

# 2024 Benefits Enrollment Guide













For LiUNA Bargaining Unit Members









### **Know Before You Enroll**

To make sure you have all the information you need to make your elections:

- Contact the Benefits Service Center by emailing **benefits@jhu.edu** or calling 410-516-2000 with questions.
- Visit **hr.jhu.edu/benefits-worklife** to find a variety of resources designed to help you:

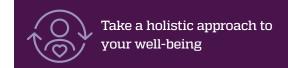


Prioritize your health, safety, and financial security



Reduce stress during illness or significant life events





#### On hr.jhu.edu/benefits-worklife you'll also find:



Summary Plan Descriptions (SPDs) and Summaries of Benefits and Coverages (SBCs) to learn more about how our medical, dental, vision, and other plans work



Legal notices, which are provided to inform you of your rights under federal law



**Benefits provider contacts** that include a list of vendors, websites where you can learn more, and phone numbers to call if you have questions

This enrollment guide provides highlights of the Johns Hopkins University Plans for LiUNA bargaining unit employees. The University has made every effort to ensure that this guide accurately reflects the plan documents and contracts. If there is a discrepancy between this guide and those documents or contracts, the documents, summary plan descriptions, or contracts will take precedence.

# **Benefits You Can Elect During Enrollment**

Johns Hopkins offers comprehensive and competitive benefits to support your life inside and outside of work. The University pays most of the cost of these benefits. Here's a quick look at what's offered:

Benefit Programs	What You Can Select or Update
Medical Plans (page 4)  The CareFirst Core PPO and LiUNA BU CareFirst Network Only plans include access to the Quantum Health advocacy service (page 7) and prescription drug coverage through Capital Rx (page 8).	<ul> <li>CareFirst Core PPO Plan</li> <li>LiUNA BU CareFirst Network Only Plan</li> <li>Kaiser Permanente HMO Plan</li> </ul>
<b>Dental Plans</b> (page 10)	<ul> <li>Delta Dental Core DPPO Plan</li> <li>Delta Dental Enhanced with Orthodontia DPPO Plan</li> </ul>
<b>Vision Plan</b> (page 11)	EyeMed Vision Plan
<b>Spending Accounts and Commuter Benefits</b> (page 12)	<ul> <li>Health Care Flexible Spending Account (FSA)</li> <li>Dependent Care Flexible Spending Account (FSA)</li> <li>Commuter assistance</li> </ul>
Life Insurance (page 14)  JHU pays the full cost of basic and dependent life insurance. If you elect supplemental life insurance, you pay the difference and must provide evidence of insurability (EOI).	<ul> <li>Basic: 100% of base salary</li> <li>Supplemental: Additional 100% of base salary</li> <li>Dependent: \$4,000 for spouse or domestic partner and \$2,000 per child</li> </ul>
<b>Disability Protection</b> (page 14)  JHU pays the full cost of long-term disability	<ul> <li>Short-term disability: Replaces a portion of your pay for up to 11 weeks (up to \$2,500 weekly)</li> <li>Long-term disability: After 90 consecutive days, replaces a portion of your pay (up to \$10,000 monthly)</li> </ul>
<b>Voluntary Benefits</b> (page 15)	<ul> <li>Identity theft protection</li> <li>Pet insurance</li> <li>Auto insurance</li> <li>Homeowner's insurance</li> <li>Critical illness insurance</li> <li>Accident insurance</li> <li>Legal plan</li> </ul>
Additional Programs (page 16)	<ul> <li>JHU Child Care Voucher program</li> <li>Scholarships to JHU Child Care Centers</li> </ul>

### Participating in JHU's Benefits Program

#### Who Is Eligible

You're eligible for JHU benefits if you are a full-time bargaining unit employee at the University. You may also cover these eligible dependents:

- Your legally married spouse or domestic partner<sup>1</sup>
- Your children<sup>2</sup> through the end of the year in which they turn age 26
- You will need to submit dependent documentation.
- Children age 26 or older who cannot support themselves because of a mental or physical disability<sup>3</sup>

#### **When Coverage Begins**

Your benefits start date is generally the first day of employment in an eligible status (usually, your first day of work after your probationary period). However, if you are not at work due to an illness or injury on the date your University-paid life insurance would take effect, your life insurance will not take effect until you return to work for one full day.

