

# 2023 Open Enrollment News

**OPEN ENROLLMENT IS OCT. 12–28**

This is your chance to sign up for or change your benefits for 2023.

## Highlights

### 2023 BENEFITS HIGHLIGHTS

- Open enrollment is from Oct. 12–28, with elections effective Jan. 1.
- In 2023, the Employer Health Programs (EHP) exclusive provider organization (EPO), EHP preferred provider organization (PPO) plans and the Kaiser health maintenance organization plan (HMO) will continue to be offered.
- Employees and their family members enrolled in an EHP insurance plan can download the Johns Hopkins OnDemand Virtual Care app to a mobile device to access care 24/7 for nonemergency health concerns.

## Changes

### 2023 BENEFITS CHANGES

- There are modest changes to medical and dental rates. Vision plan rates remain the same.
- Direct Primary Care (DPC) — an innovative primary care practice in Columbia, Md., on the Howard County General Hospital campus — will be offered as its own plan and will not be embedded in the PPO or EPO plans as it was offered previously. A pre-funded lifestyle account will accompany this plan. Enrollment space is limited.
- There will be a new employee assistance program (EAP) vendor.
- There will be a new prepaid legal plan vendor.

Visit [mybenefitsjhhs.com](https://mybenefitsjhhs.com) for full benefits information and to access other, related resources. The website is PC and mobile device friendly.

If you have questions about open enrollment and your benefits, please contact the HR Solution Center at 443-997-5400 or [hrsc@jhmi.edu](mailto:hrsc@jhmi.edu).

### EHP EPO (Exclusive Provider Organization) PLAN

- In-network care only
- Lower biweekly premiums
- Higher deductibles and out-of-pocket maximums
- Reduced costs when using preferred network physicians, providers and facilities

### EHP PPO (Preferred Provider Organization) PLAN

- In-network and out-of-network care
- Higher biweekly premiums
- Lower deductibles and out-of-pocket maximums
- Reduced costs when using preferred network physicians, providers and facilities

### DIRECT PRIMARY CARE PPO (Preferred Provider Organization) PLAN

- In-network care only
- Higher biweekly premiums
- Lower deductibles and out-of-pocket maximums
- No costs for service when receiving care by DPC physicians for office visits

### KAISER HMO (Health Maintenance Organization) PLAN

- In-network care only
- Higher biweekly premiums
- No deductibles or out-of-pocket maximums
- Copay based plan for Kaiser providers only

# Benefits for 2023

## Choosing Your Health Plan

### UNDER ALL PLANS

- Prescription drug coverage that features low deductibles and copays, as well as reduced costs when you use preferred physicians, providers and facilities.
- 100% coverage for preventive care services from preferred network physicians and providers and EHP in-network physicians and providers, including for diagnostic services for preventive exams, preventive mammograms and preventive colonoscopies.
- Access to nationwide physicians and providers through the Cigna network when you are enrolled in EHP plan and you need care outside the EHP preferred network. Your EHP in-network benefits apply.

### DIRECT PRIMARY CARE (DPC) PPO PLAN

This new plan option benefits those involved in care or those who are interested in starting care with a DPC primary care physician in Columbia, Md., on the Howard County General Hospital campus. Please note: For employees, their spouses and dependents over age 18 enrolled in this plan, costs will be reduced for office visits if seen by a DPC physician. Employees enrolled in the DPC PPO option will be required to use a DPC physician or provider for all primary care, while covered adult dependents will have the option of using a DPC physician or provider or other in-network physicians or provider.



### DENTAL PLANS

You will continue to have your choice of two dental plan options through Delta Dental: a comprehensive plan option and high plan option.

The major difference between the two plans is that the high plan option offers orthodontic benefits. To find a provider, visit [deltadentalins.com](http://deltadentalins.com).



### VISION PLAN

The vision plan will continue to be administered by Superior Vision. You will have both in-network and out-of-network coverage options for vision care. For in-network services, exams will have no copay and materials will have a \$10 copay, with most materials covered in full without maximum allowance amounts. The top national retailers are in-network, and you will also have online retail network options.

