

Johns Hopkins University Visiting Students & Trainees

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: jhuvisitingstudents.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**.

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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 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	At Student Health & Wellness Center \$8 Copay	100% after a Generic: \$15 Copay Brand Name: \$25 Copay 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

	DAILY
Visiting Students & Trainees	\$8.52
Dependent (+1)	\$8.52
Family (2+)	\$12.78

Dependent rates do not include the visiting scholars/trainee rate

Visiting scholars/trainees will enroll directly with AHP based on appointment date. Daily rate for coverage will be calculated and paid directly to AHP.

To view all enrollment and coverage periods available, please visit jhuvisitingstudents.mycare26.com.