

For Employees of Most Maryland-Based  
Johns Hopkins Member Organizations



# 2024 OPEN ENROLLMENT NEWS

**Open Enrollment is Oct. 11–27**

**This is your chance to elect or change your  
benefits for 2024.**

**Here are the highlights for the upcoming year:**

- In 2024, Employer Health Programs (EHP) will offer the Johns Hopkins EPO, PPO and DPC health insurance plans.
- Employees and their family members enrolled in an EHP insurance plan can download the [Johns Hopkins OnDemand Virtual Care app](#) to a mobile device to access care 24/7 for nonemergency health concerns.
- [Access myBenefits](#) during the enrollment period to review all benefit offerings.

## KEY CHANGES

- There are modest changes to medical, dental and vision rates.
- Critical illness and hospital indemnity insurance coverages will transition from Aflac to Unum.
- For employees and dependents enrolled in the PPO plan, as well as dependents enrolled in the DPC plan, there will no longer be a higher copay for in-network primary care office visits at a nondesignated primary care physician (PCP). A \$10 copay will be charged for all in-network primary care office visits.

# BENEFITS FOR 2024

## Choosing Your Health Insurance Plan

Johns Hopkins EPO Plan	Johns Hopkins PPO Plan	Johns Hopkins DPC Plan
In-network care only	In-network and out-of-network care	In-network and out-of-network care
Lower biweekly premiums	Higher biweekly premiums	Higher biweekly premiums
Higher deductibles and out-of-pocket maximums	Lower deductibles and out-of-pocket maximums	Lower deductibles and out-of-pocket maximums
Reduced costs when using preferred network physicians, providers and facilities	Reduced costs when using preferred network physicians, providers and facilities	No costs for office visits with DPC physicians or providers

### EPO PLAN

The EPO plan is an exclusive provider plan. Most services provided by EHP preferred physicians, providers and facilities are covered at 90% (but they may not cost the least), while EHP in-network services are covered at 80%. Out-of-network services are not covered.

### PPO PLAN

The PPO plan is a preferred provider plan. It covers the same in-network services as the EPO plan, and it covers out-of-network services at 70%.

### DPC PLAN

The DPC plan is also a preferred provider plan with the addition of direct primary care. It has the same plan design as the PPO plan for in-network and out-of-network coverage. There is no cost for an office visit with a DPC physician or provider at the Johns Hopkins Howard County Medical Center in Columbia, Maryland. You will have access to the EHP network and the preferred network, which includes Cigna PPO physicians and providers. In addition, employees will receive a \$240 pre-funded lifestyle account, administered by Forma, to spend on certain lifestyle needs such as gym memberships, fitness classes and meditation app subscriptions.

**Please note:** For employees, their spouses, and dependents over age 18 enrolled in this plan, costs will be reduced for office visits if seen by a DPC physician. Employees enrolled in the DPC plan will be required to use a DPC physician or provider for all primary care, while covered adult dependents will have the option of using a DPC or other physician or provider.



### DENTAL PLANS

You will continue to have your choice of two dental plan options through Delta Dental: a comprehensive plan and a high plan, which offers orthodontic benefits.

To find a practitioner, visit [deltadentalins.com](https://deltadentalins.com).



### VISION PLAN

The vision plan, administered by Superior Vision, offers both in-network and out-of-network coverage options for vision care.

To find a physician or provider, use the [Find a Provider tool](#).



### VOLUNTARY BENEFITS

As in previous years, you can purchase additional, voluntary benefits (sometimes called supplemental insurance). These benefits include accident, critical

## UNDER ALL HEALTH INSURANCE PLANS

- Prescription drug coverage.
- 100% coverage for preventive care services from in-network physicians and providers, including diagnostic services for preventive exams, preventive mammograms and preventive colonoscopy.
- Access to nationwide physicians and providers through the Cigna network when you are enrolled in an EHP plan and need care outside the EHP preferred network. Your EHP in-network benefits apply.
- As we continue to harmonize plan structures across the health system, you may see modest changes to your premiums for medical, dental and vision plans to better align with premiums charged elsewhere in the health system.

illness, hospital indemnity insurance, and whole life insurance to supplement your employer-paid term life insurance. Information on these plans will be available at [mybenefitsjhhs.com](https://mybenefitsjhhs.com) during the enrollment process.

In our efforts to harmonize and enhance the employee experience, we are transitioning both the critical illness and hospital indemnity insurance coverages from Aflac to Unum. If you are currently enrolled in one or both of these plans, your election will seamlessly transition to Unum effective Jan. 1, 2024. Benefits will be enhanced for both plans, and for critical illness insurance, the rating methodology has changed and the premium will decrease for most employees. However, some employees will see a modest increase in the premium. During open enrollment, you can make changes to these coverages.

