

Summary of Health Benefits
for Postdoctoral Fellows and
Students in the Johns
Hopkins School of Medicine,
the Johns Hopkins
Bloomberg School of Public
Health, the Johns Hopkins
University School of Nursing

2011-
2012

Please use this brochure in conjunction with the information on the University Health Services (UHS) website www.hopkinsmedicine.org/uhs and the Student Health Program Summary Plan Description (SPD). The SPD is available online at www.hopkinsmedicine.org/som/studentinsurance/index.html

Administered by
the Johns Hopkins
University School
of Medicine

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Important Telephone Numbers

Bloomberg SPH Student Accounts Office	410-955-5725
Bloomberg SPH Student Affairs Office	410-614-5116
CareFirst Dental Plan (School of Medicine)	1-866-891-2802
Faculty and Staff Assistance Program (FASAP)	443-287-7000 or 443-997-7000
Johns Hopkins Student Assistance Program (JHSAP)	443-287-7000 or 443-997-7000
School of Medicine Registrar's Office	410-614-3301
School of Nursing Student Accounts Office	410-955-1243
Student Health Program (SHP) (insurance component)	410-424-4485 or 1-888-400-0091
Travel Medicine Consultation & Immunization Service	410-955-8931
United Concordia Dental (Nursing & Public Health)	1-866-357-3304

UHS Health Services (UHS) 410-955-3250

Regular hours: Monday through Friday 8:00 a.m. to 5:00 p.m.

Extended hours: currently Thursdays 5:00 p.m. to 7:00 p.m. Please refer to the website at

<http://www.hopkinsmedicine.org/uhs/> for up-to-date information as these hours may change

Appointments/Information – Call your assigned medical provider's number:

Dr. Spyridon Marinopoulos	410-502-7384	Assistant: Charlene Phipps
Dr. Nancy Codori	410-955-7584	Assistant: Regina Anthony
Dr. Edgar (Pete) Miller	410-502-3469	Assistant: Regina Anthony
Dr. Zoobia Chaudhry	410-502-3469	Assistant: Regina Anthony
Mary Wippel, CRNP	410-955-3250	
Sharon O'Neill, CRNP	410-955-3250	

If you do not have an assigned doctor, have seen a Health Center doctor who is not listed above, or do not know who your doctor is, call the main University Health Services number.

Main UHS Health Center number	410-955-3250
UHS Physician On-Call (ask to speak with your assigned physician or his/her coverage)	410-955-4331
UHS Director's Office (Dr. Marinopoulos)	410-502-7384
UHS Health Center Manager (Glory Christy, RN)	410-614-5050
UHS Senior Administrative Manager (Carol Han)	410-502-7372
UHS Benefits Office (Darnell Williams) Monday through Friday 8:30 a.m. to 5:00 p.m.	
Billing/Benefits Questions	410-955-3872
Prescription Refill Line	410-502-7366
University Mental Health	410-955-1892
For appointments call Weza Cotman, Clinical Coordinator	410-955-1892

After-Hours Physician On-Call System: After-hours, seven-day-a-evenings, weekends, and holidays, physician on-call system for urgent health care problems.

After-Hours Telephone Numbers

Adult Medical/Surgical Emergency 410-955-4331

(for your assigned primary care provider or coverage)

Psychiatric Emergencies 410-955-1892

(for University Mental Health Psychiatrist on-call)

Wilmer Institute Comprehensive Eye Service

Johns Hopkins Hospital	410-955-5080
Greenspring Station	410-583-2800
Columbia	410-910-2330
White Marsh	443-442-2020

Needle Stick Exposures (East Baltimore Campus) 410-955-STIX (410-955-7849)
If you are exposed to potentially infected blood or body fluid, you must call the needle stick hotline immediately for instructions (available 24 hours a day, 7 days a week)

Needle Stick Exposures (Bayview Campus) 410-550-0477 or 410-283-1545 after hours

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 and postdoctoral fellows 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 Student Accounts Office, Room 336, 525 N. Wolfe Street, 410-955-1243, email: studentaccounts@son.jhmi.edu.

Part-time and full-time students and postdoctoral fellows 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: bursar@jhsph.edu.

