

For Employees of Maryland and Washington, D.C.-Based Hospitals and Member Organizations

BENEFITS OPEN ENROLLMENT

Oct. 16 – Nov. 1, 2024

Enroll in or change your benefits on SmartSource by Friday, Nov. 1



You can enroll in, drop or change these benefits, which will be effective Jan. 1, 2025:

- Medical and prescription drug, dental and vision insurance
- Health and dependent care flexible spending accounts (FSA)
- Supplemental life insurance
- Accident, critical illness and hospital indemnity insurance
- Prepaid legal services
- Long-term disability insurance

Now is a good time to check your beneficiaries, too.

Important Changes For 2025

Contribution changes: To harmonize benefits across the health system, we are changing employee contributions for our medical, dental and vision plans. These necessary changes will help us align contribution structures across the health system and stay competitive in the market while being equitable.

Vision benefits now operate on a calendar year: Vision benefits will reset each calendar year on Jan. 1 instead of every 12 months.

Do I Need To Enroll?

Yes, only if you want to...

- Have a flexible spending account (FSA)
- Add or drop dependents from coverage
- Add or change benefits

Otherwise, you don't need to do anything. Your current benefits, **except FSAs**, will continue in 2025.

Everything You Need Is On myBenefits

Visit myBenefitsJHHS.com or scan the QR code to view information about all your benefits, changes for 2025 and contributions.

When you're ready to enroll, access SmartSource directly from myBenefits.

myBenefits y SmartSource están disponible en español:

- En myBenefits, seleccione **Spanish** en el menú desplegable Choose Language.
- En SmartSource, seleccione **Español** en el menú desplegable Welcome en la esquina superior derecha.

Questions? Contact the HR Support Center at 443-997-5400 or hrsc@jhmi.edu.

Health Plan Comparison Charts

The charts below reflect in-network coverage only. For more coverage details, including prescription drug and out-of-network coverage, visit myBenefitsJHHS.com.

	Johns Hopkins EPO Plan	Johns Hopkins PPO Plan	Johns Hopkins DPC Plan	Kaiser HMO (Suburban only)
Annual Deductible	\$500 per person \$1,000 per family	Determined by salary tier		None
		<\$50K \$150 per person \$300 per family	\$50K–\$120K \$200 per person \$400 per family	
Annual Out-of-Pocket Maximum	\$3,000 per person \$6,000 per family	Determined by salary tier		None
		<\$50K \$1,500 per person \$3,000 per family	\$50K–\$120K \$2,000 per person \$4,000 per family	
Out-of-Network Coverage	No	Yes	Yes	No
Coinsurance Applies after deductible	Preferred ¹ : You pay 10% Cigna: You pay 20%	Preferred ¹ : You pay 10% Cigna: You pay 20%	Preferred ¹ : You pay 10% Cigna: You pay 20%	None
Primary Care Office Visit	\$20 copay	\$10 copay	\$0 copay for employee \$10 copay for dependent	\$15 copay \$0 for children under 5
Emergency Room	\$250 copay	\$250 copay	\$250 copay	\$75 copay (waived if admitted to hospital)
Urgent Care	\$40 copay	\$25 copay	\$25 copay	\$25 copay

1. Preferred physicians and providers are those in the Employer Health Programs (EHP) Preferred Provider Network. Visit ehp.org/find-a-provider and select **Search the EHP Network** to find preferred providers

Dental²

	Comprehensive Plan	High Plan
Annual Deductible	None	None
Annual Maximum Excluding orthodontia	\$1,500 per person	\$3,000 per person
Preventive Services	\$0 copay	\$0 copay
Basic Services	You pay 20% coinsurance	You pay 20% coinsurance
Major Services	You pay 50% coinsurance	You pay 40% coinsurance
Orthodontia	Not covered	Plan covers 50% up to a \$1,500 lifetime maximum per person

2. If you enroll in the Kaiser HMO medical plan, dental coverage through Dominion Dental is included in your plan.

3. Covered for dependent children only.

4. Covered to physician's or provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable copay.

Vision

	Superior Vision Plan
Eye exam	Covered 100%
Frames or contact lenses	\$175 allowance
Single, bifocal, trifocal, lenticular and polycarbonate³ vision lenses	Covered 100%
Progressive lenses	Covers up to trifocal amount ⁴
Contact lens fitting	Standard: Covered 100% Specialty: \$50 allowance
Medically necessary contact lenses	Covered 100%