If you want to continue your current Aflac policy on a direct bill basis, you may do so. You will need to terminate your coverage during open enrollment for 2024 and submit the [required paperwork](#) to Aflac by Jan. 31, 2024. This process is handled directly through Aflac.



### **PTO REMINDER**

Since Jan. 1, 2023, most employees can only carry over to the next calendar year a maximum of one times their annual paid time off (PTO) hours. To prevent losing accrued hours and to promote well-being, we encourage all employees to use their PTO throughout the year.





# ENROLL FOR 2024

## Select Your Benefits and Enroll Online

Go to [mybenefitsjhhs.com](https://mybenefitsjhhs.com) Oct. 11–27 to make your benefits selections. Benefits become effective Jan. 1, 2024.

- 1 Review benefit plan details, then click on the enrollment link. If you are adding dependents, be sure to have dependent documentation (birth certificate and social security number, marriage certificate, etc.) ready before making your enrollment selections. **If proper documentation is not uploaded and approved, your dependent(s) will not have insurance coverage.**
- 2 Go to Benefits Marketplace, then click to enroll in benefits under the open enrollment option in SmartSource.
- 3 Review your benefit selections and complete the checkout process.
- 4 Print your confirmation statement and retain a copy for your records — you will need this if you have questions later about the benefits you

selected for 2024. **Remember to confirm your dependents and beneficiaries!**

If you do not make changes to benefits during the open enrollment period, your current benefit elections will remain the same in 2024 unless you want to enroll in a flexible spending account.

**To have a flexible spending account (FSA) for the 2024 plan year, you must enroll or re-enroll in this benefit and select your contribution amount during open enrollment. Elections from 2023 will not carry over to 2024.**

# OTHER BENEFITS

## Take Advantage of These Valuable Plans and Programs



### FLEXIBLE SPENDING ACCOUNTS

Keep more of the money you earn by enrolling in an FSA, which offers an easy way to save. Set aside money each paycheck for eligible expenses on a pretax basis. You can enroll in one or both of the following FSAs:

- **Health Care Flexible Spending Account**  
The maximum amount you may contribute per year is \$3,050. With a health care FSA, you can set aside pretax funds to pay for expenses such as deductibles, coinsurance, copayments, eyeglasses, contact lenses, prescription sunglasses, orthodontia, immunizations/vaccinations (including flu shots) and prescription drug costs.
- **Dependent Care Flexible Spending Account**  
The maximum amount you may contribute per year is \$5,000. A dependent care FSA reimburses you for expenses such as day care, before-school and after-school programs, nursery school or preschool, nanny services and adult day care.





## HEALTHY AT HOPKINS

We understand that everyone is on their own personal wellness journey. Healthy at Hopkins is here to support you and your team! **[View these resources](#)** for a full list of web-based meet-ups and interactive programs.

The Healthy at Hopkins portal fosters a social environment in which employees can stay connected with colleagues through programs such as the Race the Globe steps challenge, and a feature to invite non-Johns Hopkins friends and family members to join healthy lifestyle competitions. The portal also offers a variety of tools for meal planning, exercise and other activities, and health logs for blood pressure, cholesterol and body weight. You can even earn points for staying engaged through the rewards program.

Check out the Healthy at Hopkins portal by logging in at **[my.jh.edu](https://my.jh.edu)** and clicking on the Healthy at Hopkins logo under the HR tab.



# PLAN OVERVIEW

## A Choice of Three Health Plans from EHP

The tables below show some details of coverage that the plans offer.

Pharmacy coverage is provided under all three medical insurance plans.

