Johns Hopkins University School of Advanced International Studies: DC Campus

Student Health Insurance Plan 2023-2024



Eligibility

It is the policy of Johns Hopkins University that all full-time students maintain adequate health insurance coverage to provide protection against unexpected accidents and illnesses. Most full-time students are automatically enrolled in the university student-sponsored health benefits plan, and the plan premium will be charged to your university student account, unless proof of comparable health insurance is provided for students eligible to waive.

Those who are eligible to waive the insurance must do so annually. All International students with an active F1 or J1 Visa status, are *ineligible* to waive and are required to purchase the university plan.

There are some instances where a student's department covers the cost of health benefits. In these situations, students will see a credit on their SIS bill for medical, dental and/or vision coverage.

What's Included?

- Optional Dental Coverage through Delta Dental
- Optional Vision Coverage through EyeMed
- Coverage when traveling

More Information

For full details of participation in the plan, please view the complete brochure online at: jhuintlstudies-dc.mycare26.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**.

This document contains a summary of your school's student health insurance policy benefits and restrictions as of the date of its publication; the summary document may differ from the benefits in the approved policy of insurance. The final policy may be pending approval by applicable federal and state regulatory authorities. The final approved policy of insurance is accessible upon approval at ihuintlstudies-dc.mycare26.com.

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Benefits (Deductible applies unless otherwise stated below)

	IN-NETWORK PRO' Payments are based o Preferred Allowanc	n the	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 (Students' deductible reduced to \$75 with a referral from the Student Health & Wellness Center, Counseling Center or the Georgetown University Student Health Center)		
Family Deductible Per Family, Per Policy Year	\$450		
Individual Out-of-Pocket Maximum Per Insured Person, Per Policy Year	\$3,000		\$7,750
Family Out-of-Pocket Maximum Per Family, Per Policy Year	\$9,000		\$15,500
Hospital Room and Board Expense	90%		64%
Inpatient/Outpatient Surgery	90%		64%
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%		64%
Preventive Care (Deductible waived) For more information, please visit: healthcare.gov/coverage/preventive-care-benefits/	100%		84%
Prescription Drugs 30-day supply per prescription	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

	FALL 08/15/2023 - 12/31/2023	SPRING/SUMMER 01/01/2024 - 08/14/2024
Enrollment Periods	07/01/2023 - 09/15/2023	11/01/2023 - 02/10/2024
Student ¹	\$1,168.50	\$1,947.50
Dependent (+1)	\$1,168.50	\$1,947.50
Family (2+)	\$1,752.75	\$2,921.25

¹Dependent rates do not include the student rates. Auto-enrolled student coverage is charged directly to the students SIS (bursar) bill.

To view all enrollment and coverage periods available, please visit jhuintlstudies-dc.mycare26.com.