

Johns Hopkins University House Staff

Learner Health Insurance Plan 2024-2025



Eligibility

It is the policy of Johns Hopkins University that all full-time learners maintain adequate health insurance coverage to provide protection against unexpected accidents and illnesses. All full-time learners are automatically enrolled in the university sponsored learner health benefits plan. House Staff are not eligible to waive out of the plan.

What's Included?

- Medical Coverage through Wellfleet (Cigna PPO)
- Dental Coverage through Delta Dental
- Vision Coverage through EyeMed
- Coverage when traveling

More Information

For full details of participation in the plan, please view the complete brochure online at:
jhuhousestaff.myahpcare.com

Questions

To view Frequently Asked Questions or submit a request, please visit:
help.ahpcare.com

This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is **Cigna OAP**.

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Benefits (Deductible applies unless otherwise stated below)

| | IN-NETWORK PROVIDER Payments are based on the Preferred Allowance | OUT-OF-NETWORK PROVIDER Payments are based on Reasonable & Customary Charges |
|--|--|---|
| Benefit Maximum Per Insured Person, Per Policy Year | Unlimited | |
| Individual Deductible Per Insured Person, Per Policy Year | \$150 (Learners' Deductible reduced to \$75 with a referral from the Student Health & Wellness Center, Counseling Center) | |
| Family Deductible Per Family, Per Policy Year | \$450 | |
| Individual Out-of-Pocket Maximum Per Insured Person, Per Policy Year | \$3,000 | \$3,000 |
| Family Out-of-Pocket Maximum Per Family, Per Policy Year | \$9,000 | \$9,000 |
| Hospital Room and Board Expense | 90% | 70% |
| Inpatient/Outpatient Surgery | 90% | 70% |
| Primary Care Physician Visit | 100% after a \$20 Copay | 100% after a \$20 Copay |
| Emergency Room Expense | 100% after a \$50 Copay | 100% after a \$50 Copay |
| Laboratory and X-Ray Expense | 90% | 70% |
| Preventive Care (Deductible waived) For more information, please visit: healthcare.gov/coverage/preventive-care-benefits/ | 100% | 84% |
| Prescription Drugs 30-day supply per prescription | At Student Health & Wellness Center \$8 Copay | 100% after a Generic: \$15 Copay Brand Name: \$25 Copay |
| | | 100% after a Generic: \$15 Deductible Brand Name: \$25 Deductible Please Note: You must pay out-of-pocket for prescriptions at a Non-Preferred pharmacy and then submit the receipt for reimbursement. |

Rates & Coverage Periods

| | ANNUAL 07/01/2024 - 06/30/2025 |
|--------------------|-----------------------------------|
| Enrollment Periods | 06/01/2024 - 07/15/2024 |
| House Staff | \$5,508.00 |
| Dependent (+1) | \$6,840.00 |
| Family (2+) | \$11,016.00 |

Dependent premiums above are illustrative. Dependent premiums are paid for House Staff by Johns Hopkins.

To view all enrollment and coverage periods available, please visit jhuhousestaff.myahpcare.com