

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



**You can enroll in, drop or change these benefits, which will be effective Jan. 1, 2026:**

- 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](https://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.

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

# 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 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 \$300 per person \$600 per family	>\$120K \$400 per person \$800 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 \$2,500 per person \$5,000 per family	>\$120K \$3,500 per person \$7,000 per family	
Out-of-Network Coverage	No	Yes		Yes	No
Coinsurance Applies after deductible	Preferred <sup>1</sup> : You pay 10% Cigna: You pay 20%	Preferred <sup>1</sup> : You pay 10% Cigna: You pay 20%		Preferred <sup>1</sup> : 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<sup>2</sup>

	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 polycarbonate <sup>3</sup> vision lenses	Covered 100%
Progressive lenses	Covers up to trifocal amount <sup>4</sup>
Contact lens fitting	Standard: Covered 100% Specialty: \$50 allowance
Medically necessary contact lenses	Covered 100%