



MEMBER HANDBOOK

Johns Hopkins Hospital/
Johns Hopkins Health
System Corporation





Welcome to EHP.

Welcome to a healthier you.

Thank you for choosing Johns Hopkins Employer Health Programs (EHP) as your health plan and partner in your well-being. EHP has worked with your employer to craft a benefits package that covers essential preventive care services as well as other important benefits to meet all of your health care needs. We also have many health and wellness services to give you additional support.

At EHP, we want you to take an active role in your health care. Start by selecting a primary care provider (PCP) and making a well-visit appointment. Follow your PCP's advice for additional care and screenings. Lastly, take advantage of our health and wellness services: attend a class or talk to us about how we can help you manage a condition.

A healthier you begins with small steps. Together, we'll turn those small steps into big change.

Sincerely,



Kyle Marmen
Associate Vice President, EHP



How to Use Your Handbook

Your Member Handbook is your guide to understanding how to use your health plan and get the most from your coverage. Please review this handbook and keep it in a safe, convenient location for future reference.

Here are a few things you can learn from this handbook:

- The importance of having a primary care provider (PCP)
- Who to call and where to go when you need care
- How EHP covers your prescriptions and where to get your prescriptions filled
- How to take advantage of your care team's health and wellness services

While this handbook is a guide to your coverage, you can find specific information about your plan and benefits on our website at **ehp.org**. Use our website to search for providers, explore your covered benefits, find important forms, and more.

Your legal entitlement to benefits under your EHP Medical Plan is determined only by your Summary Plan Description and not by this Handbook. For detailed information about your benefits, you should refer to your Summary Plan Description, which you can get from your Human Resources department.

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Get Started With EHP

Take these three steps to get off to a great start with EHP.

1. **Sign up for your member portal**

HealthLINK@Hopkins is a secure member portal where you can keep track of your health care. View your personal health record, track your claims, change your primary care provider (PCP), request a new ID card, and more. You can also self-serve many Customer Service questions through your member portal.

Visit **ehp.org** and click “Member Login” in the top right corner. Under “First Time Logging In?” click “Member Register.” Fill in your member ID number, name, birth date and gender, then click “Next.”

2. **Find a PCP and schedule a well-visit**

A primary care provider (PCP) is an important part of your health care. If you don't already have a PCP or need to confirm that your PCP is in our network, go to **ehp.org** and use the Find a Provider tool. With our online search tool, you can find a provider by name or search for a location convenient to you.

Once you find a PCP, schedule a well-visit (checkup). We encourage you to schedule this appointment within 90 days of becoming a new member. This will allow your provider to learn about your health and guide you for further care.

3. **Check out our health and wellness services**

Adopting and maintaining healthy lifestyle habits is as important to your overall health as your treatment with your providers. EHP has helpful services to support you in achieving your best health.

Attend one of our workshops to learn about managing a condition or to improve your nutrition and fitness. Or, partner with a care manager to coordinate your health care and prevent more serious conditions.

Learn more: **ehp.org/plan-benefits/health-programs-and-resources**



Learn About Your Coverage

Important Plan Documents

Schedule of Benefits (SOB): contains detailed information about your EHP coverage, deductibles, co-insurance and copays. You can view your SOB on our website at ehp.org.

Summary Plan Description (SPD): describes members' rights, benefits, and responsibilities under the plan in understandable language. To view or obtain a copy of your SPD, please visit your Human Resources website or office.

Explanation of Benefits (EOB): tells members exactly which services their provider(s) has billed, what has been paid and at what rate, what has been denied and why, and what payment, if any, is the member's responsibility.

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | 8 | 9 | |
|--------------------|---------------|----------------|---------------|-------------|------------|--------------------|-----------------|------------------|----------|------------------------------|---------|
| Date of Service | Billed Amount | Allowed Amount | Above Maximum | Not Covered | Deductible | Copay/ Coinsurance | Other Ins. Paid | Member Liability | Discount | Paid Amount | Remarks |
| 10/29/2018 | 335.00 | 149.32 | 185.68 | 0.00 | 0.00 | 29.86 | 0.00 | 29.86 | 0.00 | 119.46 | ARA |
| RADIOLOGY /IMAGING | | | | | | | | | | | |
| TOTALS | | | 185.68 | 0.00 | 0.00 | 29.86 | 0.00 | 29.86 | 0.00 | | |
| | | | | | | | | | | Provider May Bill You: 29.86 | |

| Remark Code | Description |
|-------------|---|
| ARA | THIS AMOUNT REFLECTS THE ALLOWED AMOUNT FOR THIS SERVICE AND MAY DIFFER FROM BILLED AMOUNT. |