To find an in-network physician or provider near you, visit [www.ehp.org/find-a-provider/find-vision-care/](http://www.ehp.org/find-a-provider/find-vision-care/) and follow the prompts under Find a Provider.

### EMPLOYEE PREMIUM CONTRIBUTIONS

As we keep up with the growing demands of health care inflation while minimizing the impact on our employees, we are implementing very modest premium increases

for our medical and dental plans. These increases will help us maintain competitive plans and contribution structures now and in the future.

Based on medical plan utilization, the employee premium increase percentage for the PPO plan may be higher for some employees than increases for the EPO plan. If you want to minimize your employee premium costs, review the EPO plan to determine if it might be the right plan for you. The EPO plan has the Cigna national network incorporated into the EPO plan's EHP network to ensure full in-network options, no matter where you or your covered dependents live.

In addition, the new DPC PPO plan will have the same employee premium deductions as the PPO plan.



### NEW! JOHNS HOPKINS EMPLOYEE ASSISTANCE PROGRAM (JHEAP)

In July CCA became the new vendor for our employee assistance program, JHEAP. They provide employees and

their household members with an optimal level of attention and service to manage their well-being. The program's key benefits remain the same as previously offered under mySupport and are provided at no cost. One enhancement is that members receive up to six sessions for counseling services for short-term needs. Please visit [mybenefitsjhhs.com](http://mybenefitsjhhs.com) for contact information and more details.



### PAL POLICY UPDATE

Effective Jan. 1, 2023, non-incentive-eligible employees who have paid annual leave (PAL) hours banked in excess of one times their annual accrual will be cashed out down to an amount equal to

the new maximum annual carry-over amount of one times their annual PAL accrual. The cash out rate is 100% and will be paid shortly after Jan. 1. For incentive-eligible employees, the entire PAL bank will be cashed out at 100% and paid shortly after Jan. 1.

### VOLUNTARY BENEFITS

As of Jan. 1, 2023, prepaid legal services will be offered through MetLife. This plan's key benefits will remain the same as previously offered under Legal Resources for a reduced cost. If you are currently enrolled in the Legal Resources plan, you will be automatically transitioned to the MetLife plan, effective Jan. 1. If you wish to continue coverage under Legal Resources, you will have the ability to do so under a direct arrangement with them.

Also, as in previous years, you will have the option to purchase additional, voluntary benefits (sometimes called supplemental insurance). These benefits include accident, critical illness and hospital indemnity insurance, and whole life insurance to supplement your employer-paid term life insurance. Information on these plans will be available during the enrollment process and on the [mybenefitsjhhs.com](http://mybenefitsjhhs.com) site.

**DURING OPEN ENROLLMENT, YOU CAN:**

- Sign up for or make changes to benefits for 2023.
- Choose to participate in an FSA in 2023.
- Enroll dependents and update beneficiary information.
- Elect voluntary benefits.
- Waive coverage, if covered elsewhere.

# Enroll for 2023

## Enroll and Select Your Benefits Online

Go to [mybenefitsjhhs.com](https://mybenefitsjhhs.com) Oct. 12–28 to make your benefits selections. Benefits become effective Jan. 1, 2023.

1. Review benefit plan details, then click on the enrollment link. If you are adding dependents, be sure to have your dependent documentation (e.g., birth certificate, marriage certificate, etc.) ready before making your enrollment selections. **If proper documentation is not uploaded and approved, your dependent(s) will not have insurance coverage.**
2. If requested, enter your JHED ID and JHED password.
3. Go to Benefits Marketplace, then click on Go.
4. Make your enrollment selections.
5. Review your benefit selections and complete the checkout process.
6. Retain a copy for your records and print your confirmation statement — you will need this if you have questions later about the benefits you selected for 2023.  
**Remember to confirm your dependents and beneficiaries!**

If you do not make changes to benefits during the open enrollment period, your current benefit elections will remain the same in 2023. If you are currently enrolled in DPC through the PPO plan, you will be automatically enrolled in the DPC PPO Plan for 2023. If you are currently enrolled in DPC through the EPO plan, you will be automatically enrolled in the EPO plan. If you wish to continue participating in the DPC program, you must select the DPC PPO plan during open enrollment.

