatment of uncomplicated problems. For more complicated problems, you will be referred to Obstetrics and Gynecology. UHS offers routine immunizations to house officers and adult dependents. Note: Hepatitis B vaccines are provided to the house officer only by Occupational & Environmental Health, not by UHS. UHS does not provide travel immunization services.

Location & Hours: UHS Health Center is located at 401 N. Caroline Street. The hours of operation are from 8:00 a.m. to 5:00 p.m., Monday through Friday, with evening hours available once a week. UHS Health Center is not a walk-in clinic. Please call for an appointment in advance to avoid scheduling conflicts. If you cannot keep a scheduled appointment, please call to cancel as soon as possible.

UHS Physicians: Care is provided by faculty and professional staff of the Johns Hopkins School of Medicine. Members of the house staff are not recognized as participating physicians. Biographical information and photographs of the physicians and staff working in the Health Center, as well as their contact information, are listed on the UHS website: <http://www.hopkinsmedicine.org/uhs>.

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.

University Mental Health

University Mental Health (UMH), which is part of UHS, offers a confidential source for house officers and eligible spouses/same-sex domestic partners seeking outpatient mental health help for more serious mental health conditions. For more information regarding the specific services provided, visit the UMH website at http://www.hopkinsmedicine.org/uhs/UMH/University_Mental_Health.html.

Location: The University Mental Health Office is located at 401 N. Caroline Street.

Accessing Care: If you desire an appointment, call 410-955-1892 to be scheduled with one of the University Mental Health professionals. During your first visit your needs will be evaluated and a comprehensive mental health evaluation will be conducted. Medications and/or psychotherapy techniques may then be utilized for your treatment. For specialized services unavailable through UMH, referrals for continued treatment may be made to a mental health professional either on or off the Johns Hopkins Hospital campus.

Duration of Care:

Treatment duration and frequency will be determined after the initial evaluation and will be reassessed periodically thereafter depending on your condition and progress. Although most cases are expected to require short term psychotherapy, there are cases in which long term treatment or specialized services may be required to address the problem. These services will be provided by UMH or, if not available, through appropriate outside referral using the house officer/spouse's insurance. The program's Psychiatrists/mental health professionals will recommend a treatment plan tailored to each individual case.

Psychiatric Emergencies: In an emergency a psychiatrist is always available. During the day, a psychiatrist can be reached through University Mental Health (410-955-1892). At night or on weekends, you should call 410-955-1892 for the psychiatrist on-call. After dialing the number, please wait for instructions.

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.

Description of Additional Services Provided

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, or if you have any questions about the seriousness of your medical needs, 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 physician is a UHS or University Mental Health provider, and you need to reach them after hours, please call 410-955-4331 for medical/surgical emergencies, or, for psychiatric emergencies 410-955-1892. You will be given medical advice and, if necessary, referred to an urgent care center or emergency room. If your primary care or mental health provider is not a UHS or UMH physician, please contact your physician's office for advice. Visits to urgent care, including Patient First (www.patientfirst.com) are covered by the SHP.

Obstetrical Care: Preliminary counsel with respect to matters of reproductive health may be provided by your primary care physician. Once pregnancy is confirmed, you may access an OB provider through the SHP. In deciding on a provider you may want to consider any liability you may have after your insurance payment.

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 only if required as part of a required or elective rotation. Following immunization, submit the bill for payment, or the receipt for reimbursement if you paid, to the UHS Benefits Office. UHS does not provide travel immunization services.

Adult Immunizations

The SHP covers the cost of adult immunizations. Hepatitis B vaccines are provided to the house officer only by Occupational & Environmental Health. All other routine immunizations (except travel immunizations) are provided at UHS free of charge for active house officers and spouse/same-sex domestic partners.

Adult Vision Care

One comprehensive eye exam/contact lens evaluation per plan year is provided by the Wilmer Institute Comprehensive Eye Service. 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

As the SHP insurance does not cover the 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.

Other Resources

UHS Benefits Office

University Health Services has a Benefits Office dedicated to house officers. The UHS Benefits Office is located in the Hospital, Blalock 144. Office hours are from 8:30 a.m. to 5:00 p.m., Monday through Friday. Questions about billing, benefits, or the FUND should be directed to this office at 410-955-3872.