4. **Billed Amount:** This is the amount the doctor or facility charged for the service(s) that you received.
5. **Allowed Amount:** This is the maximum amount EHP will allow for the service(s) you received. Any copay and/or co-insurance amounts that you are responsible for paying are deducted from the allowed amount.
6. **Not Covered:** The amount that will not be considered for payment.
7. **Deductible:** The amount that you must pay within the plan year before EHP begins to pay benefits. Your Schedule of Benefits (SOB) or Summary Plan Description (SPD) will advise if you have a deductible and the amount of the deductible.
8. **Copay/Co-insurance:** A copay is a fixed fee you must pay at the time of service. Co-insurance is a percentage of medical costs that you share with EHP.
9. **Other Ins. Paid:** The amount that the primary insurance paid, if you have primary insurance coverage with another health plan.
10. **Member Liability:** The amount that you are responsible for paying to the provider of service, when the provider of service is a network provider. *PLEASE NOTE: If you receive services from a non-network provider, the Member Liability may exceed what is listed on the EOB, up to the Billed Amount of the non-network provider.
11. **Paid Amount:** The amount that EHP has paid to the provider for the service(s) that you received.
12. **Remarks:** Additional information about aspects of the EOB.
13. **Provider May Bill Amount:** The amount that you are responsible for paying to the provider of service, when the provider of service is a network provider.

Find It Online

The EHP website (ehp.org) features a great deal of helpful information and resources. Use our website to:

- Search for health care providers by name, location, language spoken, gender, professional qualifications, and more
- Explore your benefits and view your SOB
- Access and download forms
- Learn about available health and wellness services
- Register for and log into your secure member portal, HealthLINK@Hopkins, where you can:
 - » Input and track your medical history
 - » Check the status of claims, access pharmacy information
 - » Review Utilization Management requirements, request a new ID card, and more
 - » Request to change your Primary Care Provider (PCP)
 - » Email Customer Service

The screenshot shows the Johns Hopkins EHP website. At the top, there is a navigation bar with the EHP logo, a 'Member Login' button, and a search bar. Below the navigation bar, there are links for 'Benefits & Coverage', 'Find a Provider', 'Member Resources', 'Health & Wellness', and 'About EHP'. The main content area features a large blue banner with the text 'Find a Doctor' and 'Search our provider networks.' Below this, there are two yellow buttons: 'Search the EHP Network' and 'Search the Cigna Network'. To the right of the buttons is a circular portrait of a woman. Below the banner, there is a section titled 'EHP plan members have the benefit of utilizing both the EHP Provider Network and the Cigna PPO Network.' This section includes two sub-sections: 'The EHP Network' and 'The Cigna Network', each with a brief description of the network's benefits. To the right of this text is a smaller version of the 'Search our Networks' section with buttons for 'Search the EHP Network' and 'Search the Cigna PPO Network'. At the bottom right, there is a small circular icon with an upward arrow.

Your Member ID Card

Your ID card identifies you as an EHP member and contains important information about you, your PCP (should you select one), your copayments, and important phone numbers. Always carry your member ID card with you and present it when you receive health care services. If you haven't received one yet, please call Customer Service at 800-261-2393.



Above is a **sample** member ID card. Please review your actual card for your ID number and information specific to your coverage including:

1. Employer Member
2. ID number
3. Group number
4. Copayments
5. EHP member services contact information
6. National network contact information
7. Members residing in certain zip codes may have an additional logo in the top right corner on the back of the ID card. These members have access to additional in-network providers unique to their area through Cigna's PPO network.

Key Benefit Terms

Premium: The amount you pay for health insurance by payroll deduction.

Copay: A fixed fee that you are responsible for when receiving health care services or prescriptions. The amount depends on your specific coverage, the service, type of provider visit or prescription tier.

Co-insurance: A percentage of the cost for medical services that you pay when you receive health care services or prescriptions.

Claim: A bill for health care services that your health care provider sends to EHP for payment. If you are a PPO member and you seek care out-of-network, you may have to submit a claim for reimbursement after you pay your doctor's fees.

Deductible: The amount that you must pay within the plan year before EHP begins to pay benefits. Your Schedule of Benefits (SOB) or Summary Plan Description (SPD) will advise if you have a deductible and the amount of the deductible.

Pre-Authorization: This means that a requested service must be medically reviewed and approved by EHP before the service is rendered.

Inpatient: A medical or behavioral health service that requires you to stay in the hospital—for at least one night—while under treatment.

Outpatient: A medical or behavioral health service that does not require a hospital stay for treatment. Generally, patients may leave the facility after the treatment or procedure.