Also, as mentioned previously, if you are enrolled in the Legal Resources plan, you will be automatically enrolled in the MetLife prepaid legal plan, unless you actively select to decline this plan during open enrollment.

**To have a flexible spending account (FSA) for the 2023 plan year, you must enroll or re-enroll in this benefit and select your contribution amount during open enrollment. Elections from 2022 will not carry over to 2023.**

# Other Benefits

## Take Advantage of These Valuable Plans and Programs

### FLEXIBLE SPENDING ACCOUNTS

Keep more of the money you earn by enrolling in an FSA, which offers an easy way to save. Set aside money each paycheck for eligible expenses on a pretax basis. There are two types of FSAs, which cover different types of expenses. You can enroll in one or both.

- Health Care Flexible Spending Account
- Dependent Care Flexible Spending Account

### HEALTH CARE FSA

The maximum amount you may contribute per year is \$2,850. With a health care FSA, you can set aside pretax funds to pay for expenses such as:

- Deductibles, coinsurance, copayments
- Eyeglasses, contact lenses, prescription sunglasses
- Orthodontia
- Immunizations/vaccinations (including flu shots)
- Prescription drug costs

### PAYMENT CARD

If you enroll in a health care FSA for the first time, you will receive a prepaid card from HealthEquity to be used for eligible medical expenses. Remember to save your receipts.

If you renew a health care FSA and you were previously sent a WageWorks or HealthEquity card, please verify the card's expiration date to determine if you need a new card for 2023. Cards can be ordered by calling HealthEquity at 877-924-3967.

### DEPENDENT CARE FSA

The maximum amount you may contribute per year is \$5,000. A dependent care FSA reimburses you for expenses such as day care, before-school and after-school programs, nursery school or preschool, nanny services and adult day care.

### HEALTHY AT HOPKINS

We understand that everyone is on their own personal wellness journey. We all have different needs and health goals, especially during challenging times. Healthy at Hopkins is here to support you and your team! Visit [bit.ly/Resourcestosupportyou](https://bit.ly/Resourcestosupportyou) for a full list of web-based meet-ups and interactive programs.



Stay informed throughout the day via the Healthy at Hopkins portal and mobile app. The portal fosters a social environment, allowing employees to stay connected with colleagues through programs such as the Race the Globe steps challenge, and a feature to invite non-Johns Hopkins friends and family members to join healthy lifestyle competitions. The portal also offers a variety of tools for meal planning, exercise and other activities, and health logs for blood pressure, cholesterol, body weight and much more! You can even earn points for staying engaged through the rewards program. Check out the Healthy at Hopkins portal by logging onto [my.jh.edu](https://my.jh.edu) and clicking on the Healthy at Hopkins logo on the upper left side of the page under HR.

**Questions?** Contact the Healthy at Hopkins support team at **833-554-4554** or [healthyathopkins@jhmi.edu](mailto:healthyathopkins@jhmi.edu).

# Plan Overview

## A Choice of Four Health Plans from EHP and Kaiser

The table below offers an overview of the plans.

**The EPO Plan** is an in-network-only health plan with lower premiums than the PPO plan. Most services provided by EHP preferred physicians, providers and facilities are covered at 90% (but they may not cost the least), while EHP in-network services are covered at 80%. Out-of-network services are not covered.

**The PPO Plan** offers lower deductibles and out-of-pocket maximums in exchange for a higher premium each pay period. It

covers the same in-network services as the EPO plan, and it covers out-of-network services at 70%.