#### **Making Changes to Your Benefits**

Enrollment is your once-a-year opportunity to elect your benefits for the coming year. If, however, you experience a qualifying life event, such as getting married or divorced, welcoming a baby, or your spouse or partner switches jobs, you can make changes to your benefits within 30 days of the change.

If you or your covered dependent(s) lose Medicaid or Children's Health Insurance Program (CHIP) coverage, or if you become eligible for state premium assistance, you have 60 days to make changes to your coverage.

Visit hr.jhu.edu/benefits-worklife/health-life/life-events for more details.

- 1. Must qualify for coverage under the Johns Hopkins University Domestic Partnership Benefits Policy, which can be found on the Benefits website at hr.jhu.edu/benefits-worklife/benefits-worklife-resources/domestic-partner-benefits-policy/.
- 2. For this purpose, "children" are biological children, adopted children, children placed with the eligible employee for adoption, stepchildren, children of the employee's domestic partner, or children for whom the eligible employee has been appointed legal guardian.
- ${\it 3. Certification of disability is required. Contact your medical insurance provider for more information.}\\$

### **Medical Coverage**

You can choose from three medical plans:



**CareFirst Core PPO Plan**, a preferred provider organization

**LiUNA BU CareFirst Network Only Plan**,
an exclusive provider
organization (EPO)

**Plan**, a health maintenance organization (HMO)

All three plans cover preventive care, emergency care, prescriptions, and limit the amount you will pay out of pocket each year. The plans differ in their premiums (your cost per paycheck), which providers (doctors, hospitals, etc.) you can see, and how the plans pay for medical expenses.

#### **Comparing 2024 Medical Plans**

All JHU medical plans cover in-network eligible preventive care at 100%.

In-Network Benefits (unless otherwise labeled)*	CareFirst Core PPO Plan	LiUNA BU CareFirst Network Only Plan	Kaiser Permanente HMO Plan
Provider network	BlueChoice Advantage PPO network (through CareFirst)	BlueChoice Advantage network (through CareFirst)	Kaiser Permanente
Access to Quantum Health advocacy service	Yes	Yes	No
Annual deductible (what you pay for medical and mental health services before the plan pays benefits)	In-network: \$500 individual \$1,500 family Out-of-network: \$1,000 individual \$3,000 family	In-network: None  Out-of-network: Not covered	In-network: None  Out-of-network: Not covered
Out-of-pocket maximum (the most you'll pay in a year for medical, mental health, and prescription drugs)	In-network: \$2,000 individual \$6,000 family Out-of-network: \$4,000 individual \$8,000 family (cross applies)	In-network: \$1,500 individual \$4,500 family Out-of-network: N/A	In-network: \$3,500 individual \$9,400 family Out-of-network: N/A
Coinsurance (what you pay for most services after the deductible is met)	In-network: 20% Out-of-network: 30%	In-network: \$15 / \$30 copays (primary care/specialist) Out-of-network: Not covered	In-network: \$15 / \$30 copays (primary care/ specialist) Out-of-network: Not covered
Urgent care	\$50 copay	\$25 copay	\$30 copay
Emergency room	\$150 copay (waived if admitted)	\$50 copay (waived if admitted)	\$50 copay (waived if admitted)

Family includes two or more individuals.

<sup>\*</sup>If you select the CareFirst Core PPO Plan, you'll have the option to use out-of-network providers. However, the plan pays less for out-of-network services, and there is a separate deductible and out-of-pocket maximum. Certain services may not be covered. See the summary of benefits and coverage for details. Out-of-network providers are not covered in the LiUNA BU CareFirst Network Only Plan and Kaiser Permanente HMO Plan only; \$30 copay) and emergency room services (both LiUNA BU CareFirst Network Only Plan and Kaiser Permanente HMO Plan; \$50 copays) outside the network service area.