PPO vs. EPO

EHP offers two types of plans so members can select the coverage that is best for their needs. These plans are the Preferred Provider Organization (PPO) and the Exclusive Provider Organization (EPO). Please review your plan type.

PPO: Coverage is offered for in-network and out-of-network providers and facilities. Members may seek care outside of the EHP Network or EHP Preferred Network but will pay more for those services.

EPO: Coverage is offered for in-network benefits only. Members may only use providers and facilities in the EHP Network (including the Cigna PPO network) and the EHP Preferred Network. Members may be responsible for all costs for out-of-network care.

For both PPO and EPO plans, emergency care is covered at in-network and out-of-network hospitals. Please see the Emergencies section on page 15 for more information.

Where to Find Information about Your Specific Plan

The EHP website (**ehp.org**) is your source for convenient, up-to-date information about your EHP benefits and coverage specific to your employer. To view your benefits and coverage, simply go to **ehp.org** and select “Overview” under the Benefits and Coverage menu. Explore your plan by selecting your Employer from the drop-down field, along with your Plan Year and Plan Name, then click “Go” to view your Plan Overview.

Your Plan Overview will display your individual coverage and benefits, including medical, dental, vision and virtual visits. Select each one to view your specific coverage in each category. You can even search your schedule of benefits by keyword and category.

Your Summary Plan Description (SPD) is a detailed document that provides complete information about your EHP coverage and other employee benefits. You can get a copy of your SPD through your Human Resources office.

For further questions regarding your benefits, or if you are still uncertain about your plan benefits and coverage, call EHP Customer Service at 410-424-4450 or 800-261-2393.

Non-Covered Benefits and Services

EHP does not cover services related to workers’ compensation; automobile accidents; services deemed experimental, investigational or not medically necessary by EHP; or services listed as “non-covered benefits” in your SPD. Review your employer’s SPD and SOB for details as to what is covered or not covered by your unique plan. If you have specific questions regarding your coverage, call Customer Service or log on to your secure account on HealthLINK@Hopkins. You can obtain a copy of your SPD through your Human Resources office.

Continuation of Coverage

If a “qualifying event” would cause you and/or a family member to lose medical plan coverage, you and your covered family members may be eligible for continuation of coverage through COBRA.

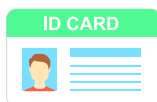
To learn more about this continuation of coverage, including whether and how COBRA is offered, contact your Human Resources office for plan-specific details.



New to Health Insurance? Here's How It Works With EHP.



Your coverage begins



Receive your member ID card

You will need this for all health care services, including picking up prescriptions at the pharmacy.



Sign up for HealthLINK@Hopkins, your member portal

This is a great resource for you to view your personal health record, track your claims, change your primary care provider (PCP), request a new ID card, and more.



Schedule your preventive care

You get these services at no charge when you see an in-network provider:

- Preventive exams and diagnostic services
- Routine preventive screenings
- Routine hearing exams



Get any additional care you need

Locate your nearest in-network urgent care center and emergency room. Use urgent care when you are not able to see your PCP and use the ER for sudden and severe injuries and illnesses. If you need specialty care, review your SOB for coverage details. Select a provider from the EHP networks for your lowest cost-shares on covered benefits.



Reach your deductible

To find out what your deductible is, look at the first item on your SOB: "Plan Year Deductible."



Pay your share

After you meet your deductible, you'll pay a copay or co-insurance for covered services. EHP will pay the rest.



Reach your annual out-of-pocket maximum

If you reach your out-of-pocket maximum, EHP will pay 100% of your in-network covered medical expenses for the rest of the plan year.



End of plan year

Find a Doctor

Search Our Provider Network

As an EHP member, you have access to over 14,000 health care providers and more than 30 hospitals in Maryland through the EHP network, ensuring that you can find care and services near you. Additionally, you can use the Cigna PPO network to find in-state providers. To find a doctor or health care facility, visit **ehp.org** and choose “Search the EHP Network” or “Search the Cigna Network”.

Our directory lets you search for a provider by name, location, and service type (including primary care, specialist, hospital, radiology or lab, behavioral health, and more). You can also filter those results by specialty, preferred provider network, language spoken and gender. The search tool also allows you to view only those providers accepting new patients.

If you want information regarding your health care provider's background, qualifications, and experience, call EHP Customer Service at 800-261-2393.

Access Care Outside Maryland

If you need care outside of Maryland, you have access to a national network of more than one million providers and hospitals nationwide through the **Cigna PPO network**. EHP covers all health care services received from providers in the Cigna PPO network at the in-network benefit level. The **Cigna PPO network** is for medical services only. Routine dental and vision services are not covered within this network. Telemedicine services with Cigna PPO providers are covered.