Please note: You will not receive a bill for a visit to UHS. However, your spouse/same-sex domestic partner may receive an EOB for a visit to the UHS Health Center but you will not be balance billed. UHS will be listed as the provider in the top right corner of the EOB. For visits to specialists, you may receive both an EOB and a provider bill.

Health Care Flexible Spending Account

House officers can save money on eligible health care expenses when they use the health care flexible spending account. Here's a quick summary of how the flexible spending accounts work:

- You choose how much you want to contribute for the calendar year
- Your contributions are taken out of your pay on a pre-tax basis (for federal and Maryland tax purposes)
- During the year, you may draw money from your flexible spending account using a WageWorks reimbursement card, the Pay My Provider service, online bill pay or traditional claims reimbursement to pay eligible expenses with your tax-free dollars.

What is a Flexible Spending Account?

Flexible Spending Accounts (FSAs) help you save money by allowing you to deduct tax-free dollars from your pay to cover certain health care expenses you incur during the year.

Who Can Participate?

Effective July 1, 2011, house officers whose compensation is in the form of a wage will be eligible to participate in a Health Care Flexible Spending Account (HCFSA). House officers whose compensation is in the form of a stipend are not eligible for this plan under IRS regulations. If you file a non-resident alien or dual status tax return, you are also ineligible for this plan under IRS regulations.

How Much Can You Contribute?

House staff members may contribute up to \$5,000 annually on a pre-tax basis to pay for eligible medical, dental, and vision expenses for themselves, their spouses, and their dependent children. Eligible expenses include prescription drug copayments, insurance deductible and coinsurance, dental expenses, eyeglasses, contact lenses, and more.

Plan Carefully

Plan carefully because any money you contribute to the plan that is not used is forfeited. The Student Health Program (SHP), the health insurance component of your benefits, has an out-of-pocket maximum of \$3,000 for an individual and \$9,000 for a family but the institution has a House Staff Insurance Supplemental Fund (the FUND) which helps offset expenses of the Student Health Program (SHP) deductible and coinsurance up to \$2,000 for an individual and \$6,000 for a family thereby limiting your out-of-pocket expenses to \$1,000 for an individual and \$3,000 for a family. Please consider this additional benefit when planning your contribution to the HCFSA.

What is the Benefit Period?

For 2011, the plan year is July 1 – December 31. For each subsequent year, the plan year is January 1 – December 31. You will have an opportunity in the fall of 2011 to elect to participate in the HCFSA for the plan year January 1, 2012 through December 31, 2012. You cannot roll any money from one plan year to another, nor can you transfer money to/from a Dependent Care Flexible Spending Account. Any money not used will be forfeited.

For the plan year July 1 – December 31, 2011, the date of service for expenses must fall during this period. For the subsequent plan years, the date of service must be during the calendar year.

How Does This Plan Work?

You will receive a debit card from the plan administrator, WageWorks, with a monetary limit based on your election.

Eligible Expenses

Generally, any health care expense considered by the IRS as an expense for “medical care” is eligible for reimbursement from your Health Care Flexible Spending Account, provided the expense is not reimbursed from any other source. This includes health care expenses for anyone you claim as a dependent on your tax return, regardless of whether that dependent is covered under the Student Health Program.

Note: Same-sex domestic partners and children of same-sex domestic partners are covered under both medical and dental plans. But, under federal tax law, neither the Dependent Care Flexible Spending Account nor the Health Care Flexible Spending Account may be used for expenses of same-sex domestic partners or the children of same-sex domestic partners unless they qualify as your eligible dependent under the specific federal tax law definitions that apply to Dependent Care and Health Care Flexible Spending Accounts.

Claims Deadline

You have until April 30 of the next year to file claims for reimbursement of expenses incurred through December 31 of the prior year. Your claim must be received by WageWorks no later than April 30. After April 30, you forfeit any money that remains in your account.

For More Information

Visit our website <http://www.hopkinsmedicine.org/som/gme/residents/index.html>, email the benefits desk in the Registrar’s Office at sombenefits@jhmi.edu or call the benefits desk at 410-614-3301.

Definitions

Child: Children are covered through age 25.

Coinsurance: Your percentage share for certain medical expenses after the deductible is met.

Copay or Copayment: The set dollar amount you pay for certain medical services.

