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*

BENEFIT SUMMART						
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 Individual / \$450 Family					
iN						
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 P/ After \$20 cop					
Specialist Office Visit	90% of PA	70% of R&C				
Mental Health Office Visit	90% of PA	90% of R&C				
Emergency Room Expense (Co-pay waived if admitted)	100% of PA After \$50 copay 100% of R& After \$50 cop					
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 terms and conditions detailed in the Plan Do Document to verify medical coverage, eligibil detailed informatic	cument. Please refer	to the Plan				

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 degree seeking students attending at least one in-person class 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 September 15, 2025 to avoid a registration or financial hold. **The final enrollment/ waiver deadline is September 15, 2025.**

2025/2026 Waiver Deadlines

All enrolled 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 1. 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, 2025 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.

A new waiver must be received each academic year.

I need to:	Visit:	
- Waive the JHU Student Health Benefits Plan - Enroll dependents in the JHU Student Health Benefits Plan,	Academic Health Plans (855) 423-1678 www.jhu.myahpcare.com	
Print ID Card, View Plan Benefits, Claims Processing	Wellfleet (877) 657-5044 <u>www.wellfleetstudent.com</u>	
Learn about: - Preferred Provider Listings - Claims Processing	Wellfleet (877) 657-5044 www.wellfleetstudent.com	
Find a Provider	Cigna PPO <u>www.cigna.com</u> <u>or</u> <u>www.wellfleetstudent.com</u> (877) 657-5044	
Find a Prescription Drug Provider	WellfleetRX/ESI www.wellfleetstudent.com (877) 657-5044	

Cost and Period of Coverage						
Summer 7/1/25 	<u>Term 1</u> 8/15/25 	<u>Term 2</u> 11/1/25 	<u>Term 3</u> 1/1/26 	<u>Term 4</u> 4/1/26 	<u>Annual</u> 8/15/25 	
8/14/25	10/31/25	12/31/25	3/31/26	8/14/26	8/14/26	
\$412.50	\$686.00	\$548.00	\$823.00	\$1235.00	\$3292.00	

