

For Employees of Johns Hopkins All Children's Hospital

BENEFITS OPEN ENROLLMENT

Oct. 16 – Nov. 1, 2024

Enroll in or change your benefits on SmartSource
by Friday, Nov. 1



You can enroll in, drop or change these benefits, which will be effective Jan. 1, 2025:

- Medical and prescription drug, dental and vision insurance
- Health and dependent care flexible spending accounts (FSA)
- Supplemental life insurance
- Accident, critical illness and hospital indemnity insurance
- Prepaid legal services
- Long-term disability insurance

Now is a good time to check your beneficiaries, too.

Important Changes For 2025

We evaluate our benefit offerings each year as part of our continued effort to harmonize benefits across the health system and stay competitive in the market while being equitable.

Contribution changes: As we keep up with the growing demands of health care inflation while minimizing the impact on employees, there are modest changes to medical, dental and vision contributions.

Do I Need To Enroll?

Yes, only if you want to...

- Have a flexible spending account (FSA)
- Add or drop dependents from coverage
- Add or change benefits

Otherwise, you don't need to do anything. Your current benefits, **except FSAs**, will continue in 2025.

New medical plan options: We're pleased to offer Johns Hopkins Employer Health Programs (EHP) medical plans to All Children's Hospital employees. Learn more about these plans on page 2.

Vision benefits now operate on a calendar year: Vision benefits will reset each calendar year on Jan. 1 instead of every 12 months.

Questions? Contact the HR Support Center at 443-997-5400 or hrsc@jhmi.edu.

Employer Health Programs (EHP) Medical Plan Options

In our continued effort to harmonize benefits across the health system, we're pleased to offer Johns Hopkins Employer Health Programs (EHP) medical plans to All Children's Hospital employees.

In addition to Allegiance plans, you can choose from two EHP medical plans:

- Johns Hopkins Exclusive Provider Organization (EPO) Plan
- Johns Hopkins Preferred Provider Organization (PPO) Plan

These are the same plans we offer to other JHHS hospitals and member organizations.

Key Highlights of the EHP Plans

Compared to the Allegiance medical plans, the EHP plans:

- Have lower deductibles, so you'll pay less out of pocket before the plan begins to pay.
- Have lower copays for in-network primary and urgent care visits.
- Use a larger Cigna network, so most employees can continue seeing their current physicians and providers.
- Don't offer a health reimbursement account (HRA).

Like the Allegiance medical plans, the EHP plans also:

- Use a combination of coinsurance and copays for the cost of care and can be paired with a health care FSA.
- Offer no-cost coverage for All Children's Hospital physicians and providers—you'll continue to pay nothing out of pocket.
- Administer prescription drug coverage through CVS Caremark and offer the same no-cost programs for specialty, asthma and diabetes medications.

Everything You Need Is On myBenefits

Visit myBenefitsJHHS.com or scan the QR code to view information about all your benefits, changes for 2025 and contributions.

When you're ready to enroll, access **SmartSource** directly from myBenefits.

myBenefits y SmartSource están disponible en español:

- En myBenefits, seleccione **Spanish** en el menú desplegable Choose Language.
- En SmartSource, seleccione **Español** en el menú desplegable Welcome en la esquina superior derecha.

View a side-by-side plan comparison on page 3.

If you need help picking a plan, talk to **ALEX** to get personalized recommendations.



Find **ALEX** and more information about the EHP medical plans at myBenefitsJHHS.com.

Health Plan Comparison Charts

The charts below reflect in-network coverage only. For more coverage details, including prescription drug and out-of-network coverage, visit myBenefitsJHHS.com.

	Johns Hopkins EPO Plan	Allegiance CDP	Johns Hopkins PPO Plan			Allegiance OAP
Annual Deductible¹	\$500 per person \$1,000 per family	\$2,000 per person \$4,000 per family	Determined by salary tier			\$1,000 per person \$2,000 per family
			<\$50K \$150 per person \$300 per family	\$50K–\$120K \$200 per person \$400 per family	>\$120K \$300 per person \$600 per family	
Annual Out-of-Pocket Maximum	\$3,000 per person \$6,000 per family	\$3,000 per person \$6,000 per family	Determined by salary tier			\$2,000 per person \$4,000 per family
			<\$50K \$1,500 per person \$3,000 per family	\$50K–\$120K \$2,000 per person \$4,000 per family	>\$120K \$3,000 per person \$6,000 per family	
Out-of-Network Coverage	No	No	Yes			Yes
Coinsurance¹ Applies after deductible	Preferred ² : You pay 10% Cigna: You pay 20%	You pay 10%	Preferred ² : You pay 10% Cigna: You pay 20%			You pay 10%
Primary Care Office Visit¹	\$20 copay	\$25 copay	\$10 copay			\$30 copay
Emergency Room	\$250 copay	You pay 10% coinsurance, after \$200 copay & deductible	\$250 copay			You pay 10% coinsurance, after \$200 copay & deductible
Urgent Care	\$40 copay	\$50 copay	\$25 copay			\$50 copay

Dental

	Cigna Dental PPO Plan
Annual Deductible	\$50 per person
Annual Maximum Excluding orthodontia	\$1,500 per person
Preventive Services	\$0 copay
Basic Services	You pay 10% coinsurance
Major Services	You pay 40% coinsurance
Orthodontia	Plan covers 50% after deductible up to a \$2,000 lifetime maximum per person
Wisdom Tooth Extraction	Plan covers 90% after deductible up to a \$4,000 lifetime maximum per person

Vision

	Superior Vision Plan
Eye exam	Covered 100%
Frames or contact lenses	\$175 allowance
Single, bifocal, trifocal, lenticular and polycarbonate³ vision lenses	Covered 100%
Progressive lenses	Covers up to trifocal amount ⁴
Contact lens fitting	Standard: Covered 100% Specialty: \$50 allowance
Medically necessary contact lenses	Covered 100%

1. The deductible, coinsurance and copay does not apply to All Children's Hospital physicians, providers or partner facilities for dependent children (excluding the emergency room). You'll pay nothing out of pocket.
2. Preferred physicians and providers are those in the Employer Health Programs (EHP) Preferred Provider Network. Visit ehp.org/find-a-provider and select **Search the EHP Network** to find preferred providers.

3. Covered for dependent children only.
4. Covered to physician's or provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable copay.