

# Johns Hopkins University

## School of Education

### Student Health Insurance Plan 2024-2025



#### 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 medical plan and have the option to elect dental and vision coverage. The medical plan premium will be charged to the student's university account, unless proof of comparable health insurance is provided for students eligible to waive. Voluntary enrollment into dental and vision coverage will be paid directly to AHP at the time of enrollment.

*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?

- 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:  
[jhusoe.myahpcare.com](https://jhusoe.myahpcare.com)

#### Questions

To view Frequently Asked Questions or submit a request, please visit:  
[help.ahpcare.com](https://help.ahpcare.com)

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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 (Students' 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: <a href="https://healthcare.gov/coverage/preventive-care-benefits/">healthcare.gov/coverage/preventive-care-benefits/</a>	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

	FALL 08/15/2024 - 12/31/2024	SPRING 01/01/2025 - 08/14/2025
Enrollment Periods	07/01/2024 - 09/15/2024	12/10/2024 - 02/10/2025
Student	\$1,168.50	\$1,947.50
Dependent (+1)	\$1,168.50	\$1,947.50
Family (2+)	\$1,752.75	\$2,921.25

Dependent 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 [jhusoe.myahpcare.com](https://jhusoe.myahpcare.com)