To search for a provider, call the toll-free phone number on the back of your EHP member ID card or visit **ehp.org**. Under the “Find a Provider” menu, click “Doctor or Facility” then click “Search the Cigna Network.”

Access Care Outside the EHP Network

There may be times when you need service outside the network. If you have an emergency, go to the nearest emergency room whether or not that hospital is in- or out-of-network. (For details, review the Emergencies section in this handbook.) For medical conditions that are not serious enough to be an emergency, but that still require prompt/urgent medical attention, your physician may refer you to an urgent care center. Physician visits and diagnostic services and treatment at in- and out-of-network urgent care centers are covered under the PPO plan. (A deductible, co-insurance, or copay may apply.) Only in-network (including the Cigna PPO network) urgent care centers are covered under the EPO plan.

If you need to treat a non-urgent condition and you cannot locate an in-network EHP provider or a provider through the Cigna PPO network, you may still be covered. To determine whether specific urgent and non-urgent services are covered out-of-network, or to determine whether your plan has a copay or reimbursement process, review your SPD, which is available through your HR office, or your SOB, which is located at **ehp.org**.





Get the Care You Need

Primary Care

Your primary care provider (PCP) is the doctor, physician, or other health care professional that you see for your regular and preventive care. Your PCP is an important part of your health care. Through regular visits, your PCP gets to know you and your health, gives you advice based on everything they know about you, keeps a record of your health and your medical history, and helps you work with specialists.

Your PCP should be your first line of care and will see you for routine checkups (well-visits) as well as when you are sick or have a minor injury. Even if you need care quickly, your PCP may be able to see you for same or next-day appointments. They can also direct you to an urgent care center when appropriate. As always, in an emergency medical situation, you should go to the nearest medical facility for immediate care.

While it is not required for EHP members, we encourage all of our members to select a PCP. By selecting a PCP, you will be able to schedule appointments more easily, and you will be more likely to develop a comfortable, familiar relationship with your physician. You can choose a PCP by calling Customer Service at 800-261-2393 or by logging into your HealthLINK@Hopkins member portal.

Specialist Care

Sometimes, an injury, illness or health condition may require care from a doctor with a specialty in a certain area of medicine. You do not need a referral to see a specialist. If you already see a specialist and would like to stay with that doctor, click “Doctor or Facility” under the “Find a Provider” menu on ehp.org to see if he or she is in the EHP network. If you need to find a new provider, you can search this directory.

When you are ready to schedule an appointment with a specialist, the Hopkins Specialty Appointment line can help. See page 16.

When you have specialty care, be sure to update your PCP on any changes to your health and treatment, including any new or altered medications. You should authorize your specialist(s) to share your medical records with your PCP and schedule follow-up appointments with your PCP to make sure that all of your treatment is coordinated.

Urgent Care

If you need non-emergent care on the weekend or outside of your PCP’s office hours, an urgent care center is a good option. It’s best to call your provider’s office first to see if they can accommodate you for a same-day or next-day appointment. If you cannot be seen by your PCP and you need care quickly, visit an urgent care center. These centers are typically open in the evenings and on weekends. Examples of non-emergency situations that an urgent care center could handle include:

- Minor broken bone
- Back pain
- Earaches
- Fever
- Sore throats

- Flu and colds
- Frequent urination
- Headaches
- Minor illnesses
- Minor injuries

Emergencies

A medical emergency is when you suddenly feel very sick or have severe pain. If you believe that your health is in serious danger, or you are concerned that you may have experienced serious damage to an organ or part of your body, seek medical care immediately by heading to the nearest hospital Emergency Room or by dialing 9-1-1 for an ambulance. An emergency medical situation is one in which immediate care is needed as the result of a sudden and serious illness or injury. Some examples of a medical emergency are:

- Major injury such as a broken leg or large wound
- Heart attack symptoms: severe chest pain, shortness of breath, sweating, and nausea
- Heavy bleeding
- Bleeding during pregnancy
- Major burn
- Unconsciousness
- Difficulty breathing
- Poisoning
- Severe head pain or dizziness

For treatment of an emergency medical situation as described above, your care will be covered, regardless of whether or not the Emergency Room facility participates in the EHP network. Emergency Room copays will be waived if you are admitted. However, if you go to the Emergency Room for services that are not deemed sudden and serious, payment will not be made. If you have an emergency, remember to inform your PCP within 24 hours to let him or her know what happened.

