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Health Benefits Summary

Introduction
The institutions make available benefit plans designed to provide a comprehensive health care plan for students and postdoctoral fellows during their time at Hopkins. Included in these plans are dental insurance, a Student Assistance Program, health insurance, and access to adult primary care and adult mental health care through University Health Services. Many of these benefits are also available to the student’s spouse/same-sex domestic partner and dependent children.

Dental Insurance
Full-time students and postdoctoral fellows in the Johns Hopkins University School of Medicine (excluding trainees) are automatically enrolled in the student dental plan administered by CareFirst BlueCross BlueShield. This coverage is for the student only and is not available to the spouse/same-sex domestic partner or dependent children. Detailed information on the student dental plan is available online at www.hopkinsmedicine.org/som/StudentInsurance/index.html.

Part-time and full-time students in the Johns Hopkins University School of Nursing are eligible to voluntarily enroll in a dental plan administered by United Concordia (UCCI). Detailed information on the dental plan is available from the Office of Student Accounts Office, SON House Room 218, 525 N. Wolfe Street, 410-955-1243, email: sonstudentaccounts@jhu.edu. Full-time postdoctoral fellows in the School of Nursing are automatically enrolled in the student dental plan administered by CareFirst BlueCross BlueShield. This coverage is for the student only and is not available to the spouse/same-sex domestic partner or dependent children. Detailed information on the student dental plan is available online at www.hopkinsmedicine.org/som/StudentInsurance/index.html.

Part-time and full-time students in the Johns Hopkins Bloomberg School of Public Health can voluntarily enroll in a dental plan administered by United Concordia (UCCI). Detailed information on the dental plan is available from the Office of Student Accounts and Business Services, 615 N. Wolfe Street, Suite W1101, Baltimore, MD 21205, 410-955-5725, email: JHSPH.bursar@jhu.edu. Eligible postdoctoral fellows are automatically enrolled in the student dental plan administered by CareFirst BlueCross BlueShield. This coverage is for the fellow only and is not available to the spouse/same-sex domestic partner or dependent children. Detailed information on the student dental plan is available online at www.hopkinsmedicine.org/som/StudentInsurance/index.html.

Full-time postdoctoral fellows in the Berman Institute of Bioethics are automatically enrolled in the student dental plan administered by CareFirst BlueCross BlueShield. This coverage is for the fellow only and is not available to the spouse/same-sex domestic partner or dependent children. Detailed information on the student dental plan is available online at www.hopkinsmedicine.org/som/StudentInsurance/index.html.

FASAP/JHSAP
The Johns Hopkins Faculty and Staff Assistance Program (FASAP) and Johns Hopkins Student Assistance Program (JHSAP) provide mental health services at no cost. FASAP/JHSAP services include: Identification, assessment, and diagnosis of personal, family, school, and work-related problems, brief problem resolution and consultation, preventive and educational sessions, support and discussion groups, referrals to appropriate and accessible services and resources.

• Faculty and Staff Assistance Program (FASAP) for Postdoctoral Fellows: Provides services to all Postdoctoral Fellows and their immediate family members. For more information, visit the FASAP website at www.jhu.edu/hr/fasap.

• Johns Hopkins Student Assistance Program (JHSAP) for students in the School of Medicine, Bloomberg School of Public Health, and the School of Nursing. Being a student can sometimes be difficult. Balancing the demands of school, family, and work can be overwhelming. The Student Assistance Program (SAP) provides support to students dealing with the pressures and problems encountered during their academic careers. The SAP provides services to degree candidates and their immediate family members. For more information, visit the JHSAP website at www.jhsap.org.

Student Health Program (Insurance)

Health Insurance Policy
Individuals enrolled full-time in the Johns Hopkins University School of Medicine, the Johns Hopkins Bloomberg School of Public Health, the Johns Hopkins University School of Nursing, and the Berman Institute of Bioethics are required to have health insurance. The Johns Hopkins University offers a comprehensive insurance plan, the Student Health Program (SHP), to all enrolled students. Specific health insurance requirements for each school are as follows:

Berman Institute of Bioethics
All full-time Postdoctoral Fellows, their spouses and dependent children must be covered by health insurance. Postdoctoral Fellows must enroll in the Student Health Program offered by the School of Medicine. However, Postdoctoral Fellows may waive coverage for their spouses and children if they are covered by an alternative plan which meets minimum standards established by the School of Medicine. Same-sex domestic partners are also eligible to enroll in the Student Health Program (SHP) insurance. Enrollment must take place within 30 days of registration. Changes in enrollment can be made during the open enrollment period or as a result of a qualified “life event” provided application is made within 30 days of the qualifying event. Foreign or travelers insurance is not accepted.

Bloomberg School of Public Health
All full-time and international students are required to purchase health insurance. Students must enroll in the Student Health Program insurance unless they are covered by an alternative plan which meets minimum standards established by the Johns Hopkins Bloomberg School of Public Health. Proof of comparable coverage and submission of a signed waiver are required. Comparable coverage would need to provide a minimum of $250,000 in coverage for all medical costs and allow the student to use the insurance in the State of Maryland. The student’s spouse, dependent children, and same-sex domestic partners are also eligible to enroll in the Student Health Program (SHP) insurance.

Postdoctoral fellows must enroll in the Student Health Program (SHP). Coverage for the fellow’s spouse, dependent children or same-sex domestic partner is available at an additional cost.

Please note: All on-campus full-time JHSPH students (not including postdoctoral fellows) are billed the $475 University Health Services fee regardless of whether they have purchased the Johns Hopkins University Student Health Program.

School of Nursing
All degree and clinical certificate-seeking students must be covered by health insurance. Students must enroll in the Student Health Program offered by the Johns Hopkins University unless they are covered by an alternative plan which meets minimum standards established by the School of Nursing. Enrollment must take place within 30 days of the first semester. Changes in enrollment can be made during the open enrollment period or as a result of a qualified “life event” provided application is made within 30 days of the qualifying event. Foreign or travelers insurance is not accepted. The student’s spouse, dependent children, and same-sex domestic partners are also eligible to enroll in the Student Health Program (SHP) insurance. Please note: All on-campus full-time School of Nursing students are billed the $475 University Health Services fee regardless of whether they have purchased the SON Student Health Program.
School of Medicine
Postdoctoral Fellows: All full-time Postdoctoral Fellows, their spouses and dependent children must be covered by health insurance. Postdoctoral Fellows must enroll in the Student Health Program offered by the School of Medicine. However, Postdoctoral Fellows may waive coverage for their spouses and children if they are covered by an alternative plan which meets minimum standards established by the School of Medicine. Same-sex domestic partners are also eligible to enroll in the Student Health Program (SHP) insurance. Enrollment must take place within 30 days of registration. Changes in enrollment can be made during the open enrollment period or as a result of a qualified “life event” provided application is made within 30 days of the qualifying event. Foreign or travelers insurance is not accepted.

