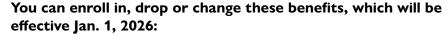
For Employees of Maryland and Washington, D.C.-Based Hospitals and Member Organizations

BENEFITS OPEN ENROLLMENT

Oct. 15-31, 2025

Enroll in or change your benefits for the 2026 plan year on SmartSource by Friday, Oct. 31



- 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
- Identity theft and fraud protection
- Long-term care insurance (select hospitals and organizations only)

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

Important Changes For 2026

Employee contributions: To continue providing comprehensive coverage in the face of rising health care costs nationwide, medical, dental and vision contributions will increase moderately for most employees.

We're also aligning contribution structures across the health system. If you're a Sibley Memorial Hospital or Suburban Hospital employee regularly scheduled to work 30-36 hours per week, your contributions will likely decrease.

Deductible and out-of-pocket maximum for EHP PPO medical plan: The deductible and out-of-pocket maximum for the Johns Hopkins Preferred Provider Organization (PPO) medical plan will increase for employees with an annual salary of \$50,000 or more.



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 2026.

Everything You Need Is on myBenefits

Visit myBenefitsJHHS.com to view information about all your benefits, changes for 2026 and contributions.

When you're ready to enroll, access SmartSource directly from myBenefits beginning Oct. 15.

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.



Health Plan Comparison Charts

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

Medical	Johns Hopkins EPO Plan	Johns Hopkins PPO Plan Johns Hop		ns Hopkins DPC Plan	Kaiser HMO (Suburban only)	
		Determined by salary tier				
Annual Deductible	\$500 per person \$1,000 per family	<\$50K \$150 per person \$300 per family	\$50K-\$120K \$300 per person \$600 per family	ı	>\$120K \$400 per person \$800 per family	None
	\$3,000 per person \$6,000 per family	Determined by salary tier				
Annual Out-of-Pocket Maximum		<\$50K \$1,500 per person \$3,000 per family	\$50K-\$120K \$2,500 per perso \$5,000 per family		>\$120K \$3,500 per person \$7,000 per family	None
Out-of-Network Coverage	No	Yes		Yes		No
Coinsurance Applies after deductible	Preferred¹: You pay 10% Cigna: You pay 20%	Preferred¹: You pay 10% Cigna: You pay 20%		Preferred¹: 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	\$100 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 to find preferred providers

Dental ²	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 сорау	
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	

iding of thodontia			Single, bifocal, trifocal, lenticular	
rentive Services \$0 copay		\$0 сорау	and polycarbonate ³ vision lenses	Covered 100%
c Services	You pay 20% coinsurance	You pay 20% coinsurance	Progressive lenses	Covers up to trifocal amount⁴
or Services	You pay 50% coinsurance	You pay 40% coinsurance	-	Standard: Covered 100%
nodontia	Not covered	Plan covers 50% up to a \$1,500	Contact lens fitting	Specialty: \$50 allowance
104011014	1 tot covered	lifetime maximum per person	Medically necessary contact lenses	Covered 100%
W: .1 K: 11440			•	

Vision

Eye exam

Frames or contact lenses

Superior Vision Plan

Covered 100%

\$175 allowance

- 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.