**The DPC PPO plan** offers the same plan design as the PPO plan for in-network coverage. There is no cost for an office visit with a DPC physician. However, there is no out-of-network coverage. You will have access to the EHP network and the preferred network, which includes Cigna PPO physicians and providers. In addition, employees who enroll in this plan will receive a \$240 pre-funded lifestyle account, administered by Forma,

to spend on certain lifestyle needs, such as gym memberships, fitness classes and meditation app subscriptions. More information will be announced soon.

**The HMO plan** has low copays for most services in exchange for a higher premium each pay period. Out-of-network services are not covered.

### COMPARING OUT-OF-POCKET COSTS FOR 2023 HEALTH PLANS

Coverage Details	EHP EPO Plan (in-network only)		EHP PPO Plan			EHP DPC PPO Plan		Kaiser HMO
	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Out-of-network	Preferred Network**	EHP Network**	Access Through Primary Care Physician (PCP) Only
Annual Deductible								
per person		\$500	\$150 (<\$50K), \$200 (\$50K-\$120K), \$300 (>\$120K) (determined by salary tier)			\$150 (<\$50K), \$200 (\$50K-\$120K), \$300 (>\$120K) (determined by salary tier)		None, but must use PCP
per family		\$1,000	\$300 (<\$50K), \$400 (\$50K-\$120K), \$600 (>\$120K) (determined by salary tier)			\$300 (<\$50K), \$400 (\$50K-\$120K), \$600 (>\$120K) (determined by salary tier)		
Annual Out-of-Pocket Max.								
per person		\$3,000	\$1,500 (<\$50K), \$2,000 (\$50K-\$120K), \$3,000 (>\$120K) (determined by salary tier)			\$1,500 (<\$50K), \$2,000 (\$50K-\$120K), \$3,000 (>\$120K) (determined by salary tier)		None
per family		\$6,000	\$3,000 (<\$50K), \$4,000 (\$50K-\$120K), \$6,000 (>\$120K) (determined by salary tier)			\$3,000 (<\$50K), \$4,000 (\$50K-\$120K), \$6,000 (>\$120K) (determined by salary tier)		
Coinsurance	pay 10%	pay 20%	pay 10%	pay 20%	pay 30%	pay 10%	pay 20%	Covered 100%, unless otherwise stated in Schedule of Benefits

Office Visits	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Out-of-network	Preferred Network**	EHP Network**	In-network**
Primary Care Office Visit - Employee	\$20 copay	\$20 copay	\$10 copay at designated PCP, otherwise \$20 copay			\$0 copay for DPC as PCP		"\$15 copay (no charge for children under age 5)"
Primary Care Office Visit - Adult Dependent	\$20 copay	\$20 copay	\$10 copay at designated PCP, otherwise \$20 copay			\$10 copay at designated PCP, otherwise \$20 copay		"\$15 copay (no charge for children under age 5)"
Primary Care Office Visit - Child	\$20 copay	\$20 copay	\$10 copay at designated PCP, otherwise \$20 copay			\$10 copay at designated PCP, otherwise \$20 copay		"\$15 copay (no charge for children under age 5)"
Specialist Office Visit	pay 10%*	pay 20%*	pay 10%*	pay 20%*	pay 30%*	pay 10%*	pay 20%*	\$25 copay
Mental Health Visit	\$20 copay	\$20 copay	\$10 copay	\$10 copay	pay 30%*	\$10 copay	\$10 copay	\$15 copay
Wellness Visit	\$0 copay	\$0 copay	\$0	\$0	pay 30%*	\$0 copay	\$0 copay	Covered 100%, unless otherwise stated in Schedule of Benefits