#### What Else You Need to Know About These Plans

#### (4) CareFirst Core PPO Plan

- Providers located across the country
- Covers in- and out-of-network care (pay less in-network)
- Does not require you to choose a primary care physician
- Prior authorization may be required for some surgeries and services
- Includes access to Quantum Health, JHU's new advocacy service

#### **LiUNA BU CareFirst Network Only Plan**

- Providers located throughout Maryland, Washington, D.C., and northern Virginia
- Does not cover out-of-network care (except in true emergencies)
- Does not require you to choose a primary care physician
- Prior authorization may be required for some surgeries and services
- Includes access to Quantum Health, JHU's new advocacy service

#### (4) Kaiser Permanente HMO Plan

- Most providers are in a central location with some community-based services
- Does not cover out-of-network care (except in true emergencies)
- Must choose a primary care physician who coordinates and approves care

See the Summaries of Benefits and Coverages under "Benefits & Worklife Resources" on **hr.jhu.edu/benefits-worklife** for more details.



#### **COVID-19 Test Kits**

Due to the end of the public health emergency, COVID-19 testing, including over-the-counter tests, will no longer be covered at 100% by JHU's medical plans.







#### **Quantum Health Advocacy Service**

If you enroll in the CareFirst Core PPO or LiUNA BU CareFirst Network Only medical plans, you have free access to an enhanced service through Quantum Health (available beginning January 2024), which offers personalized support designed to help you with all your medical needs. JHU pays the full cost of this service.

#### What It Is

Navigating health care isn't easy—it can be costly, complicated, confusing, and frustrating. Quantum Health is an independent health care advocacy service that connects you to a single point of contact for personalized support and assistance with a wide range of health-care-related issues.



When you contact Quantum Health, you'll have a dedicated, expert health care guide on your side, who can help you:

- Get answers to your claims, billing, and medical benefits questions
- Find in-network providers
- Verify coverage and, if needed, get prior approval
- Coordinate treatment with your providers
- Explore your care options
- Help to ensure the lowest out-of-pocket costs
- Get the most out of your JHU medical benefits
- And more!

Your Quantum Health Care Coordinators are your personal team of nurses and medical benefits experts working with you and your providers to make your care simpler and more affordable. They can help you find providers who understand your unique needs and background and advocate on your behalf to ensure you receive the best possible care. When you need help solving a claims issue, learning about your medical benefits, or anything else that can make your health care easier, you can contact Quantum Health online or over the phone.



#### **How to Get Started**

If you enroll in either the CareFirst Core PPO or LiUNA BU Network Only plans in 2024, your new medical ID card will include contact info for Quantum Health.

**Contact Quantum Health** (available January 2024)

844-460-2801

jhu.quantum-health.com

### **Prescription Drug Coverage**

All three medical plans include prescription drug benefits, including retail and mail-order services. (Mail order can be less expensive and more convenient if you take ongoing, or "maintenance," medications.)



#### What determines my prescription cost?

The cost depends on which medical plan you choose and whether:

- You use a retail pharmacy or mail order
- Your prescription is a generic drug or on the formulary (approved drug list)

Your prescription coverage depends on the medical plan you choose.

- If you're in the CareFirst Core PPO or the LiUNA BU CareFirst Network Only plans, your prescriptions are processed through Capital Rx.
- If you're in the Kaiser Permanente HMO Plan, Kaiser processes your prescriptions. Kaiser has two levels of coverage for retail (Kaiser pharmacy or community pharmacy).