Medical Students: All full-time medical students, their spouses and dependent children must be covered by health insurance. Students, spouses and dependent children must enroll in the Student Health Program offered by the School of Medicine unless they are covered by an alternative plan which meets minimum standards established by the School of Medicine. Same-sex domestic partners are also eligible to enroll in the Student Health Program (SHP) insurance. Enrollment must take place within 30 days of registration. Changes in enrollment can be made during the open enrollment period or as a result of a qualified “life event” provided application is made within 30 days of the qualifying event. Foreign or travelers insurance is not accepted.

Ph.D. Candidates: All Ph.D. candidates, their spouses and dependent children must be covered by health insurance. Students may waive coverage for their spouses and dependent children if they are covered by an alternative plan which meets minimum standards established by the School of Medicine. Same-sex domestic partners are also eligible to enroll in the Student Health Program (SHP) insurance. Enrollment must take place within 30 days of registration. Changes in enrollment can be made during the open enrollment period or as a result of a qualified “life event” provided application is made within 30 days of the qualifying event. Foreign or travelers insurance is not accepted. All medical students are assessed an annual $475 University Health Services fee regardless of insurance participation.

Master’s Degree Candidates in Medical and Biological Illustration: All full-time Master’s degree candidates, their spouses and dependent children must be covered by health insurance. Students, spouses and dependent children must enroll in the Student Health Program offered by the School of Medicine unless they are covered by an alternative plan which meets minimum standards established by the School of Medicine. Same-sex domestic partners are also eligible to enroll in the Student Health Program (SHP) insurance. Enrollment must take place within 30 days of registration. Changes in enrollment can be made during the open enrollment period or as a result of a qualified “life event” provided application is made within 30 days of the qualifying event. Foreign or travelers insurance is not accepted. All doctoral candidates are assessed an annual $475 University Health Services fee.

Master’s Degree Candidates in Health Sciences Informatics: All full-time Master’s degree candidates in Health Science Informatics, their spouses and dependent children must be covered by health insurance. Students, spouses and dependent children must enroll in the Student Health Program offered by the School of Medicine unless they are covered by an alternative plan which meets minimum standards established by the School of Medicine. Same-sex domestic partners are also eligible to enroll in the Student Health Program (SHP) insurance. Enrollment must take place within 30 days of registration. Changes in enrollment can be made during the open enrollment period or as a result of a qualified “life event” provided application is made within 30 days of the qualifying event. Foreign or travelers insurance is not accepted. All master’s candidates are assessed an annual $475 University Health Services fee regardless of insurance participation.

Trainees: All full-time Trainees, their spouses and dependent children must be covered by health insurance. Trainees, spouses and dependent children must enroll in the Student Health Program offered by the School of Medicine unless they are covered by an alternative plan which meets minimum standards established by the School of Medicine. Same-sex domestic partners are also eligible to enroll in the Student Health Program (SHP) insurance. Enrollment must take place within 30 days of registration. Changes in enrollment can be made during the open enrollment period or as a result of a qualified “life event” provided application is made within 30 days of the qualifying event. Foreign or travelers insurance is not accepted.

Enrollment & Eligibility Questions or Issues
Each School has a dedicated staff to assist you with enrollment in the student health insurance and University Health Services.

- Berman Institute of Bioethics
  Finance & Administration
  1809 Ashland Avenue
  Baltimore, MD 21205
  410-614-5222

- Bloomberg School of Public Health
  Student Accounts and Business Services
  615 N. Wolfe Street, Suite W1101
  Baltimore, MD 21205
  410-955-5725

- Son Student Accounts Office
  733 N. Broadway
  Baltimore, MD 21205
  410-955-1243

- School of Nursing
  Student Accounts Office
  525 N. Wolfe Street
  410-955-1243

- Bursar
  615 N. Wolfe Street, Suite W1101
  410-955-5725

- School of Medicine Registrar’s Office
  Edward D. Miller Research Building, Ste. 147
  733 N. Broadway
  Baltimore, MD 21205
  Benefits Desk 410-614-3301
  sombenefits@jhmi.edu

Health Insurance Requirements
School of Medicine Minimum Standards for Alternative Health Insurance. Foreign and Travel Insurance is not acceptable.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>JHUSOM Student Health Program</th>
<th>Recommended Requirements for Alternative Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual plan year deductible</td>
<td>$100 per person capped at $300 combined total for family</td>
<td>Deductible cannot be more than $750 per person per plan year</td>
</tr>
<tr>
<td>Inpatient Hospitalization</td>
<td>Most services covered 100% for the first 30 days then covered at 80% in network.</td>
<td>Must cover at least 70%</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>70% - 100% based on service and if provider is in or out of network</td>
<td>Must cover at least 70%</td>
</tr>
</tbody>
</table>
Prescription Drugs Covered
Yes, has a three-tiered prescription co-payment plan.
Must provide coverage for prescription drugs

Mental Health & Substance Abuse Treatment
Inpatient: Most services covered 100% for the first 30 days, and then covered at 80% in network. Outpatient: 70% - 100% based on service and if provider is in or out of network.
Must provide at least 70% coverage for mental health care, inpatient psychiatric care, and treatment for chemical dependence. Must cover inpatient hospitalization for both mental health and substance abuse for a minimum of 30 days and outpatient coverage for mental health and substance abuse of at least 15 visits per year.

Pre-existing Conditions
Yes, with $10,000 limit for the first 12 months unless HIPAA certificate is provided
Must provide coverage for pre-existing conditions equivalent or better than SHP

Claims processing unit must be based in the U.S.
Yes, is based in the U.S.
Must be U.S. based

U.S. phone number
Yes, has a U.S. phone number
Must be U.S. based

Coverage for services provided in Maryland
Yes
Must provide coverage for all medically necessary care while you are within 50 miles of the Baltimore metropolitan area.

Coverage for services provided outside of Maryland and outside of the U.S.
Yes, member of Multiplan 1-866-980-7427
Must provide coverage outside of Maryland, including travel study or research abroad

Coverage Period
Coverage is provided during the period of your appointment in the School of Medicine.
Must provide coverage for the entire academic year, including the summer months and remain in force as long as you are a registered student, postdoctoral fellow or trainee at Johns Hopkins School of Medicine.

