



Dear House Staff and Postdoctoral Fellows:

We are pleased to provide you with this overview of the Johns Hopkins University Learner Health Benefits Plan (LHBP). This LHBP is administered by Wellfleet Group, LLC and is contracted with Cigna for the plan's provider network of hospitals, physicians, and other health care providers.

Your plan includes:

- International and Domestic coverage
- Comprehensive coverage both for emergency and non-emergency situations
- Access to the Cigna PPO network

**Johns Hopkins University Benefits Requirements**

Johns Hopkins University provides all House Staff and Postdoctoral Fellows individual level medical coverage at no cost.

**Dependent Enrollment**

Learners who need to enroll their dependents into coverage must do so by the end of the annual open enrollment period, June 1<sup>st</sup> through July 15<sup>th</sup>, within 30 days of their appointment date as a new hire, or within 30 days of a qualified life event (QLE).

<b>BENEFIT SUMMARY*</b>		
<b>Aggregate Benefit Maximum</b>	Unlimited	
	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Out-of-Pocket Maximum</b>	\$3,000 Ind \$9,000 Family	\$3,000 Ind \$9,000 Family
<b>Annual Deductible (Per Person)</b>	\$150 Individual / \$450 Family	
<b>Preventive Care (Deductible does not apply)</b>	100% of PA*	84% of R&C*
<b>Inpatient Hospital Expense</b>	90% of PA	70% of R&C
<b>Primary Care Office Visit</b>	100% of PA After \$20 copay	100% of PA After \$20 copay
<b>Specialist Office Visit</b>	90% of PA	70% of R&C
<b>Mental Health Office Visit</b>	90% of PA	90% of R&C
<b>Emergency Room Expense (Co-pay waived if admitted)</b>	100% of PA After \$150 copay	100% of R&C After \$150 copay
<b>Urgent Care Center (Deductible Waived)</b>	100% of PA after \$50 copay	100% of R&C after \$50 copay
<b>Outpatient Laboratory Expenses</b>	90% of PA	70% of R&C
<b>Prescription Drug Benefits –</b>	\$15 copay for generics \$25 copay for brand name	\$15 copay for generics \$25 copay for brand name
<b>Medical Evacuation &amp; Repatriation</b>	100% of Actual Cost	
*PA= Preferred Allowance      *R&C =Reasonable & Customary		
*This summary is provided as a courtesy and is not meant to replace or override the terms and conditions detailed in the Plan Document. Please refer to the Plan Document to verify medical coverage, eligibility, exclusions, limitations, and for more detailed information.		

Your plan also offers the following value-added services:

- Vision Discount Program
- Medical Travel Assistance

<b>I need to:</b>	<b>Visit:</b>
<ul style="list-style-type: none"> <li>• Enroll dependents in the JHU Learner Health Benefits Plan</li> </ul>	<p><b>Academic Health Plans</b> (855) 423-1678 <a href="http://www.jhu.edu">Johns Hopkins University   Home (myahpcare.com)</a></p>
<ul style="list-style-type: none"> <li>• Print ID Card</li> <li>• View Plan Benefits</li> <li>• Claims Processing</li> </ul>	<p><b>Wellfleet</b> (877) 657-5044 <a href="http://www.wellfleetstudent.com">www.wellfleetstudent.com</a></p>
<p>Learn about:</p> <ul style="list-style-type: none"> <li>• Preferred Provider Listings</li> <li>• Claims Processing</li> </ul>	<p><b>Wellfleet</b> (877) 657-5044 <a href="http://www.wellfleetstudent.com">www.wellfleetstudent.com</a></p>
<p>Find a Provider</p>	<p><b>Cigna PPO</b> <a href="http://www.cigna.com">www.cigna.com</a> or <a href="http://www.wellfleetstudent.com">www.wellfleetstudent.com</a> (877) 657-5044</p>
<p>Find a Prescription Drug Provider</p>	<p><b>Wellfleet RX/ESI</b> <a href="http://www.wellfleetstudent.com">www.wellfleetstudent.com</a> (877) 657-5044</p>