CareFirst Core PPO and LiUNA BU CareFirst Network Only Plans			
Annual out-of-pocket maximum	CareFirst Core PPO Plan (included in medical out-of-pocket maximum) \$2,000 per person \$6,000 for three or more persons	LiUNA BU CareFirst Network Only Plan (included in medical out-of-pocket maximum) \$1,500 per person \$4,500 for three or more persons	
Retail (up to 30-day supp	Retail (up to 30-day supply)		
Generic	\$10 copay		
Formulary brand*	If no generic is available, you pay 20% of the cost (\$30 min / \$45 max)		
Non-formulary brand*	If no generic or formulary brand is available, you pay 25% of the cost (\$60 min / \$100 max)		
Mail Order (up to 90-day supply)			
Generic	\$25 copay		
Formulary brand*	\$75 copay		
Non-formulary brand*	\$150 copay		

<sup>\*</sup>A formulary brand is one that is on the approved drug list, or formulary. A non-formulary brand is one that is not on that list.

Kaiser Permanente HMO Plan			
	Retail	Retail	Mail order
	Kaiser pharmacy Up to 30-day supply	Community pharmacy Up to 30-day supply	Maintenance drug program Up to 90-day supply for Kaiser or community pharmacy copays
Annual out-of-pocket maximum	Included with medical		
Generic	\$7 copay	\$10 copay	\$14 copay
Formulary* brand	\$15 copay	\$20 copay	\$30 copay
Non-formulary* brand	\$30 copay	\$35 copay	\$60 copay

<sup>\*</sup>A formulary brand is one that is on the approved drug list, or formulary. A non-formulary brand is one that is not on that list.

To locate pharmacies and view the formularies, contact:

- Capital Rx at **cap-rx.com**, or call 888-832-2779
- Kaiser Permanente at **kaiserpermanente.org**, or call 800-777-7902







#### **Dental Plan**

You have two dental options to choose from. Both include 100% coverage for preventive or diagnostic care, plus coverage for basic and major services.



**Delta Dental Core DPPO Plan** costs less per paycheck, has higher out-of-pocket costs, and no orthodontia coverage.



**Delta Dental Enhanced with Orthodontia DPPO Plan** costs more per paycheck but has lower out-of-pocket costs and includes orthodontia coverage.

#### You Always Have a Choice of Dental Providers

Whichever plan you elect, each time you need care, you have a choice of provider networks:

- **S** Delta Dental PPO Network has a smaller pool of providers but offers deeper discounts and may offer lower out-of-pocket costs.
- **S** Delta Dental Premier Network offers a greater choice of providers but may not offer discounts as deep as those offered by the Delta Dental PPO network.
- **\$ \$ Out-of-network** services will likely cost you more out of pocket than services from either of the Delta Dental networks.

Whether or not you use a network dentist, the dental plan provides the same coverage at the same percentage. However, in-network dentists have contracted with Delta Dental to reduce their fees, so you'll pay less out of pocket.

#### **Compare Your Dental Options**

Plan Features	Delta Dental Core DPPO Plan	Delta Dental Enhanced with Orthodontia DPPO Plan
Calendar-year deductible	<b>Single:</b> \$75 / <b>Family:</b> \$150	<b>Single:</b> \$50 / <b>Family:</b> \$100
Preventive	100% covered, no deductible	100% covered, no deductible
Basic	You pay 30% of cost after deductible is met	You pay 10% of cost after deductible is met
Major or implants	You pay 50% of cost after deductible is met	You pay 40% of cost after deductible is met
Orthodontia for adults and children	Not covered	You pay 50% of cost after deductible is met
Annual maximum benefit (per covered member)	\$1,000	\$2,000
Lifetime maximum benefit for orthodontia (per covered member)	Not covered	\$2,000

See the Summary Plan Description under "Benefits & Worklife Resources" on **hr.jhu.edu/benefits-worklife** for more details.

### **Vision Plan**

Vision coverage is provided through EyeMed. Here are some of the highlights of the EyeMed Vision Plan:

Plan Features	EyeMed Vision Plan
Eye exam	You pay \$10 copay (once yearly)
Lenses (single-vision, lined bifocal, lined trifocal, lenticular)	You pay \$20 copay (once yearly)
Frames	\$150 allowance (once yearly)
<ul><li>Contact lenses (in lieu of frames and lenses)</li><li>Elective contact lenses</li><li>Medically necessary contact lenses</li></ul>	\$150 allowance 100% (plan pays)
Laser vision correction	15% discount

To find out if your provider participates in the EyeMed network, check the website at **eyemed.com**.