Qualified Life Events
Qualified life events in your family or enrollment status can include:
- Marriage
- Birth or adoption of a child
- Start or loss of your spouse/same-sex domestic partner’s employment
- Change in employment status (for you or your spouse/same-sex domestic partner), from part-time to full-time or from full-time to part-time
- Divorce or termination of same-sex domestic partnership
- Death of your spouse/same-sex domestic partner or other dependent

How do I enroll in the Student Health Program?
Enrollment application must be made through your school:
- Berman Institute of Bioethics 1809 Ashland Avenue

What is Covered by the Student Health Program?
The Student Health Program (SHP) is an insurance plan which is administered by the Johns Hopkins Employer Health Programs (EHP). The SHP covers 70% - 100% of most medical needs after you satisfy an annual plan year $100 deductible for individual or $300 per family. The plan includes a 3 tier co-pay pharmacy benefit for prescriptions. You are covered worldwide and can see a physician of your choice. You will pay less if you see a physician that is an EHP-participating provider. See the Medical Benefits-At-A-Glance in this brochure for a summary of most services covered by the plan.

Emergency Room Care: An emergency exists if immediate treatment is needed as the result of a sudden or serious illness or injury; a delay in treatment could jeopardize the patient’s life, health, or ability to regain maximum bodily function. In an emergency medical situation, you should go to the nearest medical facility with an emergency room for immediate care. If you receive care in an emergency room for a condition that is not a true emergency (as defined above) the visit will not be covered by the SHP unless you have been referred to the Emergency Room by your physician. Please ask your physician’s office to document the referral by contacting EHP within 72 hours.

Referrals to Consultants and Specialists: The SHP allows you to self-refer to specialists within the Johns Hopkins Hospital and Health system. However, please be aware that many specialists will refuse to see you without a note from your primary care physician stating the reason for the referral. In addition, a note from your primary care provider may help ensure a more timely appointment with a specialist.

Diagnostic Tests: Most diagnostic tests are covered at 90%, subject to deductible, if provided by an in-network provider. Be certain to give full SHP information to the appropriate billing office where services are provided. To better serve the SHP participants, arrangements have been made to use the 550 Phlebotomy Lab, 550 N. Broadway, Room 112, for most blood drawing services on the East Baltimore Medical Campus. All other EHP participating labs off-campus are also available for use.

Pharmacy Benefits:
Participants in the SHP (group #E00016) are covered by Caremark Prescription Services (group #W7569999).
The Plan has a three-tier co-payment benefit as follows:

**PRESCRIPTION DRUGS**

<table>
<thead>
<tr>
<th>Prescription Drugs</th>
<th>In Network Retail Pharmacy (30 day supply)</th>
<th>In-Network Retail Pharmacy (90 day supply for maintenance drugs)</th>
<th>Mail Order (90 day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$10 Copay (Copay waived for generic oral contraceptives)</td>
<td>$30 Copay (Copay waived for generic oral contraceptives)</td>
<td>$20 Copay (Copay waived for generic oral contraceptives)</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$20 Copay</td>
<td>$60 Copay</td>
<td>$40 Copay</td>
</tr>
<tr>
<td>Non Preferred Brand</td>
<td>$35 Copay</td>
<td>$105 Copay</td>
<td>$70 Copay</td>
</tr>
</tbody>
</table>

If the prescribed drug is less than the co-pay the member pays the lesser amount. No deductible applies to Pharmacy Benefits. SHP in-network pharmacies are available online at www.ehp.org under “Find a Pharmacy.” A cost saving mail order prescription program is available for the convenient purchase of maintenance prescriptions. Please Note: The prescription plan covers oral contraceptives.
Exclusions: Prescriptions are covered if written by a primary care physician or specialist with whom you have formally established care. Prescriptions written by an SHP subscriber for another covered person in the SHP will not be covered by the prescription program. Prescriptions are also not covered under the SHP if written by a blood relative or a family member living in the home. Some prescriptions require prior authorization by EHP before they can be covered.

Pediatric Care
- **Primary Pediatric Care**: Children of eligible participants are covered for care provided by a pediatrician of their choice. It is very important that as soon as possible after arrival, arrangements be made with a pediatrician for the care of dependent children. You may wish to select a participating provider from www.ehp.org in order to reduce your out-of-pocket expenses. Non-EHP-participating providers may charge above and beyond Reasonable & Customary charges. Those charges are your responsibility. The Harriet Lane Clinic, in the Johns Hopkins Children’s Center, provides primary care services and is accepting new patients. For appointments call 410-955-5710.
- **Pediatric Specialty Care**: Visits are covered per the Medical Benefits-at-a-Glance
- **Pediatric Emergencies**: All pediatricians provide an on-call system for urgent problems which may arise after office hours. Should an urgent medical problem occur, it is essential that the pediatrician be contacted for instructions on how to handle the emergency. Emergency room visits for children under age two will be treated as an emergency medical situation and will be covered. All Emergency Room visits referred by your pediatrician will be covered if your pediatrician documents the referral to SHP within 72 hours. If your child is over age two and receives care in an emergency room for a condition that is not a true emergency the visit will not be covered by the SHP.
- **Pediatric Tests**: Fees for diagnostic tests ordered in connection with an illness or disease are generally covered at 90%, subject to deductible, if provided by an in-network provider. Testing in conjunction with well-child examinations is covered by SHP. For testing in conjunction with well child care coverage refer to Medical Benefits-at-A-Glance. Be certain to give full information to the appropriate billing office where services are provided. Charges for tests not covered by the SHP are your responsibility.
- **Pediatric Mental Health Services**: Mental health services are available to children of eligible participants and should be arranged through referrals made by your pediatrician or the child’s school.
- **Pediatric Immunizations**: Immunizations for children, including pediatric flu vaccines, are provided by the pediatrician and are covered by the SHP.
- **Pediatric Vision Care**: Routine pediatric eye exams are not covered. Exams for a specific problem are covered.

Benefits Exclusions: Please refer to the items listed under “What’s Not Covered in the SHP Summary Plan Description.”

**University Health Services**

**Eligibility**
All full-time predoctoral students and postdoctoral fellows are enrolled in University Health Services. An annual UHS health fee of $475 is assessed regardless of insurance participation. For the Schools of Medicine, Public Health and Nursing, and the Berman Institute of Bioethics spouses/same-sex domestic partners who enroll in the Student Health Program (SHP) are entitled to access University Health Services (UHS) and such visits will be billed to the SHP by UHS at no out-of-pocket cost to the spouse/same sex domestic partner. Trainees and their spouses/same-sex domestic partners not enrolled in SHP are not eligible to access UHS.

Enrollment in University Health Services gives you access to adult primary care and adult outpatient mental health services as long as you remain an active student or postdoctoral fellow and are current with payment of the UHS health fee. Spouses/same-sex domestic partners who are covered by the Student Health Program insurance may also access University Health Services.