COBRA: The Consolidated Omnibus Budget Reconciliation Act (COBRA) allows extension of medical insurance coverage for defined periods of time at your own expense providing application is made within 60 days of the termination of your appointment.

Deductible: The amount you must pay for services each annual plan year before the SHP begins to pay for benefits. There is no deductible for prescriptions.

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.

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 Student Health Program.

House Staff Insurance Supplement Fund (FUND): A FUND to offset SHP out-of-pocket medical expenses by providing reimbursement to house officers for eligible expenses incurred by the house officer, their spouse/same-sex domestic partner, and children in excess of \$1,000 per individual or \$3,000 per family up to the SHP out-of-pocket maximum.

Health Care Flexible Spending Account (HCFSA): Money contributed on pre-tax basis to an account used to reimburse out-of-pocket expenses for eligible medical expenses not otherwise covered by insurance or any other plan (including the FUND).

HCFSA Plan Year: July 1, 2011 – December 31, 2011 then January 1 – December 31 for subsequent years

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 plan year 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 plan 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, or charges for services which are not covered.

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.

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.

Student: Enrolled as a student 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 officer, postdoctoral students, and trainees).

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

SHP Plan Year: July 1 – June 30

Summary Plan Description (SPD): Legal document outlining benefits provided under the Student Health Plan (SHP).

University Health Services (UHS): A system of care which provides health services to eligible students, house officers, fellows, trainees and dependents in the Johns Hopkins School of Medicine, Bloomberg School of Public Health and School of Nursing. UHS includes the UHS Health Center, the UHS Billing/Benefits Office, and University Mental Health.

UHS Benefits Office: The UHS Benefits Office assists you with billing and benefits inquiries and makes payments to approved providers for eligible medical services rendered. The UHS Benefits Office is located at Blalock 144, Johns Hopkins Hospital.

UHS Health Center: The adult primary care center for eligible participants and adult dependents providing most medical care and referrals to specialists. The UHS Health Center is located at 401 N. Caroline Street.

UHS Health Fee: An annual fee assessed to all full-time students (generally includes degree candidates, visiting students, house officers, postdoctoral students, and trainees) in the Johns Hopkins University School of Medicine, Johns Hopkins University Bloomberg School of Public Health, Johns Hopkins University School of Nursing for access to the services provided by UHS and UMH.

University Mental Health (UMH): University Mental Health offers mental health care to eligible house officers, students, fellows, and adult dependents. UMH is located at 401 N. Caroline Street.

Medical Benefits At-A-Glance

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

Services and Supplies	Option 1 In Network Providers All Services Subject to Deductible*	Option 2 Out of Network Providers All Services Subject to Deductible
PLAN YEAR DEDUCTIBLE (All Options Combined)		
Individual	\$100	\$100
Family	\$300	\$300
COINSURANCE OUT OF POCKET MAXIMUM PER PLAN YEAR (All Options Combined)		
Individual	\$3000	\$3000
Family	\$9000	\$9000
TREATMENT OF ILLNESS OR INJURY		
Primary Care Office Visit (over 19 years of age)	80%	70% of R&C
Adult Specialty Care Office Visit	90%	70% of R&C
Pediatric Care Office Visit (under 19 years of age)	100%	90% of R&C
Pediatric Specialty Care Office Visit (under 19 years of age)	90%	70% of R&C
Podiatry Care Office Visit	90%	70% of R&C
LABORATORY AND X-RAY PROCEDURES		
Laboratory Tests, Imaging Exams, X-rays and Ultrasound	90%	70% of R&C
SURGICAL PROCEDURES		
Professional Services for Inpatient and Outpatient Surgery	80% (1)	70% of R&C (1)
Reconstructive and/or Surgically Implanted Prosthetics	80% (1)	70% of R&C (1)
Gastric Bypass Surgery (must be coordinated by Clinical Case Management)	80% (2) at JHH institutions only	Available under Option 1 only