Hospital Care

Please visit **ehp.org** to search for a list of participating hospitals. Under the “Find a Provider” menu, click “Doctor or Facility” then “Search the EHP Network.” In the search page, select “Hospital or Facility” under the “Service Type” menu. To find a hospital in the Cigna PPO network, click “Search the Cigna Network” on the “Find a Doctor” page.

Hospital care follows EHP’s pre-authorization policy. All EHP members will be able to receive hospital care, but the services covered and the costs associated with that hospital care are unique to your plan. All plans require pre-authorization before any inpatient care. Similar to the procedure for services and supplies, pre-authorization for inpatient care will be handled by the participating hospital. If the hospital fails to receive pre-authorization, then coverage for care, services or supplies may be limited or denied.

Please note that if you go to a hospital for an emergency and are not admitted, you will have to pay an Emergency Room copayment. Your Emergency Room copay is waived if you are admitted. Refer to your SOB to determine your copayment amount.

You are also responsible for notifying EHP of any out-of-network hospitalization within 24 hours. Please call 410-424-4476 or 800-261-2429.





Behavioral Health Care

All EHP plans cover inpatient and outpatient mental health care, as well as care and services for substance use disorder. As an EHP member, you will be able to receive hospital care for behavioral health, but the services covered and the costs associated with that hospital care are unique to your plan. All plans require pre-authorization before any hospitalization or partial hospitalization. Similar to services and supplies, pre-authorization for this care will be handled by the participating hospital. Services are pre-authorized and coordinated through the EHP Behavioral Health Care Coordination program. If they fail to receive pre-authorization, then coverage for care, services or supplies may be limited or denied.

Similar to the procedure for standard hospitalization, you are responsible for notifying EHP of any out-of-network behavioral health hospitalization or partial hospitalization. For more information on plan-specific care, or to speak with a clinical care manager, call Mental Health and Substance Use Disorder Services at 800-261-2429. Please visit ehp.org to search for a list of participating behavioral or mental health providers. Under the “Find a Provider” menu, click “Find a Doctor or Facility,” then “Search the EHP Network.” In the search page, select “Behavioral Health” under the “Service Type” menu. To find a hospital in the Cigna PPO network, click “Search the Cigna Network” on the “Find a Doctor” page.

You are also responsible for notifying EHP of any out-of-network hospitalization within 24 hours. Please call 410-424-4476 or 800-261-2429.

Shop for Health Care Services

The cost for the same health care service can vary widely at different facilities. EHP wants you to know how much you could pay before your appointment. With the ClearCost Health estimator tool, you can price shop for the service you need. Start shopping, start saving.

Employee Access: Find ClearCost in your SmartSource portal, located in your myJH site.

Dependent Access: Visit app.clearcosthealth.com/jhh and create an account or log in.

Schedule an Appointment

To schedule an appointment, first use our convenient search tool to find a provider. See page 13 for instructions on how to use our provider search tool.

Once you have selected a provider, call their office to set up an appointment. It is always good to check that they participate with EHP when you call the office to schedule your first appointment.

If you need specialist care, the Hopkins Specialty Appointment Line helps members navigate and schedule new specialty appointments with an EHP Preferred Provider. Call 866-206-7210 to make an appointment Monday-Friday 8 a.m. to 5 p.m.

Make sure you carry your EHP member ID card with you to your first, and every, appointment.

If you cannot keep an appointment, please call the doctor’s office as soon as possible to cancel or reschedule. If you do not do so, you may be charged a fee.

EHP members want and deserve timely access to quality health care. The Maryland Code of Regulations (COMAR) and the Code of Federal Regulations (CFR) establish clearly defined appointment access standards. All in-network providers must meet these standards when scheduling appointments for members. EHP members have the right to appointments within the following time frames:

| Service | Appointment Wait Time (not more than) |
|---------------------------|---------------------------------------|
| History and Physical Exam | 90 calendar days |
| Routine Health Assessment | 30 calendar days |
| Non-urgent (symptomatic) | 7 calendar days |
| Urgent Care | 24 hours |
| Emergency Services | 24 hours |

| Behavioral Health Service | Appointment Wait Time (not more than) |
|---|---------------------------------------|
| Initial Visits for Routine Care | 10 business days |
| Emergency Services (non-life threatening) | 6 hours |
| Urgent Care | 48 hours |
| Follow up routine care | 30 calendar days |

EHP's Provider Relations department monitors appointment access standards through quarterly reports. We compare the reports against regulatory and accreditation standards, and will initiate actions as needed when we identify improvement opportunities.

If you believe your providers are not meeting these standards, please call Customer Service to file a complaint.