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 School of Medicine and Bloomberg School of Public Health 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 School of Medicine & Bloomberg School of Public Health degree candidates and School of Nursing students: 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, and the Johns Hopkins University School of Nursing are required to have health insurance and to enroll in University Health Services (UHS.) 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:

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 will occur during

orientation activities. Comparable coverage would need to provide a minimum of \$250,000 US 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. **Please note:** *All on-campus full-time JHSPH students are billed the \$450 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 \$450 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. *An annual \$450 University Health Services fee is assessed regardless of insurance participation.*

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. *All medical students are assessed an annual \$450 University Health Services fee regardless of insurance participation.*

Master's Degree Candidates in Medical and Biological Illustration: All full-time Master's Degree candidate 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. *All master's candidates are assessed an annual \$450 University Health Services fee regardless of insurance participation.*

Ph.D. Candidates & Master's Degree Candidates in Health Sciences Informatics: All full-time Ph.D. candidates and degree candidates in Health Science Informatics, their spouses and dependent children must be covered by health insurance. Students must enroll in the Student Health Program offered by the School of Medicine. 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 doctoral and master's candidates are assessed an annual \$450 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.

- **Bloomberg School of Public Health**
Student Accounts and Business Services
615 N. Wolfe Street, Suite W1101
Baltimore, MD 21205
410-955-5725
bursar@jhsph.edu
- **School of Nursing**
Student Accounts Office, Room 336
525 N. Wolfe Street
410-955-1243
studentaccounts@son.jhmi.edu
- **School of Medicine Registrar's Office**
147 Broadway Research Building
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.

Criteria	Minimum Requirements for Alternative Coverage
Plan Year Deductible	Cannot exceed \$1000 per person & cannot exceed \$3000 per family
Out of Pocket Maximum	Cannot exceed \$3000 per person & cannot exceed \$9000 per family
Lifetime Maximum benefit	\$500,000
Inpatient Hospitalization	Must cover at least 70%
Outpatient Services	Must cover at least 70%
Prescription Drugs	Must provide coverage for prescription drugs
Mental Health & Substance Abuse Treatment	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 for adults over age 19	Must provide coverage for pre-existing conditions equivalent or better than SHP (SHP covers only to \$10,000 for the first 12 months unless HIPAA certificate is provided).
Claims processing unit must be based in the U.S.	Must be U.S. based
U.S. phone number	Must be U.S. based
Coverage for services provided in Maryland	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.	Must provide coverage outside of Maryland, including travel study or research abroad
Coverage Period	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:

- **School of Medicine** Registrar’s Office, 147 Broadway Research Building
- **Bloomberg School of Public Health** Student Accounts Office, 615 N. Wolfe Street, Suite W1101
- **School of Nursing** Student Accounts Office, Room 336.

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			
Prescription Drugs	In Network Retail Pharmacy (30 day supply)	In-Network Retail Pharmacy (90-day supply for maintenance drugs)	Mail Order (90 day supply)
Generic	\$10 Copay	\$30 Copay	\$20 Copay
Preferred Brand	\$20 Copay	\$60 Copay	\$40 Copay
Non Preferred Brand	\$35 Copay	\$105 Copay	\$70 Copay

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.

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.
- **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 care 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 students are required to enroll in University Health Services and pay the mandatory annual fee of \$450 regardless of insurance participation. 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. Spouses/same-sex domestic partners who are covered by the Student Health Program insurance may also access University Health Service. Access to UHS services cease upon graduation or completion of your fellowship 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 within 90 days prior to graduation.

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. Note: Hepatitis B vaccines are provided to the subscriber only by Occupational & Environmental Health, not by UHS. UHS does not provide travel immunization services.

Location & Hours: UHS is located at 401 N. Caroline Street. The hours of operation are from 8:00 a.m. to 5:00 p.m., Monday through Friday, with evening hours once a week. 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. Members of the house staff are not recognized as participating physicians. 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 same laws as any Johns Hopkins medical record according to strict federal 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. For more information regarding the specific services provided, visit the UNH website at www.hopkinsmedicine.org/uhs/UMH/University_Mental_Health.html.

Location: The University Mental Health Office is located at 401 N. Caroline Street.

Accessing Care: If you desire an appointment, please call 410-955-1892 to be scheduled with one of the University Mental Health professionals. During your first visit your needs will be evaluated and a comprehensive psychiatric and mental health evaluation will be conducted. Medications and/or psychotherapy techniques may then be utilized for your treatment. 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.

Duration 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. Although most cases are expected to require short term psychotherapy, there are cases in which long term treatment or specialized services may be required to address the problem. These services will be provided by UMH or, if not available, through appropriate outside referral using the house officer/spouse's insurance. The program's psychiatrists/mental health professionals will recommend a treatment plan tailored to each individual case.