Services and Supplies	Option 1 In Network Providers All Services Subject to Deductible*	Option 2 Out of Network Providers All Services Subject to Deductible
PREVENTIVE SERVICES		
Adult General Physical Exam	100%, deductible waived	70% of R&C
Well-Child Care: Office Visits, Immunizations and PKU, Flu Vaccine, Urinalysis and Lead Testing	100%, deductible waived	90% of R&C
Mammograms (screening) (once per 12 month period)	100%, deductible waived	90% of R&C
Annual Pap (pathology) (once per 12 month period)	100%, deductible waived	70% of R&C
Colonoscopy (screening)	100%, deductible waived	70% of R&C
Annual GYN Exam (once per 12 month period)	100%, deductible waived	70% of R&C
Adult Immunizations and Inoculations Gardasil covered for the FDA approved age range of 9-26 years of age	100%, deductible waived	70% of R&C
ALLERGY TESTS AND PROCEDURES		
Allergy Tests	90%	90% of R&C
Desensitization Materials and Serum	80%	80% of R&C
PHYSICAL/OCCUPATIONAL THERAPY		
Excludes Maintenance Therapy	80%	80% of R&C
CHIROPRACTIC CARE		
Restricted to Initial Evaluation, X-Rays and Spinal Manipulations (limited to \$1,000 maximum per plan year)	80%	80% of R&C
REPRODUCTIVE HEALTH		
Physician Office Visits (prenatal care only)	90%	70% of R&C
Charges for Delivery and Related Anesthesia	90% (1)	70% of R&C (1)
Newborn Care (initial and discharge visits only)	90% (1)	90% of R&C (1)
Newborn Care (all other inpatient visits)	80% (1)	80% of R&C (1)
Birthing Center (licensed facility only)	90% (1)	90% of R&C (1)
Voluntary Sterilization	80% (1)	80% of R&C (1)

Services and Supplies	Option 1 In Network Providers All Services Subject to Deductible*	Option 2 Out of Network Providers All Services Subject to Deductible
URGENT CARE CENTER		
Physician Visit	100%	80% of R&C
EMERGENCY SERVICES		
Emergency Care (facility and professional fees) (i.e., the onset of a sudden and serious condition requiring immediate care)	100% for services within 72 hours after onset of emergency, then 80%	100% of R&C for services within 72 hours after onset of emergency, then 80% of R&C
CHEMOTHERAPY/RADIATION THERAPY		
Physician Visit	100%	80% of R&C
Physician Materials	80%	80% of R&C
ACUPUNCTURE		
\$300 Maximum per plan year Must be coordinated by Clinical Case Managers	80%	70% of R&C
AMBULANCE TRANSPORTATION		
To and/or from a Hospital Only	80%	80% of R&C
HOME HEALTH CARE		
Must be provided by a Licensed Health Care Organization Medically necessary services coordinated by Clinical Case Managers	100% for 1st 90 visits per plan year, then 80% (1)	90% of R&C for 1st 90 visits per plan year, then 80% of R&C (1)
HOSPICE CARE		
Inpatient and Home	100% (1)	100% of R&C (1)
SPEECH THERAPY		
Restorative, Non-Developmental Therapy Only Must be coordinated by Clinical Case Managers	80% (1)(3)	80% of R&C (1)(3)
DURABLE MEDICAL EQUIPMENT		
Equipment, Prosthetic Appliances, and Medical Supplies	80%	80% of R&C (1)

Services and Supplies	Option 1 In Network Providers All Services Subject to Deductible*	Option 2 Out of Network Providers All Services Subject to Deductible
NUTRITION COUNSELING		
Limited to 1 initial consultation and 1 follow-up visit (Additional visits must be medically necessary and coordinated by Clinical Case Managers)	90%	70% of R&C
HOSPITAL CARE		
Inpatient Care (semi-private, unless private room is medically necessary)	100% for 1st 30 days, then 80% (1)	100% of R&C for 1st 30 days, then 80% of R&C (1)
Intensive Care	100% for 1st 30 days, then 80% (1)	100% of R&C for 1st 30 days, then 80% of R&C (1)
Other Inpatient Services	100% for 1st 30 days, then 80% (1)	100% of R&C for 1st 30 days, then 80% of R&C (1)
Inpatient Physician Services (excluding surgical services)	80% (1)	80% of R&C (1)
Skilled Nursing Rehabilitation Facility	100% for 1st 30 days, then 80% (1)	100% of R&C for 1st 30 days, then 80% of R&C (1)
Outpatient Services (including outpatient testing prior to outpatient surgery)	90%	90% of R&C
Outpatient Surgery Facility Charges (including freestanding surgical centers)	90% (1)	90% of R&C (1)
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES		
Professional Fees for Outpatient Mental Health Care	90%	90%
Professional Fees for Inpatient Mental Health Care	80%	80% of R&C
Facility Charges for Inpatient Mental Health Care	100% for 1st 30 days, then 80% (1)	100% of R&C for 1st 30 days, then 80% of R&C (1)
Facility Charges for Alcohol and Substance Abuse Care	100% for 1st 30 days, then 80% (1)	100% of R&C for 1st 30 days, then 80% of R&C (1)
Professional Fees for Inpatient Alcohol and Substance Abuse Care	80%	80% of R&C
Professional Fees for Outpatient Alcohol & Substance Abuse Care	100%	80% of R&C