Telemedicine Appointments

EHP covers telemedicine (video and audio visits) with health care providers. These visits have the same coverage and costs as in-person visits, and the same authorization requirements apply. Telemedicine provided by out-of-network providers is covered and payable under member's out-of-network benefits, if applicable. Telephonic consultation is also covered.

EHP members also have access to Johns Hopkins OnDemand Virtual Care. This service allows members to connect with a provider for a general medical visit 24/7 from the comfort of their home or anywhere they may travel in the United States. This service can be used as an alternative if you are unable to see your PCP. Use of this service is intended for common, minor ailments, such as a cough, rash, seasonal allergies, cold and flu symptoms, pink eye, sinus infection, sore throat, and more. The service is not for medical emergencies. You can access this service at ondemand.hopkinsmedicine.org.



Fill Your Prescriptions

Prescription and Pharmacy Information

Your pharmacy benefits are managed by CVS Caremark. CVS Caremark determines which prescription medications are covered and how they are covered. This information is outlined in a document called a formulary. You can view CVS Caremark's Advanced Control Formulary on the Pharmacy section of ehp.org. You can also find more information on your prescription coverage, manage your prescriptions, check order statuses, and view costs and coverage and savings opportunities at caremark.com. You will need to register for an account.

The EHP pharmacy network includes more than 64,000 pharmacies nationwide. The network includes most chain retailers and independent pharmacies. Search for a participating network pharmacy near you at caremark.com. Registration is required for first time use.

Don't want to go to the pharmacy to get your prescriptions? Try mail order. This service offers a convenient and cost-effective option for obtaining medications you take on an ongoing basis. You can receive up to a 90 day supply of chronic use medications and have these medications delivered to the location of your choice. Mail Order service is provided by CVS Caremark. Refill your prescription online at caremark.com or use the Mail Order form at ehp.org.

Key Pharmacy Terms

Copay: A fixed fee that you are responsible for when receiving prescriptions. The amount depends on the prescription tier.

Formulary: A list of medications selected for coverage under the pharmacy benefit, based on efficacy, safety, cost-effectiveness, and clinical evidence. You can view your Advanced Control Formulary on the Pharmacy section of ehp.org.

Formulary Tier: A coverage classification of a medication. You are covered by the EHP pharmacy benefit which has a four-tier drug benefit. Each tier has a different copay or out-of-pocket expense. Members are responsible for a portion of the cost of their medications.

Quantity Limit: A maximum amount of a certain medication that you are allowed to fill. Only certain medications have quantity limits.

Preferred Formulary Alternative: A medication covered by EHP in a lower tier. These medications, including generics, are as effective as brand-name and higher tier drugs.

Advanced Control Formulary™ and Copay Tiers

Your prescription benefit has a four-tier structure. Your prescription medications fall into one of four tiers. Each tier has a different copay or out-of-pocket expense for which you are responsible.

To determine your copay, formulary status, availability of generic substitute, and preferred formulary alternatives for any of your medications, or to search for a participating pharmacy near you, visit caremark.com (registration is required for first use).

Here are the four tiers for your prescription coverage:

- **Tier One: Generic**
Generic drugs have the lowest out-of-pocket cost for members and are placed on Tier 1. Generic products are listed in the formulary in lowercase italics.
- **Tier Two: Preferred Brand**
Preferred brand-name drugs have a significant safety or efficacy advantage compared to similar agents. These agents have an intermediate out-of-pocket cost for members. These products are usually placed on Tier 2 and listed in the formulary in all capitals.
- **Tier Three: Non-preferred Brand**
Non-preferred brand-name drugs do not have a significant, clinically meaningful advantage in terms of effectiveness, safety, and clinical outcomes compared to similar agents. These drugs have higher out-of-pocket costs for members. In most cases, there will be Tier 1 or Tier 2 alternatives for products found in this tier. Non-preferred brand-name drugs covered under the pharmacy benefit are not displayed in the formulary and may process in Tier 3.
- **Tier Four: Brand Drugs with Generic Substitute (highest co-pay).** This tier includes brand drugs for which a generic equivalent is available, as well as select non-preferred brand drugs.

If you choose a brand-name drug with a generic equivalent, you will be required to pay the highest co-pay plus the difference in price between the brand and its generic equivalent.

You can use information in the Advanced Control Formulary to help you identify the drugs covered under each therapeutic category. To determine your copay or find a lower-cost generic or preferred brand alternative for a medication, you can check your drug's cost by creating an account at **caremark.com**.

When clinically effective options are available to treat your condition, certain medications may be removed from the list of covered drugs. Your doctor always has the final decision on what medication is right for your condition. Remind your doctor that your benefit plan no longer covers this medication, and you may have to pay the full price. Speak with your doctor to write a new prescription for a covered medication.