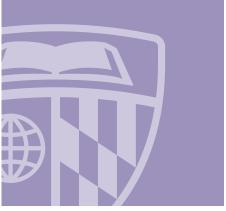
#### Free Biennial Adult Eye Examination

Bargaining unit employees and their eligible dependents age 18 and older who are enrolled in the CareFirst Core PPO Plan or the LiUNA BU CareFirst Network Only Plan are eligible for a free eye exam every two years by a selected School of Medicine Wilmer Eye Institute provider in the Baltimore area. The comprehensive eye exam will consist of a routine eye exam and a complete visual system exam. Call 410-955-5080 to schedule an appointment.



**Note:** Eyeglasses and fitting or dispensing new contact lenses are not included in the routine eye exam and are not covered by the University medical plans; however, you may enroll in the EyeMed Vision Plan.







### **Spending Accounts and Commuter Benefits**

You can save money on your health care and dependent care expenses by enrolling in the Health Care and/or Dependent Care Flexible Spending Accounts (FSAs).

You decide how much to set aside from your paycheck on a pretax basis to pay for eligible health care and child or other dependent care expenses.

Any claims incurred\* during the calendar year must be submitted for payment by April 30 of the following calendar year.

\*For FSAs, the IRS defines "incurred" as the date the medical or dependent care is provided, not the date you are formally billed for, charged for, or pay for care.

#### **Health Care FSA**

You may contribute up to \$3,050 annually to the Health Care FSA, then use those tax-free dollars during the year to pay for eligible health care expenses, including copays, deductibles, prescription drugs, over-the-counter medications, and more. Visit hr.jhu.edu/benefits-worklife/health-life/flexible-spending-accounts/health-care-fsa/ to view the most up-to-date FSA contributions limits.

If you enroll in the Health Care FSA, you'll automatically receive a WEX debit card to use when paying for expenses. You can check eligible expenses at **wexinc.com/insights/benefits-toolkit/eligible-expenses/**.

#### Dependent Care FSA

The Dependent Care FSA allows you to use tax-free dollars to reimburse yourself for eligible dependent care expenses. Each year, you can contribute up to \$5,000 (\$2,500 if you are married and file taxes separately).

**Eligible expenses** include services like day care facilities, care provided in your home, or a summer day camp. Medical and educational services or overnight camps for dependents are **not** eligible expenses for this FSA.

#### **Eligible Dependents**

Under IRS regulations, eligible dependents include:

- Your children under age 13 whom you claim as dependents (or could claim, except as agreed otherwise in a divorce settlement)
- Your disabled spouse who lives with you for more than half the year
- Any other relatives or household members who are physically or mentally unable to care for themselves, for whom you provide over half of their support and who spend at least eight hours per day in your home



If you don't spend all that you contribute to your Health Care FSA during the year, you may carry over a minimum of \$30 up to \$610 into the next plan year. You'll forfeit any unused funds over that amount.

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#### **Use it or lose it!**

Any unused money in your Dependent Care FSA at the end of the year is forfeited. You can't transfer money between FSAs.

Note: Expenses paid through the Dependent Care FSA reduce the amount available under the federal child and dependent care tax credit. Talk with your tax advisor to learn whether the Dependent Care FSA or the tax credit will be best for you.

#### **Commuter Assistance**

New for Bargaining Unit members in 2024: JHU's commuter assistance program will allow you to have pretax deductions taken from your pay to cover eligible expenses associated with your commute to and from work. You may elect a transit account, parking account, or both. You can make a one-time election to cover the same expenses each month, but if your commuting needs change, you can make changes to your elections every month. New elections take effect the month after they are submitted and are managed by WEX, our commuter assistance program administrator.