Coverage Details	Johns Hopkins EPO Plan (in-network only)			Johns Hopkins PPO Plan			Johns Hopkins DPC Plan		
	Preferred Network**	EHP Network**	Out-of-network	Preferred Network**	EHP Network**	Out-of-network	Preferred Network**	EHP Network**	Out-of-network
<b>Annual Deductible</b>									
<b>per person</b>	\$500	\$500 (\$50K-\$120K), \$300 (>\$120K) (determined by salary tier)	\$750 (all salary tiers)	\$150 (<\$50K), \$200 (\$50K-\$120K), \$300 (>\$120K) (determined by salary tier)	\$750 (all salary tiers)	\$750 (all salary tiers)	\$150 (<\$50K), \$200 (\$50K-\$120K), \$300 (>\$120K) (determined by salary tier)	\$750 (all salary tiers)	\$750 (all salary tiers)
<b>per family</b>	\$1,000	\$300 (<\$50K), \$400 (\$50K-\$120K), \$600 (>\$120K) (determined by salary tier)	\$1,500 (all salary tiers)	\$300 (<\$50K), \$400 (\$50K-\$120K), \$600 (>\$120K) (determined by salary tier)	\$1,500 (all salary tiers)	\$1,500 (all salary tiers)	\$300 (<\$50K), \$400 (\$50K-\$120K), \$600 (>\$120K) (determined by salary tier)	\$1,500 (all salary tiers)	\$1,500 (all salary tiers)
<b>Annual Out-of-Pocket Max.</b>									
<b>per person</b>	\$3,000	\$1,500 (<\$50K), \$2,000 (\$50K-\$120K), \$3,000 (>\$120K) (determined by salary tier)	\$3,500 (all salary tiers)	\$1,500 (<\$50K), \$2,000 (\$50K-\$120K), \$3,000 (>\$120K) (determined by salary tier)	\$3,500 (all salary tiers)	\$3,500 (all salary tiers)	\$1,500 (<\$50K), \$2,000 (\$50K-\$120K), \$3,000 (>\$120K) (determined by salary tier)	\$3,500 (all salary tiers)	\$3,500 (all salary tiers)
<b>per family</b>	\$6,000	\$3,000 (<\$50K), \$4,000 (\$50K-\$120K), \$6,000 (>\$120K) (determined by salary tier)	\$7,000 (all salary tiers)	\$3,000 (<\$50K), \$4,000 (\$50K-\$120K), \$6,000 (>\$120K) (determined by salary tier)	\$7,000 (all salary tiers)	\$7,000 (all salary tiers)	\$3,000 (<\$50K), \$4,000 (\$50K-\$120K), \$6,000 (>\$120K) (determined by salary tier)	\$7,000 (all salary tiers)	\$7,000 (all salary tiers)
<b>Coinsurance</b>	pay 10%	pay 20%	pay 30%	pay 10%	pay 20%	pay 30%	pay 10%	pay 20%	pay 30%



## GET ALL THE DETAILS

Visit [mybenefitsjhhs.com](https://mybenefitsjhhs.com) for a complete overview of the plans.





# PLAN OVERVIEW (continued)

	Johns Hopkins EPO Plan (in-network only)		Johns Hopkins PPO Plan		Johns Hopkins DPC Plan		
	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Out-of-network
<b>Office Visits</b>							
<b>Primary Care Office Visit - Employee</b>	\$20 copay	\$20 copay	\$10 copay		\$0 copay for DPC as PCP	Not applicable	Not applicable
<b>Primary Care Office Visit - Adult Dependent</b>	\$20 copay	\$20 copay	\$10 copay		\$10 copay		pay 30%*
<b>Primary Care Office Visit - Child</b>	\$20 copay	\$20 copay	\$10 copay		\$10 copay		pay 30%*

	Johns Hopkins EPO Plan (in-network only)		Johns Hopkins PPO Plan		Johns Hopkins DPC Plan		
	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Out-of-network
<b>Facility Services</b>							
<b>Emergency Room</b>	\$250 copay*	\$250 copay*	\$250 copay*		\$250 copay*	\$250 copay*	\$250 copay*
<b>Urgent Care</b>	\$40 copay	\$40 copay	\$25	\$25	\$25 copay	\$25 copay	pay 30%*

\* For select services such as hospitalization, coverage begins once you have met the deductible for the year.

\*\* Find physicians and providers in the preferred network and EHP network at [ehp.org](http://ehp.org).

This newsletter contains only a summary of the key changes to the plans.

Details of the benefits can be found in plan documents available from the human resources department, or by visiting the websites or calling the customer service phone numbers for each plan. If there is a conflict between the plan documents and this newsletter, the plan documents prevail.

# PLAN RATES

## Salary Tiers

**Our goal is to ensure that our medical plans remain affordable for all employees. Johns Hopkins pays most of the cost of your medical, dental and vision coverage, and all of the cost of your short-term disability insurance and basic life insurance.**

Your biweekly cost of medical and prescription coverage for you and your covered dependents is determined by salary levels, which are grouped into tiers — employees who earn the least pay the lowest premiums.

Please visit [mybenefitsjhhs.com](https://mybenefitsjhhs.com) and select your member organization to see the rate tables for the 2024 tiers. Your tier is determined by your salary on Jan. 1, 2024.





## **QUESTIONS ABOUT OPEN ENROLLMENT?**

Contact the HR Support Center at  
**443-997-5400** or **[hrsc@jhmi.edu](mailto:hrsc@jhmi.edu)**.