Your doctor can view a list of covered drugs and associated tier status on the Advanced Control Formulary. A list of non-covered drugs and the formulary alternatives (preferred options) are also available in the formulary. If you cannot use a formulary medication, your doctor may submit clinical documentation of medical necessity, including treatment failure of covered drugs. Without a pre-authorization for medical necessity you may be required to pay the full cost of the medication.

The EHP Advanced Control Formulary is subject to change at any time. The formulary is updated on a regular basis, including when new generic or brand-name medications become available and as discontinued drugs are removed from the marketplace.

How to Transfer Prescriptions

To determine if your current pharmacy accepts EHP, you can call the pharmacy or visit **caremark.com** to view a list of in-network pharmacies. You will need to create an account to ensure that you are viewing in-network pharmacies.

If you need to transfer your prescriptions to an in-network pharmacy, here are two options:

1. **Phone:** call the pharmacy you want to start using and ask them to request your prescription from your previous pharmacy. Be sure to tell them the prescription name and any personal information they require.
2. **In store:** bring your prescription bottle and insurance card to the new pharmacy.



Generic Medications

EHP encourages the use of generic medications. Generic drugs are chemically identical to their brand-name counterparts. They are made with the same active ingredients and produce the same effects as their brand-name equivalents. *The Food and Drug Administration (FDA) requires generic drugs to have the same quality, strength, purity, and stability as brand-name drugs.* Also, the FDA requires that all drugs, including generic drugs, be safe and effective.

Pre-Authorization and Quantity Limits

Certain medications require pre-authorization before coverage is approved. These drugs are subject to specific criteria approved by physicians and pharmacists on the EHP Pharmacy and Therapeutics Committee. Established criteria are based on medical literature, physician expert opinion, and FDA-approved labeling information.

Certain prescription medications have specific dispensing limitations for quantity and maximum dose. These dispensing limitations are based on generally accepted guidelines, drug label information approved by the FDA, current medical literature, and input from a committee of physicians and pharmacists. The three types of quantity limits are:

- Coverage limited to one dose per day for drugs that are approved for once-daily dosing
- Coverage limited to a specific number of units over a defined time frame
- Coverage limited to approved maximum daily dosage

When medically necessary, an exception to quantity limits can be requested. To see a list of drugs in your EHP plan that have quantity limitations or that require pre-authorization, visit the pharmacy section at **ehp.org**. This list is subject to change without notice.

Evaluation of New Technology, Drugs, and Benefits

EHP's written process for evaluating new technology and the new application of existing technology for inclusion in its benefits plans includes the evaluation of medical procedures, behavioral health procedures, pharmaceuticals, and devices. In considering these changes, EHP reviews scientific literature and solicits input from relevant specialists and professionals who have expertise in the technology.

Stay Healthy

Being healthy requires more than great care from your providers. EHP encourages our members to focus on healthy lifestyle habits and proper self-management. We have a variety of services to support you. These benefits are offered to you at no cost.

No matter where you are on your health journey, your EHP care team is ready to help you do more for your health. Together, one small step at a time, you can achieve big change.

Our health programs and services are voluntary. EHP may identify and enroll members with certain conditions or needs, but you are under no obligation to participate. You can also request our services if you believe they would help you. Please contact us Monday through Friday, 8:00 a.m. to 5 p.m. by calling 800-557-6916 or emailing **caremanagement@jhhc.com** to opt in or opt out of services. Any messages received after business hours will be addressed the following business day.

Your EHP Care Team

Care Manager: Skilled nurses and social workers who provide support, guidance, and encouragement to manage your health. Your care manager will:

- Assess physical, psychological, spiritual, and financial needs
- Educate members on ways to manage their health
- Assist with care team collaboration and communication
- Coordinate care with providers and community resources
- Provide ongoing communication to review and support progress with goals

Behavioral Health Care Manager: Similar to a traditional care manager, these clinical professionals provide specialized support with mental health and/or substance use disorder needs.

Community Health Worker (CHW): Connects you to resources in your community that can assist you with your needs beyond health care. Your CHWs understand that other aspects of your life can affect your health, and they work to reduce these barriers for you.

Preventive Health

Being proactive is the best approach to stay healthy and prevent health events or complications. In addition to covering many preventive care services, such as well-visits and screenings, EHP offers health and wellness services. These services are designed to educate you about your conditions, provide tips to help you manage them, and help you reach your health goals.

Care Management Services

Work with a licensed nurse or social worker to better manage a condition or get additional support to stay healthy. Access your personal care team for education and care coordination to help you achieve your best level of health.