PRESCRIPTION DRUGS			
Prescription Drugs	In Network Retail Pharmacy (30 day supply)	In-Network Retail Pharmacy (90-day supply for maintenance drugs)	Mail Order (90 day supply)
Generic	\$10 Copay	\$30 Copay	\$20 Copay
Preferred Brand	\$20 Copay	\$60 Copay	\$40 Copay
Non Preferred Brand	\$35 Copay	\$105 Copay	\$70 Copay

* Deductible applies except for specific benefits where deductible is waived as noted.

(1) Failure to obtain pre-certification may result in a penalty or possible denial of benefits.

(2) Pre-Certification is required. The member must meet criteria and the procedure must be medically reviewed and approved prior to surgery. All services must be provided at a Johns Hopkins institution.

(3) 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 an illness or injury). Speech therapy for developmental disorders, such as stuttering, articulation disorders, tongue thrust, lisping, etc. is Not Covered.

“R&C” (Reasonable and Customary Charge) is explained under the heading “Payment Terms You Should Know” in your Summary Plan Description (SPD). You are responsible for any charges above R&C. All benefits are subject to medical necessity. This is not a complete description of benefits. For more information, please refer to the SPD at www.hopkinsmedicine.org/som/gme/residents/index.html

Student Advisory Committee

UHS welcomes student input and suggestions. To assist in this process, a UHS Student Advisory Committee meets monthly from September to June. Representatives from each student body interact closely with UHS in planning and implementing various policies and provide a direct link between students and UHS administration.

For the names of your representatives, contact your student body.

- House Staff Council www.hopkinsmedicine.org/housestaffcouncil

UHS Advisory Board

Spyridon S. Marinopoulos, M.D., M.B.A.

Chair

Director, University Health Services

Sandra S. Angell, R.N., M.L.A.

Associate Dean for Student Affairs

Johns Hopkins University School of Nursing

Stephen Bazzetta

Director of Operations, Student Affairs

Bloomberg School of Public Health

Joseph G. Bezek, M.B.A.

Senior Director of Finance

Clinical Practice Association

Johns Hopkins University School of Medicine

Frederick L. Brancati, M.D., M.H.S.

Director, Division of

General Internal Medicine

Johns Hopkins University

Patricia M.C. Brown

President

Johns Hopkins HealthCare, LLC

Glory Christy, R.N.

Clinic Manager

University Health Services

J. Raymond DePaulo, M.D.

Chairman, Department of Psychiatry

Johns Hopkins University School of Medicine

James Erickson, M.B.A.

Executive Director of Finance

Johns Hopkins University School of Medicine

Kevin Fogarty

Senior Director Finance

Johns Hopkins University School of Medicine

Mary E. Foy

Associate Dean/Registrar

Johns Hopkins University School of Medicine

Helene T. Grady

Associate Dean, Finance & Administration

School of Nursing

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Vice President and Chief Financial Officer

Johns Hopkins Medicine

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Senior Administrative Manager

University Health Services

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Johns Hopkins University School of Medicine

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Redonda Miller, M.D., M.B.A.

Vice President for Medical Affairs

Johns Hopkins Hospital

David Nichols, M.D.

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Bloomberg School of Public Health

Levi Watkins, M.D.

