The Student Health Plan (SHP) is an insurance program offered to you as a student at the School of Public Health. SHP covers 80% of most services and prescriptions and allows you to see the physician of your choice. For more details about SHP see the “Summary Plan Description” booklet or call them directly.

The University Health Services (UHS), also referred to as the Ambulatory Health Care Program for Students and Fellows, is a supplemental benefit available to students and their dependents who are enrolled in SHP. UHS runs a free clinic (Carnegie 136 in the hospital) which offers general medical appointments. In addition, UHS will supplement SHP by paying the 20% not covered for visits to specialists or for emergency care. UHS will also cover the yearly $100 deductible if the services are obtained through a referral by UHS. For more information about UHS see the “Ambulatory Health Care Program for Students and Fellows” brochure or call the Benefits Office.

SHP and UHS are two separate entities that are not related to each other. Make sure you know what each offers so that you can get the full benefit of your health coverage. SHP and UHS brochures are available on this CD and in the Student Accounts Office.

**Frequently Asked Questions**

**GENERAL:**

*Is it required to enroll in the Health Insurance Program?*
All full-time and foreign students must enroll in our plan unless you have proof of comparable coverage. Enrollment is optional for part-time students.

*When is open enrollment?*
Open enrollment is July and September. You may change your coverage at other times of the year if you have a life event such as a birth, marriage, etc.

*How are my premiums charged to my student account?*
Premiums are charged to your student account each term.
Summer: July-August
1st Term: September - October
2nd Term: November - December
3rd Term: January - March
4th Term: April - June
What are the monthly premiums?
Individual $145
Two-Party $323 (Parent-Child, Husband-Wife, Same-Sex Domestic Partners)
Family $403

When are my premiums due?
Premiums are due by the payment due date for that term. Preferred payment method is via the web at www.registration.jhu.edu by e-check, Mastercard, Visa or Discover.

Can my student loans pay for insurance premiums?
Yes. Your premiums will be deducted from your loan refund check each term.

If I have a baby, when do I add the baby to my plan?
The baby must be added to your plan in the month the baby is born regardless of the day of the month. You must pay the increase in premium for the entire month.

May I terminate my coverage at any time?
No. You may only terminate at the end of a term. If you are full-time, you must have proof of comparable coverage. Premiums are not prorated. Please see the following termination dates.
Summer: August 30\textsuperscript{th}
1\textsuperscript{st} Term: October 31\textsuperscript{st}
2\textsuperscript{nd} Term: December 31\textsuperscript{st}
3\textsuperscript{rd} Term: March 31\textsuperscript{st}
4\textsuperscript{th} Term: June 30\textsuperscript{th}

If I’m separating permanently from the School, will my coverage be terminated automatically?
We will notify you in writing that your insurance coverage will be terminated. However, you will have 60 days to retroactively continue coverage under COBRA.

APPOINTMENTS AND CARE:
Can I go to any doctor of my choice?
Yes. You may see any doctor anywhere in the U.S. or abroad.

May I utilize the UHS clinic if I have my own health insurance plan?
No. Only students and their dependents enrolled in SHP may go to UHS or receive their benefits.

Does SHP cover preventive services, such as yearly gynecology exams?
No, SHP does not cover preventive services; however, many preventive services, including yearly gynecology exams, are offered through the UHS clinic at no cost to students.
Is prescription coverage part of our insurance?
Participants in the SHP (group 0016) are covered by Prescription Card Services (PCS) and you pay 20% of the full cost of prescription services at the time of purchase. A mail order prescription program is also available for maintenance prescriptions.

Are contraceptives covered under SHP?
Effective July 1, 2003, the Student Health Program will cover prescribed oral contraceptives and contraceptive devices, including the removal of Norplant. However, the Program will not cover the insertion of Norplant. Non-prescribed contraceptives are still not covered.

Are eye exams covered under SHP?
Eye care is not covered under the Student Health Plan. If you are a full-time student enrolled in the SHP plan, the Wilmer Eye Clinic offers one free routine eye exam per academic year. You must make an appointment by calling 410-955-5080. You will receive a bill for this visit, but you must bring that bill to the UHS Benefits Office for payment. Walk-in visits at Wilmer are not covered.

Are eyeglass frames and lenses covered?
No. Eyeglass frames and lenses are 30% off for all Hopkins students and their family members at the Wilmer Vision Center in the Outpatient Center (410-955-9373).

Does the Bloomberg School of Public Health offer dental coverage?
No. If you would like to obtain your own dental coverage, we suggest you visit www.dentaquest.com or www.dentachek.com.