Access to UHS services ceases upon graduation or completion of your fellowship or trainee appointment, so you and your covered spouse/same-sex domestic partner should begin to make arrangements to establish with a non-UHS provider for primary care and mental health needs at least 90 days prior to graduation. Exceptions for BSPH students: Access to UHS services ceases on the date of the one year anniversary of payment of the Health Fee. BSPH students should begin to make arrangements to establish with a non-UHS provider at least 90 days prior to the anniversary. Participants in COBRA Student Health Program are not eligible to use UHS services.

**Adult Primary Care**
The UHS offers adult primary care services, including the evaluation and treatment of most acute and/or chronic medical conditions affecting adults. UHS also offers routine gynecological examinations including pap smears. For complicated medical conditions requiring specialized services, UHS will refer you to appropriate specialists. UHS also offers routine, age appropriate immunizations to students who need them. Please note that the cost of immunizations is not covered by the health fee, but depends on your insurance coverage. UHS does not provide travel immunization services. Also, the cost of submitting specimens to the Pathology lab for evaluation (cultures, Pap smears, pathology specimens) is not covered by the annual health fee.

**Location & Hours**: UHS is located at 933 N. Wolfe Street. The hours of operation are from 8:00 a.m. to 5:00 p.m., Monday through Friday, with limited evening hours twice a week. Children under age 12 are seen on a first-come, first-serve basis. UHS is not a walk-in clinic. Please call for an appointment in advance to avoid scheduling conflicts. If you cannot keep a scheduled appointment, please call to cancel as soon as possible.

**UHS Physicians**: Care is provided by faculty and professional staff of the Johns Hopkins School of Medicine. Biographical information and photographs of the physicians and staff working in the Health Center, as well as their contact information, are listed on the UHS website: http://www.hopkinsmedicine.org/uhs/

**Confidentiality**: Your records of visits to the UHS Health Center are subject to the strict federal and state medical record guidelines. Communications between physician and patient are kept in the strictest confidence.

**Adult Mental Health Services**
University Mental Health (UMH), which is part of UHS, offers a confidential source for students, trainees, postdoctoral fellows and eligible spouses/same-sex domestic partners seeking mental health help for more serious mental health conditions than could be addressed by FASAP/JHSAP (see page 2 for more details on FASAP/JHSAP). For more information regarding our treatment policies and the specific services provided, please refer to our question and answer document located on the UMH website at www.hopkinsmedicine.org/uhs/UMH/University_Mental_Health.html by selecting the link named, UMH Scope of Practice.

**Location**: The University Mental Health Office is located at 933 N. Wolfe Street.

**Accessing Care**: If you desire an appointment, please call 410-955-1892 to be scheduled with one of the University Mental Health professionals. The first appointment is typically a telephone appointment for a preliminary assessment of your needs. If medications and/or psychotherapy techniques are recommended for your treatment, you will be given an appointment with an appropriate mental health care provider. For specialized services unavailable through UMH, referrals for continued treatment may be made to a mental health professional either on or off the Johns Hopkins Hospital campus. For a listing of services the UMH does and does not provide, please refer to our question and answer document located on the UMH website.
Duration and Scope of Care: Treatment duration and frequency will be determined after the initial evaluation and will be reassessed periodically thereafter depending on your condition and progress. Most cases are expected to require short term psychotherapy. If long term treatment or specialized services is required to address the problem, and those services are not available through UMH, appropriate outside referral will be made using the fellow/student or spouse’s insurance. The program’s psychiatrists/mental health professionals will recommend a treatment plan tailored to each individual case.

The services provided include: psychiatric assessment and treatment, including medication evaluation and medication management, and individual therapy. We evaluate and treat a wide range of psychiatric conditions, including but not limited to:

a) Adjustment disorders
b) Mood disorders, including depression and bipolar disorder
c) Anxiety disorders, including post-traumatic stress disorder (PTSD)
d) Schizophrenia

treating certain conditions may require specific expertise and/or specialized services that we may not currently have among our group of mental health professionals. In these cases, referral will be made using the fellow/student or spouse’s insurance. Examples of conditions that we do not currently have the expertise or resources to treat include:

a) Eating disorders requiring active specialty management
b) Substance abuse and/or dependence requiring active specialty management
c) Long standing conditions for which a long-term stable relationship with a therapist is the treatment of choice
d) Situations in which we feel that the severity or complexity of the diagnosed condition cannot be appropriately treated in our office setting

For more information regarding our treatment policies and specific services provided, please refer to our question and answer document located on the UMH website at www.hopkinsmedicine.org/uhs/UMH/University_Mental_Health.html by selecting the link named, UMH Scope of Practice.

Psychiatric Emergencies: In an emergency, a mental health clinician is always available. During the day, a mental health clinician can be reached through University Mental Health (410-955-1892). At night or on weekends, you should call 410-955-1892 for the university mental health clinician on-call. After dialing the number, please wait for instructions.

Confidentiality: Your treatment will be private and confidential. What you discuss with your treatment provider will not be communicated to anyone without your permission unless you become a danger to yourself or to others. Records of visits to University Mental Health are kept separately from the Johns Hopkins Hospital medical record system.

Description of Additional Services Provided

Urgent Care: In the event of a medical situation that requires prompt attention but may not be serious enough to warrant a trip to the emergency room, or if you have any questions about the seriousness of your medical needs, it is very important to first contact your adult primary care physician or pediatrician for instructions on how the problem should be handled. If your physician is a UHS or University Mental Health (UMH) provider, and you need to reach them after hours, please call 410-955-4331 for medical/surgical emergencies, or, for psychiatric emergencies 410-955-1892. You will be given medical advice and, if necessary, referred to an urgent care center or emergency room. If your primary care or mental health provider is not a UHS or UMH physician, please contact your physician’s office for advice. Visits to urgent care, including Patient First (www.patientfirst.com) are covered by the SHP.

Obstetrical Care

Preliminary counsel with respect to matters of reproductive health may be provided by your primary care physician. Once pregnancy is confirmed, you may access an OB provider through the SHP. In deciding on a provider you may want to consider any liability you may have after your insurance payment.

Travel Immunizations

School of Medicine: The Johns Hopkins Travel and Tropical Medicine Clinic administers travel immunizations and relevant information. This clinic is located at 615 N. Wolfe Street, Room WB031; the phone number is 410-955-8931 and the email is travelmedicine@jhu.edu. No referral is necessary. Please make an appointment 2-4 weeks in advance of travel. Fees for travel immunizations are covered for School of Medicine students by the UHS Benefits Office only if required as part of a required or elective course. Following immunization, submit the bill for payment or the receipt for reimbursement, if you paid, to the UHS Benefits Office. Travel immunizations are not covered by the Student Health Program and UHS does not provide travel immunization services. Fees for travel immunizations for Bloomberg School of Public Health students, Herman Institute of Bioethics fellows, and the School of Nursing students are not covered by the UHS Benefits Office.