Facility Services	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Out-of-network	Preferred Network**	EHP Network**	In-network**
Hospital Inpatient	\$250 copay, then pay 10%*	\$250 copay, then pay 20%*	\$150 copay, then pay 10%	\$150 copay, then pay 20%*	\$500 copay, then pay 30%*	\$150 copay, then pay 10%*	\$150 copay, then pay 20%*	"\$200 inpatient copay, then covered 100% unless otherwise stated in the Schedule of Benefits"
Hospital Outpatient	pay 10%*	pay 20%*	pay 10%*	pay 20%*	pay 30%*	pay 10%*	pay 20%*	\$50 copay
Lab Services	pay 10%*	pay 20%*	pay 10%*	pay 20%*	pay 30%*	pay 10%*	pay 20%*	Covered 100%, unless otherwise stated in Schedule of Benefits
Emergency Room	\$250 copay*	\$250 copay*	\$250 copay*	\$250 copay*	\$250 copay*	\$250 copay*	\$250 copay*	"\$75 for Emergency Room visit (waived if admitted to hospital) \$50 copay for Ambulance Services"
Urgent Care	\$40 copay	\$40 copay	\$25	\$25	pay 30%*	\$25 copay	\$25 copay	\$25 copay

Prescription Drugs	EHP EPO			EHP PPO			EHP DPC PPO Plan			Kaiser HMO		
	In-Network Retail Pharmacy		Mail Order	In-Network Retail Pharmacy		Mail Order	In-Network Retail Pharmacy		Mail Order	Kaiser Retail Pharmacy	Non-Kaiser Retail Pharmacy	Mail Order
	30-Day	90-Day	90-Day	30-Day	90-Day	90-Day	30-Day	90-Day	90-Day	30-Day	30-Day	30-Day/90-Day
Generic	\$10 copay	\$30 copay	\$30 copay	\$10 copay	\$30 copay	\$20 copay	\$10 copay	\$30 copay	\$20 copay	\$10 copay	\$30 copay	\$10 copay / \$20 copay
Preferred Brand	pay 25%; \$40 min, \$60 max	pay 25%; \$120 min, \$180 max	pay 25%; \$120 min, \$180 max	\$40 copay	\$120 copay	\$80 copay	\$40 copay	\$120 copay	\$80 copay	\$30 copay	\$50 copay	\$30 copay / \$60 copay
Non-Preferred Brand	pay 50%; \$65 min, \$105 max	pay 50%; \$195 min, \$315 max	pay 50%; \$195 min, \$315 max	\$65 copay	\$195 copay	\$130 copay	\$65 copay	\$195 copay	\$130 copay	\$50 copay	\$75 copay	\$50 copay / \$100 copay
Brand with Generic Equivalent	pay 50%; \$65 min, \$105 max, plus the cost differential between generic and brand	pay 50%; \$195 min, \$315 max, plus the cost differential between generic and brand	pay 50%; \$195 min, \$315 max, plus the cost differential between generic and brand	\$65 copay plus the cost differential between generic and brand	\$65 copay plus the cost differential between generic and brand	\$130 copay plus the cost differential between generic and brand	\$65 copay plus the cost differential between generic and brand	\$65 copay plus the cost differential between generic and brand	\$130 copay plus the cost differential between generic and brand		N/A	
Specialty Medications	As Preferred/Non-Preferred		"Restricted to Retail 30-day supply"	As Preferred/Non-Preferred		"Restricted to Retail 30-day supply"	As Preferred/Non-Preferred		"Restricted to Retail 30-day supply"	As Preferred/Non-Preferred		

Note: Generic Oral Contraceptives are covered at 100%.

This newsletter contains only a summary of the key benefit plan designs. Details of the benefits can be found in plan documents available from the Department of Human Resources or from the websites and customer service phone numbers for each plan, if there is a conflict between the plan documents and this newsletter, the plan documents prevail.

\* For select services such as hospitalization, coverage begins once you have met the deductible for the year.

\*\* Find physicians and providers in the preferred network and EHP network at ehp.org.

\*\*\*Find Kaiser primary care physicians at <https://healthy.kaiserpermanente.org/maryland-virginia-washington-dc/front-door>

# Plan Rates

## Salary Tiers

**Our goal is to ensure that our medical plans remain affordable for all employees. Johns Hopkins pays most of the cost of your medical, dental and vision coverage, and all of the cost of your short-term disability and basic life insurance.**

Your biweekly cost of medical and prescription coverage for you and your covered dependents is determined by salary levels, which are grouped into three tiers — employees who earn the least pay the lowest premiums.

