

Johns Hopkins University

Postdoctoral Fellows

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, unless proof of comparable health insurance is provided for learners eligible to waive.

Those who are eligible to waive the insurance must do so annually. All International learners with an active F1 or J1 Visa status, are *ineligible* to waive and are required to stay enrolled in the university 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: jhupostdocs.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	Enrollment will be based on date of hire Annual open enrollment is 06/01/2024 - 07/15/2024
Postdoc	\$0.00
Dependent (+1)	\$3,420.00
Family (2+)	\$5,664.00

Dependent rates do not include the Postdoc rate. Auto-enrolled coverage is paid by the postdoc fringe.

Salaried postdocs are charged for dependent coverage via payroll deductions, stipend postdocs must pay AHP directly for dependent coverage.

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