Adult Immunizations

Most routine adult immunizations can be provided at University Health Services. Hepatitis B vaccines are also provided by Occupational & Environmental Health. The cost of routine adult immunizations administered at the UHS Health Center is not covered by the health fee, but depends on your insurance coverage. Typically, the cost of these vaccines is covered in full if you have the Hopkins Student Health Program insurance. However, if you have health insurance other than the Student Health Program, you will be required to pay in full at the time of administration for immunizations provided at the Health Center. We will provide you a receipt and, upon request, an itemization of services paid for reimbursement submission to your insurance.

Adult Vision Care

One comprehensive eye exam/contact lens evaluation per plan year is provided by the Wilmer Institute Comprehensive Eye Service at no cost to School of Medicine, Herman Institute of Bioethics, and Bloomberg School of Public Health participants. Eligibility for students in the School of Nursing is limited to those enrolled in both UHS and the Student Health Program insurance plan. It is important that you identify yourself as a student or postdoctoral fellow when making the appointment. Appointments may be made at any of the following sites:

- Johns Hopkins Hospital 410-955-5080
- Greenspring Station 410-583-2800
- Columbia 410-910-2330
- White Marsh 443-442-2020
- Bel Air 410-399-8443
- Bethesda 240-482-1100

Note: Provider bills for routine eye examination/contact lens evaluations, and an Explanation of Benefits (EOB) if received, should be forwarded to the UHS Benefits Office for prompt payment by that office. Contact lenses and eyeglasses are not covered by the SHP or the UHS Benefits Office. However, the Wilmer Institute Comprehensive Eye Service provides 25% off the regular retail price for all prescription eyewear frames, lenses, and lens treatments; 10% off all non-prescription sunglasses; and 5% off a minimum purchase of 4 boxes of disposable or planned replacement contact lenses.

Other Resources

UHS Benefits Office

University Health Services has a Benefits Office dedicated to assisting students and postdoctoral fellows with billing and/or claims questions. The UHS Benefits Office is
located at 933 N. Wolfe Street. Office hours are from 8:00 a.m. to 4:30 p.m., Monday through Friday. Questions about billing and/or benefits should be directed to this office at 410-955-3872.

Procedure for Claims Filing: For care not provided by UHS or UMH, either you or your provider (physician, hospital, lab, etc.) will need to file an insurance claim with your insurance company in order to receive benefits. In most cases the provider will file the claim for you. However, if your provider will not file the claim you will need to complete a claim form and send it, along with an itemized bill, to the claims department of your health insurance plan. Some providers require the subscriber to pay 100% of the bill at the time of service. The subscriber then needs to file a claim with the SHP for reimbursement. The UHS Benefits Office will assist you in taking the appropriate action.

Billing Documentation: Once the claim has been filed, you may receive a bill and an Explanation of Benefits (EOB) from your health insurance plan for each physician office visit or service received.

1. Your health insurance plan will send you an Explanation of Benefits (EOB), which is an itemized description of services that shows the total cost of the services, what portion was paid by the plan and if there is a member liability. These EOBs will say on them “This is not a bill. “ Do not throw away any EOBs.

2. The service provider (physician, hospital, lab, etc.) may send you a bill for the balance once the insurance plan has made payment for services. The bill will be for the member liability as described in the Explanation of Benefits (EOB). The member liability is the portion that is owed after the insurance plan has paid the provider. This is a real bill and you need to make sure the balance gets paid (see below).

3. Bills for Wilmer Eye Exams: Provider bills, and EOBs if received, for routine eye examinations or contact lens evaluations obtained through the Wilmer Institute Comprehensive Eye Service should be forwarded to the UHS Benefits Office for payment of eligible expenses.

Please note: You will not receive a bill for a visit to the UHS Health Center. However, your spouse/same-sex domestic partner may receive an EOB for a visit to the UHS Health Center but you will not be balance billed by UHS. UHS Health Center will be listed as the provider in the top right corner of the EOB. For visits to specialists, you may receive both an EOB and a provider bill.

Payment of Bills: Hold on to all EOBs and bills. DO NOT IGNORE THESE DOCUMENTS. EOBs may not be generated for all routine eye exams/contact lens evaluations through the Wilmer Institute Comprehensive Eye Service. Bills and EOBs must be in their original form. However, you may wish to keep a photocopy of all documents for your own records. If you have any questions about EOB and provider balances please contact the UHS Benefits Office at 410-955-3872.

Important Points to Remember about the UHS Benefits Office:
• It is the participant’s responsibility to understand what services are and are not covered by their health insurance and/or University Health Services prior to seeking care.
• Procedures and hospitalizations are generally covered by the insurance as a percentage of the R&C charge. The UHS Benefits Office does not provide supplemental coverage for these services. The balance after your insurance payment, if any, is your responsibility.

Important Points to Remember about the UHS Benefits Office:
• It is the participant’s responsibility to understand what services are and are not covered by their health insurance and/or University Health Services prior to seeking care.
• Procedures and hospitalizations are generally covered by the insurance as a percentage of the R&C charge. The UHS Benefits Office does not provide supplemental coverage for these services. The balance after your insurance payment, if any, is your responsibility.

Definitions
Child: Children are covered through age 25 on the Student Health Program and CareFirst student dental plan.

Coinsurance: Your percentage share for certain medical expenses after the deductible is met.

Copay or Copayment: The set dollar amount you pay for certain medical services.

COBRA: The Consolidated Omnibus Budget Reconciliation Act (COBRA) allows extension of health insurance coverage for defined periods of time at your own expense providing application is made within 60 days of the termination of your appointment.

Deductible: The amount you must pay for services each annual plan year before the SHP begins to pay for benefits. There is no deductible for prescriptions.

Domestic Partner: Two non-related adults of the same sex, both of whom are at least 18 years of age, are committed as a family in a long-term relationship of indefinite duration and are socially, emotionally, and financially interdependent in an exclusive mutual commitment in which they agree to be responsible for each other's common welfare and share financial obligations. This definition covers same-sex partner relationships, and not persons who are cohabiting simply as roommates.

Explanation of Benefits (EOB): An itemized statement that describes benefits processed by your insurance (SHP) once medical services are provided and charges are submitted to the SHP. The EOB is issued by the Student Health Program.