See the rates table below for the 2023 tiers. Your tier is determined by your salary on Jan. 1, 2023. Salaries of part-time employees are annualized to determine their tier.

### 2023 MEDICAL PLAN PREMIUMS (BI-WEEKLY)

Full Time Rates by Salary	EHP EPO			EHP PPO			EHP DPC PPO			Kaiser HMO		
	Under \$50,000	\$50,000–\$119,999	\$120,000 & Over	Under \$50,000	\$50,000–\$119,999	\$120,000 & Over	Under \$50,000	\$50,000–\$119,999	\$120,000 & Over	Under \$50,000	\$50,000–\$119,999	\$120,000 & Over
Employee	\$47.25	\$51.98	\$59.06	\$62.24	\$68.47	\$77.80	\$62.24	\$68.47	\$77.80	\$56.47	\$58.03	\$60.15
Employee & Child(ren)	\$85.05	\$93.56	\$106.32	\$112.03	\$123.23	\$140.03	\$112.03	\$123.23	\$140.03	\$123.33	\$126.73	\$131.38
Employee & Spouse	\$148.19	\$163.01	\$181.62	\$181.33	\$199.46	\$211.57	\$181.33	\$199.46	\$211.57	\$154.53	\$158.80	\$164.61
Family	\$190.11	\$209.12	\$219.88	\$236.52	\$255.16	\$257.33	\$236.52	\$255.16	\$257.33	\$203.44	\$209.07	\$216.71

Part Time Rates by Salary	EHP EPO			EHP PPO			EHP DPC PPO			Kaiser HMO		
	Under \$50,000	\$50,000–\$119,999	\$120,000 & Over	Under \$50,000	\$50,000–\$119,999	\$120,000 & Over	Under \$50,000	\$50,000–\$119,999	\$120,000 & Over	Under \$50,000	\$50,000–\$119,999	\$120,000 & Over
Employee	\$107.06	\$117.77	\$131.44	\$124.48	\$136.93	\$136.93	\$124.48	\$136.93	\$136.93	\$111.47	\$114.55	\$118.74
Employee & Child(ren)	\$192.70	\$211.97	\$227.83	\$224.07	\$245.89	\$246.47	\$224.07	\$245.89	\$246.47	\$248.34	\$255.20	\$264.54
Employee & Spouse	\$311.29	\$323.11	\$340.72	\$343.12	\$363.15	\$370.01	\$343.12	\$363.15	\$370.01	\$320.08	\$328.93	\$340.96
Family	\$414.79	\$438.78	\$446.76	\$467.53	\$474.66	\$483.35	\$467.53	\$474.66	\$483.35	\$412.57	\$423.98	\$439.49

### 2023 DENTAL PLAN PREMIUMS (BI-WEEKLY)

	Comprehensive		High	
	Full Time	Part Time	Full Time	Part Time
Employee	\$5.60	\$8.18	\$9.34	\$13.64
Employee & Child(ren)	\$11.21	\$16.36	\$18.67	\$27.26
Employee & Spouse	\$15.41	\$22.50	\$25.69	\$37.49
Family	\$16.81	\$24.53	\$28.03	\$40.91

### 2023 VISION PREMIUMS (BI-WEEKLY)

	Full Time	Part Time
Employee	\$1.69	\$2.70
Employee & Child(ren)	\$3.05	\$4.87
Employee & Spouse	\$3.39	\$5.42
Family	\$5.08	\$8.13

Vision Care	Kaiser HMO	Dental Plan	Kaiser HMO
Included with Kaiser HMO	Discount on Annual Eye Exam 25% discount on fraes and lenses 15% discount on contact lenses	Included with Kaiser HMO	\$30 copay Preventive Care services Discounted Fee Schedule for all other services and must use Kaiser Dental Network