Psychiatric Emergencies: In an emergency a psychiatrist is always available. During the day, a psychiatrist can be reached through University Mental Health (410-955-1892). At night or on weekends, you should call 410-955-1892 for the psychiatrist 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 records 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 Travel Medicine Consultation and Immunization Service administers travel immunizations and relevant information in the Johns Hopkins Outpatient Center, 410-955-8931, travelmedicine@jhmi.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. **Fees for travel immunizations for Bloomberg School of Public Health students and School of Nursing students are not covered by the UHS Benefits Office. UHS does not provide travel immunization services.**

Adult Immunizations

The SHP covers the cost of adult immunizations. Hepatitis B vaccines are provided only by Occupational & Environmental Health. All other routine immunizations (except travel immunizations) are provided at UHS free of charge for full-time fellows, full-time students and their spouse/same-sex domestic partners.

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 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

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 in the Hospital, Blalock 144. Office hours are from 8:30 a.m. to 5:00 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 exam/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.

Definitions

Child: Children are covered through age 25.

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 of the opposite sex and 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 staff, 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, Bloomberg School of Public Health and 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 Blalock 144, Johns Hopkins Hospital.

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 401 N. Caroline 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, Johns Hopkins University Bloomberg School of Public Health, 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 401 N. Caroline Street.

Medical Benefits At-A-Glance

The following chart summarizes most of the benefits and services available under the Student Health Program (SHP). It is not a comprehensive listing of services provided. All benefits are subject to medical necessity.

Services and Supplies	Option 1 In Network Providers All Services Subject to Deductible*	Option 2 Out of Network Providers All Services Subject to Deductible
PLAN YEAR DEDUCTIBLE (All Options Combined)		
Individual	\$100	\$100
Family	\$300	\$300
COINSURANCE OUT OF POCKET MAXIMUM PER PLAN YEAR (All Options Combined)		
Individual	\$3000	\$3000
Family	\$9000	\$9000
TREATMENT OF ILLNESS OR INJURY		
Primary Care Office Visit (over 19 years of age)	80%	70% of R&C
Adult Specialty Care Office Visit	90%	70% of R&C
Pediatric Care Office Visit (under 19 years of age)	100%	90% of R&C
Pediatric Specialty Care Office Visit (under 19 years of age)	90%	70% of R&C
Podiatry Care Office Visit	90%	70% of R&C
LABORATORY AND X-RAY PROCEDURES		
Laboratory Tests, Imaging Exams, X-rays and Ultrasound	90%	70% of R&C
SURGICAL PROCEDURES		
Professional Services for Inpatient and Outpatient Surgery	80% (1)	70% of R&C (1)
Reconstructive and/or Surgically Implanted Prosthetics	80% (1)	70% of R&C (1)
Gastric Bypass Surgery (must be coordinated by Clinical Case Management)	80% (2) at JHH institutions only	Available under Option 1 only

Services and Supplies	Option 1 In Network Providers All Services Subject to Deductible*	Option 2 Out of Network Providers All Services Subject to Deductible
PREVENTIVE SERVICES		
Adult General Physical Exam	100%, deductible waived	70% of R&C
Well-Child Care: Office Visits, Immunizations and PKU, Flu Vaccine, Urinalysis and Lead Testing	100%, deductible waived	90% of R&C
Mammograms (screening) (once per 12 month period)	100%, deductible waived	90% of R&C
Annual Pap (pathology) (once per 12 month period)	100%, deductible waived	70% of R&C
Colonoscopy (screening)	100%, deductible waived	70% of R&C
Annual GYN Exam (once per 12 month period)	100%, deductible waived	70% of R&C
Adult Immunizations and Inoculations Gardasil covered for the FDA approved age range of 9-26 years of age	100%, deductible waived	70% of R&C
ALLERGY TESTS AND PROCEDURES		
Allergy Tests	90%	90% of R&C
Desensitization Materials and Serum	80%	80% of R&C
PHYSICAL/OCCUPATIONAL THERAPY		
Excludes Maintenance Therapy	80%	80% of R&C
CHIROPRACTIC CARE		
Restricted to Initial Evaluation, X-Rays and Spinal Manipulations (limited to \$1,000 maximum per plan year)	80%	80% of R&C
REPRODUCTIVE HEALTH		
Physician Office Visits (prenatal care only)	90%	70% of R&C
Charges for Delivery and Related Anesthesia	90% (1)	70% of R&C (1)
Newborn Care (initial and discharge visits only)	90% (1)	90% of R&C (1)
Newborn Care (all other inpatient visits)	80% (1)	80% of R&C (1)
Birthing Center (licensed facility only)	90% (1)	90% of R&C (1)
Voluntary Sterilization	80% (1)	80% of R&C (1)

