



Dear Student, Parent or Guardian:

We are pleased to provide you with this overview of the Johns Hopkins University Student Health Benefits Plan (SHBP). This SHBP is administered by Wellfleet Group, LLC and is contracted with Cigna for the plan's provider network of hospitals, physicians, and other health care providers.

Your plan includes:

- Coverage while at school and at home
- Comprehensive coverage both for emergency and non-emergency situations
- Access to the Cigna PPO network

BENEFIT SUMMARY*		
Aggregate Benefit Maximum	Unlimited	
	IN-NETWORK	OUT-OF-NETWORK
Out-of-Pocket Maximum	\$3,000 Ind \$9,000 Family	\$3,000 Ind \$9,000 Family
Annual Deductible (Per Person)	\$150 (reduced to \$75 per condition with referral from Health Center and/or Counseling Center)/\$450 Family Maximum	
Preventive Care (Deductible does not apply)	100% of PA*	84% of R&C*
Inpatient Hospital Expense	90% of PA	70% of R&C
Primary Care Office Visit	100% of PA After \$20 copay	100% of PA After \$20 copay
Specialist Office Visit	90% of PA	70% of R&C
Mental Health Office Visit	100% of PA	90% of R&C
Emergency Room Expense (Co-pay waived if admitted)	100% of PA After \$50 copay	100% of R&C After \$50 copay
Urgent Care Center (Deductible Waived)	100% of PA after \$50 copay	100% of R&C after \$50 copay
Outpatient Laboratory Expenses	90% of PA	70% of R&C
Prescription Drug Benefits –	\$15 copay for generics \$25 copay for brand name	\$15 copay for generics \$25 copay for brand name
Medical Evacuation & Repatriation	100% of Actual Cost	
*PA= Preferred Allowance *R&C =Reasonable & Customary		
*This summary is provided as a courtesy and is not meant to replace or override the terms and conditions detailed in the Plan Document. Please refer to the Plan Document to verify medical coverage, eligibility, exclusions, limitations, and for more detailed information.		

Your plan also offers the following value-added services:

- Vision Discount Program
- Medical Travel Assistance

Johns Hopkins University Benefits Requirements

Johns Hopkins University requires that all full-time domestic students purchase the health plan unless proof of comparable coverage is provided. International students on F1/J1 visa status are required to enroll in the Student Health Benefits Plan.

Non-resident graduate students, graduate study abroad students and visiting graduate and undergraduate students are eligible to enroll in the Plan. Advanced Academic Program and Engineering for Professionals students carrying a full-time course load are also eligible to enroll in the Plan. Coverage for eligible Dependents is available. Students should complete their enrollment or waiver by August 26, 2023 to avoid a registration or financial hold. **The final enrollment/ waiver deadline is September 15, 2023.**

2023/2024 Waiver Deadlines

All full-time students will be billed via their university student account.

If you have comparable coverage, you may be eligible to waive the Johns Hopkins University Student Health Benefits Plan and the associated charge.

Waiver requests should be submitted through Academic Health Plans (AHP) for students after July 1st. You will need your current health insurance ID card ready in order to waive the Student Health Benefits Plan.

If you do not complete the AHP online waiver by September 15, 2023 the plan benefits charge will remain on your account and you will be covered by the University's Student Health Benefits Plan for the academic year.

I need to:	Visit:
<ul style="list-style-type: none"> • Waive the JHU Student Health Benefits Plan • Enroll dependents in the JHU Student Health Benefits Plan, 	<p>Academic Health Plans (855) 423-1678 www.jhu.mycare26.com</p>
Print ID Card, View Plan Benefits, Claims Processing	<p>Wellfleet (877) 657-5044 www.wellfleetstudent.com</p>
Learn about: <ul style="list-style-type: none"> • Preferred Provider Listings • Claims Processing 	<p>Wellfleet (877) 657-5044 www.wellfleetstudent.com</p>
Find a Provider	<p>Cigna PPO www.cigna.com or www.wellfleetstudent.com (877) 657-5044</p>
Find a Prescription Drug Provider	<p>WellfleetRX/ESI www.wellfleetstudent.com (877) 657-5044</p>

Cost and Period of Coverage		
Covered	Fall Semester Rate 8/15/2023-12/31/2023	Spring Semester Rate 1/1/2024-8/14/2024
Student	\$1,168.50	\$1,947.50