If I want to see a doctor what should I do?
If you have a non-emergency, you have two options.
1) You can make an appointment with a physician at UHS and the entire visit will be paid for by SHP and UHS. In order to make a UHS appointment simply stop into the UHS clinic, located in Carnegie Room 136, or call the clinic at 410-955-3250 (Monday – Friday, 8am - 4pm).
2) You can make an appointment with the physician of your choice and SHP will pay a percentage of the cost (usually 80% but check the Summary Plan Description for details).

How do I receive mental health care?
You can make an appointment with the Student Assistance Program (410-955-1220) or with Student Mental Health Services (410-955-1892). Both programs offer free services as well as referrals to other services.

How do I receive obstetrical care?
Obstetrical (OB) care can be scheduled by contacting the UHS clinic. Once pregnancy is confirmed, you are referred to the Faculty OB practice. Should you seek care by an obstetrician of your choice without referral through UHS, you will liable for any costs after consideration by our insurance.
**If I have an emergency medical need what should I do?**
You should go to or call the UHS clinic during normal business hours or call the after-hours on-call physician in order for UHS to cover the 20% that SHP does not cover. (Medical/surgical emergencies 410-955-4331; psychiatric emergencies 410-955-5964) If you go directly to any emergency room, SHP will cover 80% and you are responsible for the remaining 20%. In addition, it is necessary to contact SHP within 48 hours of any emergency care in order to get coverage from them.

**Who are the doctors at UHS clinic?**
Care at UHS is provided by the Division of Internal Medicine. The doctors may be students or faculty members in the School of Public Health; therefore, be aware that some of the doctors at the UHS clinic might be your classmates or your professors. You have the right to request any doctor of your choice at the UHS clinic, but please keep in mind that this may cause a longer wait for an appointment.

**If I want to see a specialist what should I do?**
You must get a referral from a doctor at the UHS Clinic in order for the UHS Benefits Office to pay the 20% that SHP doesn’t cover for the specialist visit, and to pay the $100 annual deductible. If you choose not to get a referral through UHS, SHP will cover 80% of your incurred costs and you will have to pay the remaining 20% and yearly $100 deductible if this is your first insurance claim for the calendar year. Be sure to bring your referral form with you to the specialist.

**How can I get medical care for my child?**
Children of SHP members are covered for care with a pediatrician of your choice. SHP must know that your children are part of your plan, so notify them within the month of the child’s birth, or as soon as you become a member of the program. The UHS Benefits Office has a list of local pediatricians to assist you. If your child requires specialist care, he or she must be referred by his or her listed pediatrician. The UHS Benefits Office will pay for the referral only if it is made by the child’s pediatrician. The UHS Benefits Office must be notified, in writing, of any referrals to specialists (you can request a copy of the note to bring over to the Benefits Office yourself; this will avoid delays in payment). Additional information regarding pediatric emergencies, diagnostic procedures, and mental health services can be found in the “Ambulatory Health Care Program for Students and Fellows.”

If your child needs emergency pediatric care, contact the child’s pediatrician first for instructions on how the matter should be handled. This is especially important if you want the Benefits Office to pay what SHP does not cover. If you do not contact your pediatrician first, you will be responsible for any balance after payment consideration by SHP.
Am I covered when I travel?
You are covered by SHP anywhere in the continental U.S. and abroad as described in the Summary Plan Description. In general, if you are outside of the country you will have to pay the bills yourself and then file claims with SHP to be reimbursed once you return. Be aware that SHP will only pay usual and customary charges which may be different from a physician bill especially in foreign countries. You are not able to take advantage of the supplemental benefits available through UHS when you travel.

BILLING:
Is it true UHS Benefits pays my deductible?
Yes, if you are being charged a deductible for a visit which was referred through UHS, you must bring the bill to the UHS Benefits Office.

Why do I seem to get two bills for a given visit?
You will receive two correspondences for each doctor visit. 1) Explanation of Benefits (EOBs) from SHP which lets you know how much the services cost and what portion was paid by SHP. This is not a bill; however, you must keep them in order for the UHS Benefits Office to pay your bill. 2) Invoice from the service provider which tells you how much you owe after the insurance has paid its part. This is a real bill and you need to make sure the balance gets paid (see below). Note that you will not receive a bill for a visit to UHS since the billing process for UHS visits is handled internally by UHS.

What do I do when I get an explanation of benefits (EOB) or a bill?
Hold on to all EOBs and bills. If the services were referred through UHS, or the bill is for the yearly eye exam, you should bring the bill along with the corresponding EOB to the UHS Benefits Office (Blalock 144, down the hall from the UHS clinic). Otherwise, UHS will not be able to pay their portion. If you are not sure if UHS will cover a bill, call them directly. Whatever UHS does not cover, you are responsible for paying.