In addition, JHU provides a subsidy of up to \$60 per month to eligible employees to help lessen the cost of commuting. Subsidy amounts are determined by an eligible employee's work location (Maryland or D.C.), their annual JHU gross salary, and the number of days they work on campus or on-site. Go to **hr.jhu.edu/benefits-worklife/health-life/commuter-assistance/** for details.

#### **Don't Forget These Additional Programs!**

The **Child Care Voucher program** offers the opportunity to receive tax-free assistance to help pay for child care for your prekindergarten children under age 6. You must apply (or reapply) for the program each year to receive up to \$5,000 annually.

In addition, **JHU Scholarships to Partner Centers** are available for: Homewood Early Learning Center, Bright Horizons, and the Weinberg Early Childhood Center. These scholarships can be used in addition to vouchers.

For details and eligibility criteria, visit hr.jhu.edu/benefits-worklife/family-programs/child-care/.











### **Insurance and Disability Benefits**

When and where you enroll depends on the benefit you want.

# The University automatically enrolls you annually and pays the full cost of this coverage—there is no cost to you.

Benefit	What You Get
Basic life insurance	Life insurance equal to 1 times your basic salary.  Be sure to designate or update your beneficiaries.
Dependent life insurance	Life insurance for your spouse or domestic partner and/or your unmarried dependent child(ren) up until the end of the year in which your dependent turns 26.  Your coverage includes \$4,000 for your spouse or domestic partner and \$2,000 per child.
Long-term disability (LTD) protection	LTD replaces 60% of your pre-disability base salary (not to exceed \$10,000 monthly) if you are unable to work for more than 90 consecutive days. <sup>1</sup>

#### Enroll as a new hire, during annual enrollment, or after a qualified life event.

Benefit	What You Get	Where to Enroll
Supplemental life insurance	You can purchase supplemental coverage equal to an additional 1 times your salary. <sup>2</sup>	Online, or use enclosed form
Short-term disability (STD) protection	If you're unable to work for more than 14 consecutive days, you may be eligible for up to 11 weeks of paid time off at 60% of your pre-disability base salary <sup>3</sup> (up to a maximum of \$2,500 per week) to recover from injury, illness, or giving birth.	

<sup>1.</sup> To be eligible for LTD coverage, you must have completed one year of continuous, full-time service at the University or joined JHU within three months of leaving another employer, where you were covered under a similar plan for at least one year and have submitted documentation of this coverage. Claim must be approved by Lincoln Financial Group.

<sup>2.</sup> You will need to submit documentation (evidence of insurability, or EOI) to qualify for supplemental life insurance. Note that IRS rules require that the value of the premiums you pay to purchase more than \$50,000 of supplemental life insurance coverage for yourself must be reported as taxable income on your W-2 form.

<sup>3.</sup>Claim must be approved by Lincoln Financial Group. If you receive a pay raise that is effective after the date of disability, benefits are not increased.

# **Additional Insurance and Voluntary Benefits**

When and where you enroll depends on the benefit you want.

	e during the year.	
Benefit	What You Get	Where to Enroll
Identity theft protection	The Allstate Identity Protection program offers peace of mind, with valuable services to help prevent identity theft and to recover your identity if stolen.	Online, or use enclosed form
Pet insurance	Nationwide pet insurance can help you protect your furry family members by managing the rising costs of veterinary care.	<b>jhuvoluntarybenefits.com</b> or 866-795-9362
Auto, homeowner's, and renter's insurance	The University offers you the option to set up convenient payroll deductions to pay for your auto, homeowner's, or renter's insurance. You also may qualify for a special group discount or a discount based on your length of service at JHU.	
Enroll as a new hire, during annual enrollment, or after a qualified life event.		
Benefit	What You Get	Where to Enroll
Critical illness insurance	This coverage offers financial protection to you and your covered dependent(s) during treatment for illnesses such as cancer or Alzheimer's disease. You receive a lump-sum benefit to use as you see fit. You have five options for coverage, from \$10,000 to \$30,000.	Online, or use enclosed form
Accident insurance	If you or a family member is injured or needs health treatment as the result of an accident, this coverage can supplement your medical plan by paying a lump-sum benefit for you to use as you see fit.	
Legal plan	If you enroll, the legal plan provides you with unlimited access to nearly 11,000 attorneys nationwide at discounted rates. The legal plan provides support with a broad range of services, from will preparation, to debt	