Out-of-pocket Maximum: Since you are responsible for a portion of the cost of your medical expenses, the Student Health Program includes an annual plan year out-of-pocket limit to protect you in the event of high medical bills. After you have paid the out-of-pocket limit ($3,000 per person or $9,000 per family), the SHP covers any additional medical expenses incurred in the same plan year at 100%. The out-of-pocket limit includes the deductible and coinsurance but does not include: penalties, prescription drug coinsurance and expenses, program maximums, or charges for services which are not covered.

Participating Provider: A physician, hospital, lab, etc. who has agreed to accept an EHP contractual amount (Reasonable & Customary charge) as fee for service.
• Student Health Program participating providers are listed on the www.ehp.org website.
• The UHS Health Center is an EHP-participating provider.

Reasonable & Customary Charges (R&C): This is the usual fee charged by similar providers for the same services or supplies in the same geographic area. Johns Hopkins Employer Health Programs (EHP) determines what is reasonable and customary.

Spouse: One who is married to a student by a ceremony recognized by the law of Maryland. A husband or wife is a spouse until a court formally decrees the marriage to be dissolved.

Student: Enrolled as a student in the Johns Hopkins University School of Medicine, Johns Hopkins University Bloomberg School of Public Health, Johns Hopkins University School of Nursing or the Johns Hopkins Hospital School of Medical Imaging (generally includes degree candidates, visiting students, house officers, postdoctoral students, and trainees).

Student Health Program (SHP): The student health insurance program administered through Johns Hopkins Employer Health Programs (EHP).

SHP Plan Year: July 1 - June 30.

Summary Plan Description (SPD): Legal document outlining benefits provided under the Student Health Plan (SPD).

University Health Services (UHS): A system of care which provides health services to
eligible students, house staff, fellows, trainees and dependents in the Johns Hopkins School of Medicine, the Berman Institute of Bioethics, the Bloomberg School of Public Health and the School of Nursing. UHS includes the UHS Health Center, the UHS Billing/ Benefits Office, and University Mental Health.

**UHS Benefits Office:** The UHS Benefits Office assists you with billing and benefits inquiries and makes payments to approved providers for eligible medical services rendered. The UHS Benefits Office is located at 933 N. Wolfe Street.

**UHS Health Center:** The adult primary care center for eligible participants and adult dependents providing most medical care and referrals to specialists. The UHS Health Center is located at 933 N. Wolfe Street.

**UHS Health Fee:** An annual fee assessed to all full-time students (generally includes degree candidates, visiting students, house staff, postdoctoral students, and trainees) in the Johns Hopkins University School of Medicine, the Berman Institute of Bioethics, the Johns Hopkins University Bloomberg School of Public Health, and the Johns Hopkins University School of Nursing for access to the services provided by UHS and UMH.

**University Mental Health (UMH):** University Mental Health offers mental health care to eligible students, fellows, and adult dependents. UMH is located at 933 N. Wolfe Street.

### Medical Schedule of Benefits

<table>
<thead>
<tr>
<th>Medical Schedule of Benefits</th>
<th>Johns Hopkins Student Health Program / Effective July 01, 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Year Deductible</strong></td>
<td>EHP Network Provider</td>
</tr>
<tr>
<td>Individual</td>
<td>$100</td>
</tr>
<tr>
<td>Family</td>
<td>$300</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>Individual</td>
</tr>
<tr>
<td>Individual</td>
<td>$3000</td>
</tr>
<tr>
<td>Family</td>
<td>$9000</td>
</tr>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$3000</td>
</tr>
<tr>
<td>Family</td>
<td>$9000</td>
</tr>
<tr>
<td><strong>Services &amp; Supplies (in Alphabetical Order)</strong></td>
<td>EHP Network Provider</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>Medically necessary services for anesthesia, pain control, and therapeutic purposes</td>
</tr>
<tr>
<td>Allergy Tests &amp; Procedures</td>
<td>Allergy Tests</td>
</tr>
<tr>
<td>Desensitization Materials and Serum</td>
<td>80% of allowed amount; deductible applies</td>
</tr>
<tr>
<td>Ambulance Transportation</td>
<td>Medically Necessary Transport</td>
</tr>
<tr>
<td>Biofeedback</td>
<td>Biofeedback</td>
</tr>
<tr>
<td>Chemotherapy/ Radiation Therapy</td>
<td>Physician Visit</td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>Chiropractor restricted to initial exam, x-rays, and spinal manipulations</td>
</tr>
<tr>
<td>Dialysis</td>
<td>Medically necessary services</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>Breast pumps (standard) and related supplies</td>
</tr>
<tr>
<td>Contraceptive Devices</td>
<td>100% of allowed amount; deductible waived</td>
</tr>
<tr>
<td>Custom DME, including custom wheelchairs</td>
<td>80% of allowed amount; deductible applies (pre-authorization required)</td>
</tr>
<tr>
<td>Custom-molded orthotics</td>
<td>80% of allowed amount; deductible applies</td>
</tr>
<tr>
<td>Insulin pumps and related insulin pump supplies</td>
<td>80% of allowed amount; deductible applies (pre-authorization required)</td>
</tr>
<tr>
<td>Hearing aids</td>
<td>80% of allowed amount; deductible applies (for dependent children up to age 26; preauthorization required) replacement aids once every 36 months all networks combined</td>
</tr>
<tr>
<td>Non-custom medical equipment and supplies</td>
<td>80% of allowed amount; deductible applies (pre-authorization required)</td>
</tr>
<tr>
<td>Prosthetic devices</td>
<td>80% of allowed amount; deductible applies (pre-authorization required)</td>
</tr>
<tr>
<td>Services &amp; Supplies (In Alphabetical Order)</td>
<td>EHP Network Provider</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Emergency Services</td>
<td></td>
</tr>
<tr>
<td>Emergency care (facility fees)</td>
<td>100% of allowed amount for services within 72 hours after onset of emergency, then 80% of allowed amount; deductible applies</td>
</tr>
<tr>
<td>Emergency care (professional fees)</td>
<td>100% of allowed amount for services within 72 hours after onset of emergency, then 80% of allowed amount; deductible applies</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Health Services</td>
<td></td>
</tr>
<tr>
<td>Medically necessary services</td>
<td>100% of allowed amount for first 90 visits per plan year, then 80% of allowed amount; deductible applies (preauthorization required)</td>
</tr>
<tr>
<td></td>
<td>90% of allowed amount; deductible applies (preauthorization required)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospice Care</td>
<td></td>
</tr>
<tr>
<td>Inpatient and Home Hospice</td>
<td>100% of allowed amount (pre-authorization)</td>
</tr>
<tr>
<td>Inpatient care including newborn nursery care; NICU (facility fees)</td>
<td>100% of allowed amount for first 30 days, then 80% of allowed amount; deductible applies (semi-private, unless private room is medically necessary; pre-authorization required)</td>
</tr>
<tr>
<td>Inpatient care (professional fees)</td>
<td>80% of allowed amount; deductible applies</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital Care</td>
<td></td>
</tr>
<tr>
<td>Skilled nursing/ rehabilitation facility</td>
<td>100% of allowed amount for first 30 days, then 80% of allowed amount; deductible applies (pre-authorization required)</td>
</tr>
<tr>
<td>Short-term acute rehabilitation</td>
<td>100% of allowed amount for first 30 days, then 80% of allowed amount; deductible applies (semi-private, unless private room is medically necessary; pre-authorization required)</td>
</tr>
<tr>
<td>Observation care (facility fees)</td>
<td>100% of allowed amount for services within 72 hours after onset of emergency, then 80% of allowed amount; deductible applies</td>
</tr>
<tr>
<td>Observation care (professional fees)</td>
<td>100% of allowed amount for services within 72 hours after onset of emergency, then 80% of allowed amount; deductible applies</td>
</tr>
<tr>
<td>Outpatient surgery &amp; ambulatory surgical center (facility fees)</td>
<td>90% of allowed amount; deductible applies (includes freestanding surgical centers)</td>
</tr>
<tr>
<td>Outpatient surgery &amp; ambulatory surgical center (professional fees)</td>
<td>80% of allowed amount; deductible applies</td>
</tr>
<tr>
<td>Hyperbaric Oxygen Therapy</td>
<td>Medically necessary services</td>
</tr>
<tr>
<td></td>
<td>90% of R&amp;C; deductible applies (preauthorization required)</td>
</tr>
<tr>
<td>Infusion Therapy</td>
<td>90% of allowed amount; deductible applies (preauthorization required)</td>
</tr>
<tr>
<td>Outpatient infusion therapy</td>
<td>90% of allowed amount; deductible applies (preauthorization required)</td>
</tr>
</tbody>
</table>