Services and Supplies	Option 1 In Network Providers All Services Subject to Deductible*	Option 2 Out of Network Providers All Services Subject to Deductible
URGENT CARE CENTER		
Physician Visit	100%	80% of R&C
EMERGENCY SERVICES		
Emergency Care (facility and professional fees) (i.e., the onset of a sudden and serious condition requiring immediate care)	100% for services within 72 hours after onset of emergency, then 80%	100% of R&C for services within 72 hours after onset of emergency, then 80% of R&C
CHEMOTHERAPY/RADIATION THERAPY		
Physician Visit	100%	80% of R&C
Physician Materials	80%	80% of R&C
ACUPUNCTURE		
\$300 Maximum per plan year Must be coordinated by Clinical Case Managers	80%	70% of R&C
AMBULANCE TRANSPORTATION		
To and/or from a Hospital Only	80%	80% of R&C
HOME HEALTH CARE		
Must be provided by a Licensed Health Care Organization Medically necessary services coordinated by Clinical Case Managers	100% for 1st 90 visits per plan year, then 80% (1)	90% of R&C for 1st 90 visits per plan year, then 80% of R&C (1)
HOSPICE CARE		
Inpatient and Home	100% (1)	100% of R&C (1)
SPEECH THERAPY		
Restorative, Non-Developmental Therapy Only Must be coordinated by Clinical Case Managers	80% (1)(3)	80% of R&C (1)(3)
DURABLE MEDICAL EQUIPMENT		
Equipment, Prosthetic Appliances, and Medical Supplies	80%	80% of R&C (1)

Services and Supplies	Option 1 In Network Providers All Services Subject to Deductible*	Option 2 Out of Network Providers All Services Subject to Deductible
NUTRITION COUNSELING		
Limited to 1 initial consultation and 1 follow-up visit (Additional visits must be medically necessary and coordinated by Clinical Case Managers)	90%	70% of R&C
HOSPITAL CARE		
Inpatient Care (semi-private, unless private room is medically necessary)	100% for 1st 30 days, then 80% (1)	100% of R&C for 1st 30 days, then 80% of R&C (1)
Intensive Care	100% for 1st 30 days, then 80% (1)	100% of R&C for 1st 30 days, then 80% of R&C (1)
Other Inpatient Services	100% for 1st 30 days, then 80% (1)	100% of R&C for 1st 30 days, then 80% of R&C (1)
Inpatient Physician Services (excluding surgical services)	80% (1)	80% of R&C (1)
Skilled Nursing Rehabilitation Facility	100% for 1st 30 days, then 80% (1)	100% of R&C for 1st 30 days, then 80% of R&C (1)
Outpatient Services (including outpatient testing prior to outpatient surgery)	90%	90% of R&C
Outpatient Surgery Facility Charges (including freestanding surgical centers)	90% (1)	90% of R&C (1)
MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES		
Professional Fees for Outpatient Mental Health Care	90%	90%
Professional Fees for Inpatient Mental Health Care	80%	80% of R&C
Facility Charges for Inpatient Mental Health Care	100% for 1st 30 days, then 80% (1)	100% of R&C for 1st 30 days, then 80% of R&C (1)
Facility Charges for Alcohol and Substance Abuse Care	100% for 1st 30 days, then 80% (1)	100% of R&C for 1st 30 days, then 80% of R&C (1)
Professional Fees for Inpatient Alcohol and Substance Abuse Care	80%	80% of R&C
Professional Fees for Outpatient Alcohol & Substance Abuse Care	100%	80% of R&C

PRESCRIPTION DRUGS			
Prescription Drugs	In Network Retail Pharmacy (30 day supply)	In-Network Retail Pharmacy (90-day supply for maintenance drugs)	Mail Order (90 day supply)
Generic	\$10 Copay	\$30 Copay	\$20 Copay
Preferred Brand	\$20 Copay	\$60 Copay	\$40 Copay
Non Preferred Brand	\$35 Copay	\$105 Copay	\$70 Copay

* Deductible applies except for specific benefits where deductible is waived as noted.

(1) Failure to obtain pre-certification may result in a penalty or possible denial of benefits.

(2) Pre-Certification is required. The member must meet criteria and the procedure must be medically reviewed and approved prior to surgery. All services must be provided at a Johns Hopkins institution.

(3) Covered benefits only include therapy aimed at restoring the level of speech the individual had attained before the onset of a condition (i.e., before an illness or injury). Speech therapy for developmental disorders, such as stuttering, articulation disorders, tongue thrust, lisping, etc. is Not Covered.

“R&C” (Reasonable and Customary Charge) is explained under the heading “Payment Terms You Should Know” in your Summary Plan Description (SPD). You are responsible for any charges above R&C. All benefits are subject to medical necessity. This is not a complete description of benefits. For more information, please refer to the SPD at www.hopkinsmedicine.org/som/gme/residents/index.html

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 Society
- School of Medicine Graduate Student Association: www.hopkinsmedicine.org/gsa/
- Postdoctoral Fellow Association: jhpda-g@jhmi.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

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