#### Other Benefits That Support Your Well-Being

Johns Hopkins offers a variety of benefits to support various aspects of your well-being (physical, emotional, social, and financial). You can access these benefits anytime throughout the year—no need to sign up during enrollment. Visit our benefits website at **hr.jhu.edu/benefits-worklife** to learn how you can take advantage of them!

- The **403(b) retirement plan (TIAA)** lets you set aside pre- or post-tax money for your future through convenient payroll deductions.
- Bargaining Unit Employees' Retirement Pension Plan (Empower) that pays you a monthly income once you retire, based on your length of service with the University, your earnings and salary history while at JHU, and your age when you retire and begin receiving payments.
- Marsh McLennan Agency (MMA)'s Prosper Wise is a digital financial planning platform that connects you with your own financial coach and tools to help you manage your financial well-being.
- **Family and caregiving programs** provide help finding care, plus backup child and elder care services when your regular arrangements aren't available. There are also services that help you find group care and babysitting, vouchers to help pay child care for children ages 0 to 5, and several child care partners with which Hopkins affiliates have preferred admission.
- **Healthy at Hopkins** gives you access to programs that help with physical fitness, weight loss, stress management, cancer support, and care management.
- The **Johns Hopkins Employee Assistance Program (JHEAP)** provides practical, around-the-clock support and assistance to help you manage your daily life. You and members of your household can access up to six free confidential counseling sessions and referral services per year. Get help with home or work stress, emotional distress, a difficult life transition, or other challenges.
- **Tuition grants and assistance** to help put the power of higher education within reach for you, your spouse or partner, or your dependents.







# **Contact Information**

JHU Benefits Service Center		
JHU Benefits Service Center	410-516-2000	hr.jhu.edu/benefits-worklife benefits@jhu.edu
Medical		
CareFirst Core PPO Plan	844-460-2801	jhu.quantum-health.com (available 1/1/2024)
LiUNA BU CareFirst Network Only Plan	844-460-2801	jhu.quantum-health.com (available 1/1/2024)
Kaiser Permanente	800-777-7902	kaiserpermanente.org
Quantum Health	844-460-2801	jhu.quantum-health.com (available 1/1/2024)
Prescription Drugs		
Capital Rx	888-832-2779	cap-rx.com (available 1/1/2024)
Kaiser Permanente	800-777-7902	kaiserpermanente.org
Dental		
Delta Dental	800-932-0783	deltadentalins.com/jhu
Vision		
EyeMed	866-800-5457	eyemed.com
Spending Accounts and Comn	nuter Assistance	
WEX	866-451-3399	wexinc.com
Life Insurance and Dependent Life Insurance		
Securian	888-658-0193	lifebenefits.com
Disability		
Lincoln Financial Group	888-246-4483	mylincolnportal.com (Code: JHUEE)

# **Contact Information**

Voluntary Benefits		
<ul> <li>Mercer</li> <li>Identity theft protection</li> <li>Pet insurance</li> <li>Auto and homeowner's insurance</li> <li>Critical illness insurance</li> <li>Accident insurance</li> <li>Legal plan</li> </ul>	866-795-9362	jhuvoluntarybenefits.com
Employee Assistance Progran	ı	
ЈНЕАР	888-978-1262	myccaonline.com (Company Code: JHEAP)
Financial Benefits		
Bargaining Unit Employees' Pension Plan (Empower)	877-778-2100	prudential.com
Staff Voluntary 403(b) Retirement Plan (TIAA)	888-200-4074	TIAA.org
MMA Prosper Wise	N/A	jhu.mmaprosperwise.com





Notes	