**Services & Supplies (In Alphabetical Order)**

<table>
<thead>
<tr>
<th>Nutritional Counseling</th>
<th>Medically necessary services</th>
<th>90% of allowed amount; deductible applies (limited to one initial consultation and one follow-up visit for all networks combined; additional visits must be pre-authorized)</th>
<th>70% of R&amp;C; deductible applies (limited to one initial consultation and one follow-up visit for all networks combined; additional visits must be pre-authorized)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visits for Treatment of Illness or Injury</td>
<td>Primary care office visit only (Adult)</td>
<td>80% of allowed amount; deductible applies</td>
<td>70% of R&amp;C; deductible applies</td>
</tr>
<tr>
<td></td>
<td>Primary care office visit (Pediatric: age 19 and under)</td>
<td>100% of allowed amount; deductible applies</td>
<td>90% of R&amp;C; deductible applies</td>
</tr>
<tr>
<td></td>
<td>Primary care office visit only (GYN)</td>
<td>80% of allowed amount; deductible applies</td>
<td>70% of R&amp;C; deductible applies</td>
</tr>
<tr>
<td></td>
<td>Specialty care office visit only (Adult &amp; Pediatric)</td>
<td>90% of allowed amount; deductible applies</td>
<td>70% of R&amp;C; deductible applies</td>
</tr>
<tr>
<td></td>
<td>Treatment and diagnostic services in the office</td>
<td>90% of allowed amount; deductible applies</td>
<td>70% of R&amp;C; deductible applies</td>
</tr>
<tr>
<td>Services &amp; Supplies (In Alphabetical Order)</td>
<td>EHP Network Provider</td>
<td>Out of Network Provider</td>
<td></td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>----------------------</td>
<td>-------------------------</td>
<td></td>
</tr>
<tr>
<td>Preventive Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive exam (PCP, GYN and Well Child care)</td>
<td>100% of allowed amount; deductible waived (well child care limited to office visit, immunizations and PKU, flu vaccine, urinalysis and lead testing)</td>
<td>70% of R&amp;C; deductible applies (well child care 90% of R&amp;C, deductible applies limited to office visit, immunizations and PKU, flu vaccine, urinalysis and lead testing)</td>
<td></td>
</tr>
<tr>
<td>Diagnostic services for preventive exam</td>
<td>100% of allowed amount; deductible waived (well child care limited to office visit, immunizations and PKU, flu vaccine, urinalysis and lead testing)</td>
<td>70% of R&amp;C; deductible applies (well child care 90% of R&amp;C, deductible applies limited to office visit, immunizations and PKU, flu vaccine, urinalysis and lead testing)</td>
<td></td>
</tr>
<tr>
<td>Routine Preventive screenings: mammogram, colonoscopy, PAP test, etc.</td>
<td>100% of allowed amount; deductible waived (one PAP per 12-month period)</td>
<td>70% of R&amp;C; deductible applies (one PAP per 12-month period)</td>
<td></td>
</tr>
<tr>
<td>Routine hearing exams</td>
<td>100% of allowed amount; deductible waived (Pediatric: age 19 and under)</td>
<td>70% of R&amp;C; deductible applies (Pediatric: age 19 and under)</td>
<td></td>
</tr>
<tr>
<td>Private Duty Nursing</td>
<td>Private Duty Nursing</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td>Not Covered</td>
<td>Not Covered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiology Procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advance imaging including MRI, CT and PET scans</td>
<td>90% of allowed amount; deductible applies</td>
<td>70% of R&amp;C; deductible applies</td>
<td></td>
</tr>
<tr>
<td>All other imaging studies; including X-Ray and Ultrasound</td>
<td>90% of allowed amount; deductible applies</td>
<td>70% of R&amp;C; deductible applies</td>
<td></td>
</tr>
<tr>
<td>Reproductive Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician office visits (prenatal care only)</td>
<td>90% of allowed amount; deductible applies</td>
<td>70% of R&amp;C; deductible applies</td>
<td></td>
</tr>
<tr>
<td>Infertility treatment</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td>Birth centers (facility fees)</td>
<td>90% of allowed amount; deductible applies (pre-authorization required)</td>
<td>70% of R&amp;C; deductible applies</td>
<td></td>
</tr>
<tr>
<td>Birth centers (professional fees)</td>
<td>80% of allowed amount; deductible applies</td>
<td>70% of R&amp;C; deductible applies</td>
<td></td>
</tr>
<tr>
<td>Inpatient maternity care and delivery; newborn nursery care; NICU (facility fees)</td>
<td>100% of allowed amount for first 30 days, then 80% of allowed amount (semi-private, unless private room is medically necessary; pre-authorization required)</td>
<td>70% of R&amp;C for first 30 days, then 80% of allowed amount (semi-private, unless private room is medically necessary; pre-authorization required)</td>
<td></td>
</tr>
<tr>
<td>Inpatient maternity care and delivery; newborn nursery care; NICU (professional fees)</td>
<td>80% of allowed amount; deductible applies (maternity care - delivery and anesthesia 90% of allowed amount; deductible applies) (newborn care - initial and discharge visits 90% of allowed amount; deductible applies) (newborn care - all other inpatient visits - 80% of allowed amount, deductible applies)</td>
<td>70% of R&amp;C; deductible applies (maternity care - delivery and anesthesia 70% of R&amp;C, deductible applies) (newborn care - initial and discharge visits 90% of R&amp;C, deductible applies) (newborn care - all other inpatient visits - 80% of R&amp;C, deductible applies)</td>