Associate Dean for Postdoctoral Affairs

Johns Hopkins University School of Medicine

Darnell Williams

Assistant Manager

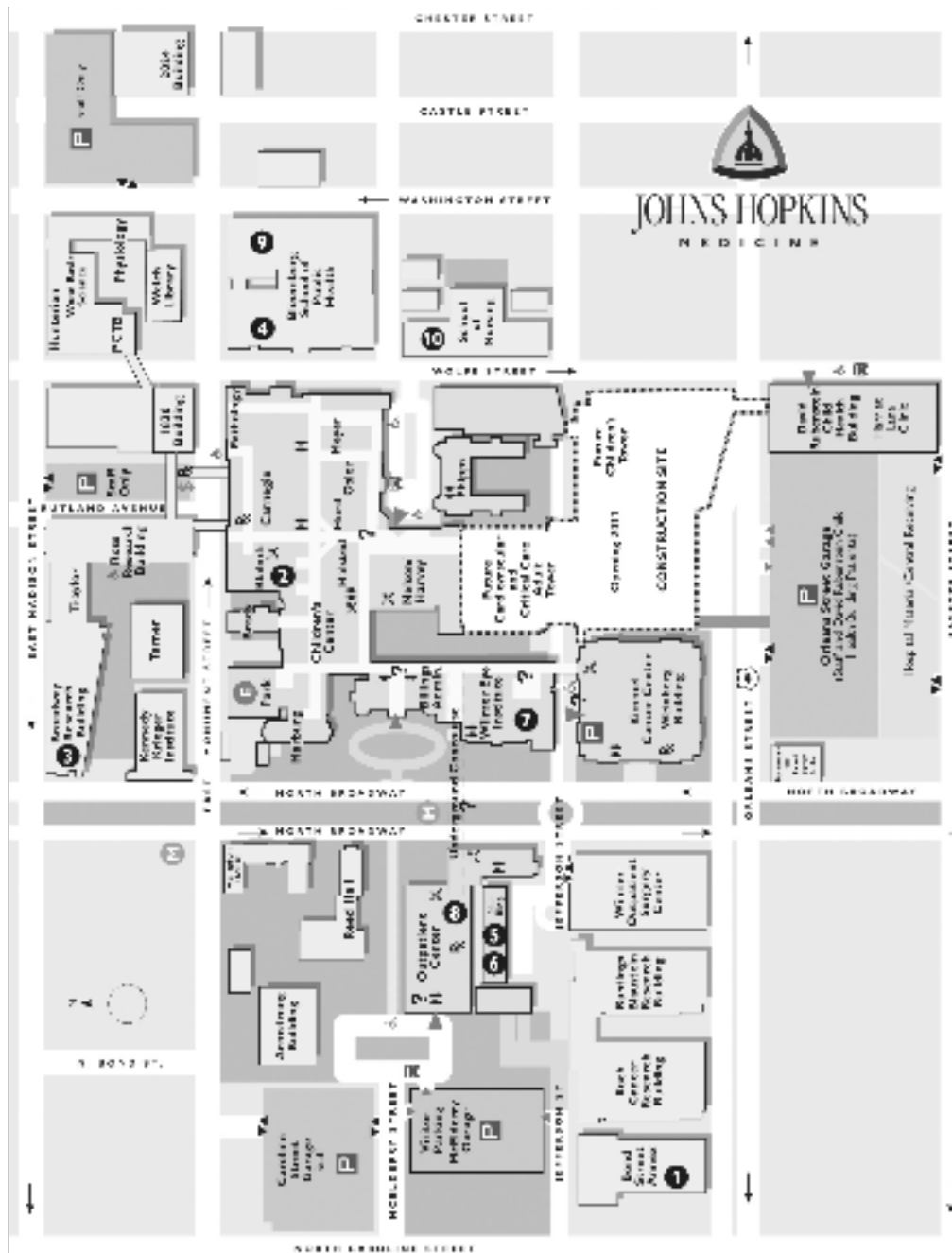
University Health Services

Myron L. Weisfeldt, M.D.

Chairman, Department of Medicine

Johns Hopkins University School of Medicine

Map of East Baltimore Campus



LEGEND:

- 1 401 N. Caroline Street (UHS Health Center)
- 2 144 Ballock (UHS Benefits Office)
- 3 147 BRB (Registrar's Office)
- 4 W1101 School of Public Health Building (Student Accounts Office)
- 5 550 Building Room 403 (Student Mental Health)
- 6 550 Building Room 507 (FASAP/SAP)
- 7 Wilmer Institute Comprehensive Eye Service
- 8 Johns Hopkins Outpatient Center (Travel Medicine)
- 9 E1002 School of Public Health Building (Student Affairs Office)
- 10 School of Nursing Room 336 (Student Accounts Office)