STUDENT HEALTH

Health Insurance Requirements

It is the policy of Johns Hopkins University that all full-time students maintain adequate health insurance coverage to provide protection against unexpected accidents and illnesses. Most full-time students are automatically enrolled in a university student-sponsored health benefits plan, and the plan premium will be charged to your university student account, unless proof of comparable health insurance is provided for students eligible to waive.

Those who are eligible to waive the insurance must do so annually. International students with a F1 or J1 Visa status are ineligible to waive and are required to purchase the university plan, however, some permissions for insurance waivers for international students are permitted with proper evidence of a comparable plan.

There are some instances where a student's department covers the cost of health benefits. Please consult your departmental insurance administrator for specific cost-related questions.

1 There are few exceptions to health insurance requirements based on degree program. Please consult your school's insurance website or contact your administrator for clarification.

Health Insurance Eligibility

Eligibility for the JHU health insurance plan is based on school enrollment. The program types are briefly described along with the applicable school affiliation. Please go to your school's insurance page through the links provided to understand further information about enrollment, rates, waiving processes, and other areas of interest.

Dental coverage is available from Delta Dental for all schools who didn't previously have coverage. For Carey Business School, Krieger School of Arts and Sciences, Peabody Institute, School of Advanced International Studies, School of Education, Whiting School of Engineering and School of Nursing, details on the coverage can be found here (https://hr.jhu.edu/benefits-worklife/health-life/student-health-benefits/delta-dental-plan/).

A vision plan is also available from EyeMed for students across the country. Visit the Wellfleet website (https://www.wellfleetstudent.com/) or call 1-877-657-5044. You can search for a provider by visiting the Cigna website (https://hcpdirectory.cigna.com/web/public/consumer/directory/search/?consumerCode=HDC001). Choose the type of search you want to conduct, and when prompted to “Login/Register,” click “Continue as Guest.” When prompted to “Please Select a Plan,” enter location, hit “Continue,” and then choose “PPO, Choice Fund PPO.”

Students enrolled in KSAS, Peabody and WSE are eligible for health services from the Student Health and Wellness Center (https://studentaffairs.jhu.edu/registrar/students/student-health-benefits/) and SAIS students are eligible to receive health services from Georgetown University Student Health Services (https://studenthealth.georgetown.edu/medical-care/).

Deductibles

A deductible is the amount you must pay annually before your insurance begins to pay. Students who are eligible for treatment and referral from a university provider may receive a reduced deductible for qualifying referrals. Consult with the insurance specialist at your school for further questions. Otherwise, both in-network and out of network have a deductible of $150 per person. Deductibles reset each plan year. The Wellfleet plan year is August 15-August 14.

Out-of-Network Claims

A provider network is a list of health-care providers who are contracted by an insurance company and provide medical care to those enrolled in plans offered by that insurance company. The providers in the health insurance plan's network are called “in-network providers.” Those providers who are out-of-network, may require additional costs.

Your Wellfleet network through Cigna has providers all over the country. However, if you need to go out-of-network, you can work with the SHWC to discuss claims processing and reimbursements. See the 2019-20 WellFleet Student Health Benefits Plan (https://consolidatedhealthplan.com/files/pdf/20190627_HSKRED_AR_Homewood_Plan_Brochure_2019_2020_20200114.pdf) (beginning on the page labeled 19 of the document) for coverage percentages for in-network and out-of-network coverage as the percentage of coverage may differ.

Brief Mental Health Support

Students enrolled in the following schools are also eligible for short-term mental health support from the Johns Hopkins Student Assistance Program (https://jhsap.org/) (JHSAP).

- AAP
- CBS
Students enrolled in the following schools are eligible for short-term mental health support from the JHU Counseling Center (https://studentaffairs.jhu.edu/counselingcenter/).

- EP
- SOE
- SAIS

Student Health Plan, Administered by the Johns Hopkins Employer Health Programs (EHP)

Students in the following programs are eligible for the EHP:

- School of Medicine (https://www.hopkinsmedicine.org/som/StudentInsurance/index.html) (SoM)
- School of Nursing (https://nursing.jhu.edu/information/current-student/student-affairs/health-safety/) (SoN)

Plan Description

The EHP Student Health Program has partnered with Multiplan (https://www.multiplan.us/) to provide covered services outside of Maryland as in-network when using a Multiplan participating provider. Learners can go online to the Multiplan website to find participating providers by zip code. Multiplan information is printed on the back of each EHP Student Health Program membership card. Members can also call EHP customer service at 410-424-4485 with any questions.

Students currently enrolled in the Student Health Program who are expected to graduate or permanently leave the University will receive written notification that they are automatically terminated from the plan. However, under the Consolidated Omnibus Budget Reconciliation Act (COBRA), students leaving or graduating from the University have the option of extending their existing coverage for up to 18 months. Students must contact the School of Medicine Registrar’s Office via email at sombenefits@jhmi.edu within 60 days to be reinstated in COBRA and are responsible for all premiums.

All full-time on-campus students are billed a Health Clinic Fee for access to University Health Services (https://www.hopkinsmedicine.org/uhs/), on-campus health center. The University Health Services Fee (UHS) is not insurance and students are billed the fee on a per-term basis. This fee grants students unlimited access to Primary Care Services as well as Mental Health Services at the UHS Clinic and is billed to all full-time on-campus students regardless of whether they are enrolled in the Student Health Plan.

Deductibles

A deductible is the amount you must pay before your insurance begins to pay. Deductibles remain the same in or out of network. Please consult your plan details for impacts of in-network or out-of-network visits on out-of-pocket expenses, co-pays, and co-insurance.

Out-of-Network Claims

A provider network is a list of health-care providers who are contracted by an insurance company and provide medical care to those enrolled in plans offered by that insurance company. The providers in the health insurance plan's network are called “in-network providers”. Those providers who are out-of-network, may require additional costs.

A covered member can download claim forms (https://www.ehp.org/plan-benefits/member-forms/) from the EHP website.

Mental Health Support

BSPH, SoM, and SoN students are eligible for mental health support from UHS Mental Health (https://www.hopkinsmedicine.org/uhs/university_mental_health.html) or brief consultation with the Johns Hopkins Student Assistance Program (https://jhsap.org/) (JHSAP).