

Dear Student, Parent, or Guardian:

We are pleased to provide you with this overview of the Johns Hopkins University Student Health Benefits Plan (SHBP). This SHBP is administered by Wellfleet Group and has contracted with Cigna for the plan's provider network of hospitals, physicians, and other health care providers.

Your plan includes:

- Coverage while at school and at home
- Comprehensive coverage both for emergency and non-emergency situations
- Access to the Cigna PPO network

<b>BENEFIT SUMMARY*</b>		
<b>Aggregate Benefit Maximum</b>	Unlimited	
	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Out-of-Pocket Maximum</b>	\$3,000 Individual/ \$9,000 Family Max	\$7,750 Individual/ \$15,500 Family
<b>Annual Deductible (Per Person)</b>	\$150 Individual /\$500 Family	
<b>Preventive Care</b>	100% of PA* (deductible does not apply)	84% of R&C*
<b>Inpatient Hospital Expense</b>	90% of PA	64% of R&C
<b>Primary Care Office Visit</b>	100% of PA After \$20 copay	64% of R&C
<b>Mental Health Office Visit</b>	90% of PA	64% of R&C
<b>Emergency Room Expense Co-pay waived if admitted</b>	100% of PA After \$50 copay	100% of R&C after \$50 copay
<b>Urgent Care Center</b>	100% of PA after \$50 copay	100% of R&C after \$50 copay
<b>Outpatient Laboratory Expenses</b>	90% of PA	64% of R&C
<b>Prescription Drug Benefits –</b>	\$15 copay for generics \$25 copay for brand name	\$15 copay for generics \$25 copay for brand name
<small>*PA= Preferred Allowance                      *R&amp;C =Reasonable &amp; Customary            *This summary is provided as a courtesy and is not meant to replace or override the terms and conditions detailed in the Plan Document. Please refer to the Plan Document to verify medical coverage, eligibility, exclusions, limitations, and for more detailed information.</small>		

Your plan also offers the following value-added services:

- Vision Discount Program
- Medical Travel Assistance

You may visit any licensed health care provider for covered services by using the Cigna PPO network. For a listing of Cigna PPO Providers, go to [www.cigna.com](http://www.cigna.com) or contact Wellfleet at (877) 657-5044, or go to [www.wellfleetstudent.com](http://www.wellfleetstudent.com) for assistance.

## Johns Hopkins University Benefits Requirements

Johns Hopkins University requires that all full-time Domestic students purchase the health plan unless proof of comparable coverage is provided. International students are required to enroll in the Student Health Benefits Plan.

Students enrolled as non-resident graduate students, and graduate study abroad students are eligible to enroll in the Plan. Coverage for eligible Dependents is available.

**The final enrollment deadline is September 30, 2021.**

<b>I need to:</b>	<b>Visit:</b>
Enroll in the JHU Student Health Benefits Plan, Enroll dependents in the JHU Student Health Benefits Plan	<a href="http://sis.jhu.edu">Johns Hopkins University sis.jhu.edu</a> ( <a href="#">Personal Info &gt;</a> <a href="#">Health Insurance</a> )
Print ID Card, Plan Benefits, Claims Processing	<a href="http://sis.jhu.edu">Johns Hopkins University sis.jhu.edu</a> ( <a href="#">Personal Info &gt;</a> <a href="#">Health Insurance</a> )
Learn about: <ul style="list-style-type: none"> <li>• Preferred Provider Listings</li> <li>• Claims Processing</li> </ul>	<b>Wellfleet</b> (877) 657-5044 <a href="http://www.wellfleetstudent.com">www.wellfleetstudent.com</a>
Find a Provider	<b>Cigna PPO</b> <a href="http://www.cigna.com">www.cigna.com</a> (877) 657-5044
Find a Prescription Drug Provider	<b>WellfleetRX/ESI</b> <a href="http://www.wellfleetstudent.com">www.wellfleetstudent.com</a> (877) 657-5044

<b>Covered Person</b>	<b>Fall Semester 7/1/21-2/14/22</b>
Student	\$1,539
Spouse	\$2,738
One Child	\$1,265
Children (Two or More)	\$1,701