<td></td>
</tr>
<tr>
<td>Interruption of pregnancy</td>
<td>80% of allowed amount; deductible applies</td>
<td>70% of R&amp;C; deductible applies</td>
<td></td>
</tr>
<tr>
<td>Female sterilization (professional services for surgery, anesthesia and related pathology)</td>
<td>100% of allowed amount; deductible waived</td>
<td>80% of R&amp;C; deductible applies (pre-authorization required)</td>
<td></td>
</tr>
<tr>
<td>Male sterilization (professional services for surgery, anesthesia and related pathology)</td>
<td>80% of allowed amount; deductible applies 80</td>
<td>80% of R&amp;C; deductible applies</td>
<td></td>
</tr>
<tr>
<td>Surgical Procedures</td>
<td>Surgical treatment for morbid obesity</td>
<td>Covered at Johns Hopkins Bayview Medical Center Only</td>
<td></td>
</tr>
<tr>
<td>Primary care office surgical procedures</td>
<td>Primary care office surgical procedures 80% of allowed amount; deductible applies 70% of R&amp;C, deductible applies</td>
<td>70% of R&amp;C; deductible applies</td>
<td></td>
</tr>
<tr>
<td>Specialist care office surgical procedures</td>
<td>80% of allowed amount; deductible applies</td>
<td>70% of R&amp;C; deductible applies</td>
<td></td>
</tr>
<tr>
<td>Outpatient surgery (including freestanding surgical centers) (facility fees)</td>
<td>90% of allowed amount; deductible applies (includes freestanding surgical centers)</td>
<td>90% of R&amp;C; deductible applies (includes freestanding surgical centers)</td>
<td></td>
</tr>
<tr>
<td>Inpatient surgery (facility fees)</td>
<td>100% of allowed amount for first 30 days, then 80% of allowed amount; deductible applies (semi-private, unless private room is medically necessary; pre-authorization required)</td>
<td>100% of R&amp;C for first 30 days, then 80% of allowed amount; deductible applies (semi-private, unless private room is medically necessary; pre-authorization required)</td>
<td></td>
</tr>
<tr>
<td>Inpatient surgery (professional fees)</td>
<td>80% of allowed amount; deductible applies (pre-authorization required)</td>
<td>70% of R&amp;C; deductible applies (pre-authorization required)</td>
<td></td>
</tr>
<tr>
<td>Therapy</td>
<td>Habilitative services for children under the age of 19</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td>Physical therapy/occupational therapy medically necessary services</td>
<td>80% of allowed amount; deductible applies (excludes maintenance therapy)</td>
<td>80% of R&amp;C; deductible applies (excludes maintenance therapy)</td>
<td></td>
</tr>
<tr>
<td>Speech therapy (non-developmental medically necessary services)</td>
<td>80% of allowed amount; deductible applies (pre-authorization required)</td>
<td>80% of R&amp;C; deductible applies (preauthorization required)</td>
<td></td>
</tr>
<tr>
<td>Pulmonary rehabilitation</td>
<td>90% of allowed amount; deductible applies (pre-authorization required)</td>
<td>90% of R&amp;C; deductible applies (preauthorization required)</td>
<td></td>
</tr>
<tr>
<td>Cardiac rehabilitation</td>
<td>90% of allowed amount; deductible applies (pre-authorization required)</td>
<td>90% of R&amp;C; deductible applies (preauthorization required)</td>
<td></td>
</tr>
<tr>
<td>Vision therapy</td>
<td>Not Covered</td>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>Physician visit</td>
<td>100% of allowed amount; deductible applies</td>
<td>80% of R&amp;C; deductible applies</td>
</tr>
<tr>
<td>Diagnostic services and treatment</td>
<td>100% of allowed amount; deductible applies</td>
<td>80% of R&amp;C; deductible applies</td>
<td></td>
</tr>
</tbody>
</table>
Student Advisory Committee

UHS welcomes student input and suggestions. To assist in this process, a UHS Student Advisory Committee meets monthly from September to June. Representatives from each student body interact closely with UHS in planning and implementing various policies and provide a direct link between students and UHS administration.

For the names of your representatives, contact your student body.
- Medical Student Senate
- School of Medicine Graduate Student Association: www.hopkinsmedicine.org/gsa/
- Postdoctoral Fellow Association: jhpda-g@jhu.edu
- Bloomberg School of Public Health: shprep@jhsph.edu or www.jhsph.edu/assembly/shr
- School of Nursing: http://nursing.jhu.edu/apply/student_life/healthandsafety

Your Pharmacy Plan Year Costs

<table>
<thead>
<tr>
<th>Plan Year Deductibles</th>
<th>In Network Retail Pharmacy (30-day supply)</th>
<th>In Network Retail Pharmacy (90-day supply)</th>
<th>Mail Order (90-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Preferred</td>
<td>$20</td>
<td>$60</td>
<td>$40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out-of-Pocket Maximum</th>
<th>In Network Retail Pharmacy (30-day supply)</th>
<th>In Network Retail Pharmacy (90-day supply)</th>
<th>Mail Order (90-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$10</td>
<td>$30</td>
<td>$20</td>
</tr>
<tr>
<td>Preferred</td>
<td>$20</td>
<td>$60</td>
<td>$40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lifetime Maximum</th>
<th>In Network Retail Pharmacy (30-day supply)</th>
<th>In Network Retail Pharmacy (90-day supply)</th>
<th>Mail Order (90-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unlimited</td>
<td>Refer to Preferred/Non-Preferred Brand</td>
<td>Refer to Preferred/Non-Preferred Brand</td>
<td>Refer to Preferred/Non-Preferred Brand</td>
</tr>
</tbody>
</table>

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