



Dear Student, Parent, or Guardian:

We are pleased to provide you with this overview of the Johns Hopkins University Student Health Benefit Plan (SHBP). This SHBP is administered by Consolidated Health Plans, Inc. 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

BENEFIT SUMMARY*		
Aggregate Benefit Maximum	Unlimited	
	IN-NETWORK	OUT-OF-NETWORK
Out-of-Pocket Maximum	\$5,250 Individual/ \$12,700 Family Max	\$7,750
Annual Deductible (Per Person)	\$250 /\$500 Family Maximum	
Preventive Care	100% of PA* (deductible does not apply)	84% of R&C*
Inpatient Hospital Expense	80% of PA	64% of R&C
Physician's Office Visit	80% of PA	64% of R&C
Mental Health Office Visit	80% of PA	64% of R&C
Emergency Room Expense Co-pay waived if admitted	80% of PA	80% of R&C
Outpatient Laboratory Expenses	80% of PA	64% of R&C
Prescription Drug Benefits –	\$15 copay for generics \$25 copay for brand name	\$15 copay for generics \$25 copay for brand name
*PA= Preferred Allowance      *R&C =Reasonable & 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.		

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 Consolidated Health Plans at (877) 657-5044, or go to [www.chpstudent.com](http://www.chpstudent.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 Benefit Plan. Please submit proof of comparable coverage to the Registrar's Office, [soe.registration@jhu.edu](mailto:soe.registration@jhu.edu).

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 15, 2016.**

I need to:	Visit:
Enroll in the JHU Student Health Benefit Plan	<a href="http://isis.jhu.edu">Johns Hopkins University isis.jhu.edu</a> (Personal Info > Health Insurance)
Print ID Card, Enroll dependents in the JHU Student Health Benefit Plan, View Plan Benefits, Claims Processing	<a href="http://isis.jhu.edu">Johns Hopkins University isis.jhu.edu</a> (Personal Info > Health Insurance)
Learn about: <ul style="list-style-type: none"> <li>• Preferred Provider Listings</li> <li>• Claims Processing</li> </ul>	<b>Consolidated Health Plans</b> (877) 657-5044 <a href="http://www.chpstudent.com">www.chpstudent.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>Cigna Pharmacy Plan</b> <a href="http://www.cigna.com">www.cigna.com</a> (800) 325-1404

Covered Person	Fall Semester 7/1/16-2/14/17
Student	\$1,050
Spouse	\$1,855
One Child	\$ 865
Children (Two or More)	\$1,155