



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, the Employer Health Programs (EHP) will offer the Johns Hopkins EPO plan, the Johns Hopkins PPO plan and the Johns Hopkins DPC plan. The Kaiser HMO plan will also continue to be offered.
- Employees and their family members enrolled in an EHP insurance plan can [download the Johns Hopkins OnDemand Virtual Care app](#) 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 and for dependents enrolled in the DPC plan, there will no longer be a higher copay for in-network primary care office visits at a nondesignated 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	Kaiser HMO Plan
In-network care only	In-network and out-of-network care	In-network and out-of-network care	In-network care only
Lower biweekly premiums	Higher 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	No deductibles or 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	Copay-based plan for care from Kaiser physicians or providers only

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 on the Johns Hopkins Howard County Medical Center campus 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 practitioner. Employees enrolled in the DPC plan option 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.

KAISER HMO PLAN

Low copays for most services in exchange for a higher premium each pay period. Out-of-network services are not covered.



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.



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 you need care outside of 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 and whole life insurance to supplement your employer-paid term life insurance. Information on these plans will be available during the enrollment process and at mybenefitsjhhs.com site.

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 will have the opportunity to 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.



PAL REMINDER

Since Jan. 1, 2023, most employees have only been able to carry over to the next calendar year a maximum of one times their paid annual leave (PAL) hours. To prevent losing hours that would not carry over and to promote well-being, we encourage all employees to use their PAL throughout the year.





ENROLL FOR 2024

Select Your Benefits and Enroll Online

Go to 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** and clicking on the Healthy at Hopkins logo under the HR tab.



PLAN OVERVIEW

A Choice of Four Health Plans from EHP and Kaiser

The tables below show some details of coverage offered in the plans.

Pharmacy coverage is provided under all four medical insurance plans.

Coverage Details	Johns Hopkins EPO Plan (in-network only)		Johns Hopkins PPO Plan		Johns Hopkins DPC Plan			Kaiser HMO
	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Out-of-network	Access Through Primary Care Physician (PCP) Only
Annual Deductible								
per person	\$500	\$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)	None, but must use PCP
per family	\$1,000	\$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)	
Annual Out-of-Pocket Max.								
per person	\$3,000	\$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)	None
per family	\$6,000	\$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)	
Coinsurance	pay 10%	pay 20%	pay 10%	pay 20%	pay 10%	pay 20%	pay 30%	Covered 100%, unless otherwise stated in Schedule of Benefits



GET ALL THE DETAILS

Visit mybenefitsjhhs.com for a complete overview of the plans.



PLAN OVERVIEW (continued)

	EHP EPO Plan (in-network only)		EHP PPO Plan		EHP DPC PPO Plan			Kaiser HMO
	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Out-of-network	In-network***
Office Visits								
Primary Care Office Visit - Employee	\$20 copay	\$20 copay	\$10 copay	pay 30%*	\$0 copay for DPC as PCP	Not applicable	Not applicable	"\$15 copay (no charge for children under age 5)"
Primary Care Office Visit - Adult Dependent	\$20 copay	\$20 copay	\$10 copay	pay 30%*	\$10 copay	Not applicable	pay 30%*	"\$15 copay (no charge for children under age 5)"
Primary Care Office Visit - Child	\$20 copay	\$20 copay	\$10 copay	pay 30%*	\$10 copay	Not applicable	pay 30%*	"\$15 copay (no charge for children under age 5)"
Facility Services								
Emergency Room	Preferred Network**	EHP Network**	Preferred Network**	Out-of-network	Preferred Network**	EHP Network**	Out-of-network	In-network***
	\$250 copay*	\$250 copay*	\$250 copay*	\$250 copay*	\$250 copay*	\$250 copay*	\$250 copay*	"\$75 for Emergency Room visit (waived if admitted to hospital) \$50 copay for Ambulance Services"
Urgent Care	\$40 copay	\$40 copay	\$25	pay 30%*	\$25 copay	\$25 copay	pay 30%*	\$25 copay

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

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.

** Find physicians and providers in the preferred network and EHP network at ehp.org.

*** Find Kaiser primary care physicians at healthyKaiserpermanente.org.

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 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**.