- Learn more about a New Diagnosis and recommended care
- Improve your knowledge and skills in managing your health
- Build your personal care team, including providers and community resources
- Partner with a care manager for one-on-one support to help reach your best level of health

Services include:

- Telephonic outreach
- Health education
- Reminders for appointments and screenings
- Medication review and management
- Coordination of healthcare services and supplies
- Support to help you meet your health care goals

For more information or to opt in or opt out of services, call 800-557-6916,
Monday – Friday, 8 a.m. – 5 p.m.

Email: caremanagement@jhhc.com





Health Education

There is always something that we can learn about our health. With limited time at our doctor visits, we may not get to discuss our health and conditions as much as we would like.

EHP has a variety of interactive health education programs to give you information and tips and tools to better manage your health. Learn more about specific health conditions in a supportive group environment. Participants share challenges and successes to help other members.

Program topics include:

- Newborn care
- Diabetes and prediabetes
- Adult & children's asthma
- Heart disease
- Adult & children's weight management
- Healthy sleep habits
- Stress management

Programs are offered throughout the year across the state. View all programs, dates, times and locations at ehp.org. Learn more or sign-up for a program by calling 800-957-9760 or emailing healtheducation@jhhc.com.

Complex Care

If you are ever faced with a serious medical event, complex medical conditions, or multiple conditions, our care management service can help. A care manager will assess your health status, work with you to develop a self-management plan, and help you to get the right care.

Services include:

- In-person or telephonic outreach
- Health education
- Reminders for appointments and screenings
- Medication review and management
- Coordination of health care services and supplies
- Partnership with your health care providers
- Coordination with social and community resources

For more information or to opt in or opt out of services, call 800-557-6916,
Monday – Friday, 8 a.m. – 5 p.m.

Email: caremanagement@jhhc.com

Transition of Care

When you have a major health event, your Transition of Care (TOC) Team will guide you through a smooth transition. Health events include a recent hospitalization or a decision to receive long-term care services. The TOC team will assist you and your loved ones with coordinating your care and navigating the complexities of the health care system. When things appear uncertain and stressful, our care team will ease the burden and act as an advocate and educator.

Services include:

- In-person or telephonic outreach
- Medication review and management
- Health education
- Partnership with your health care providers
- Reminders for follow-up appointments
- Coordination of health care services and supplies

Maternal/Child Health

EHP wants you to have a healthy pregnancy and delivery. Your benefits give you no-cost support to guide you through your pregnancy and provide any advanced care needs your child may have. We'll provide education and answer your questions. And if your pregnancy needs extra support, one of our care managers will work one-on-one with you.

Services include:

Low-Risk Pregnancy

- Healthy pregnancy education
- Support and appointment reminders after birth

High-Risk Pregnancy

- Work one-on-one with a care manager
- Partnership with your health care providers

NICU

If your baby is admitted to the neonatal intensive care unit (NICU), we're here to support you. We help families understand the treatment for their baby and prepare them to care for the infant at home.

- One-on-one communication in the hospital and at home
- Arrange for in-home services or special equipment
- Help understanding and using your medical and pharmacy benefits
- Ongoing communication and coordination with all of your providers
- Education materials
- Referrals to community and/or professional resources

For more information or to opt in or opt out of services, call 800-261-2396 (option 1, ext 5355) or 410-762-5355

Behavioral Health Care Coordination

If you are living with a mental health condition such as depression, autism spectrum disorder, anxiety or addiction, help is available. Your EHP benefits include access to confidential care coordination support.

These clinicians use a unique team approach to assist you through your treatment needs. Services include coordination with your providers, treatment resources, and self-management strategies.

For more information or to opt in or opt out of services, call 800-557-6916,

Monday – Friday, 8 a.m. – 5 p.m.

Email: caremanagement@jhhc.com





Utilization Management

EHP is committed to maintaining the health and wellness of all our members. Utilization Management ensures that care is provided at the right time and in the right setting. The Utilization Management (UM) department evaluates requests for services for medical care, mental health treatment, and substance use disorder treatment, based upon appropriate clinical criteria or guidelines and local health care delivery options. This, often times, requires pre-authorization by your provider for certain services and the review of requests for authorization for elective hospital admissions. All review decisions are based upon appropriate care and service and existence of coverage. Registered nurses, social workers, and medical directors make the UM decisions.

Plan Perks

EHP is always looking for ways to improve your health. With Plan Perks, we find products and services that support our goal of helping you live your healthiest life. Then, we give you free or discounted use of them. Learn more about these Perks at ehp.org/plan-benefits/plan-perks.

DinnerTime

Perk: Free subscription

Generate custom meal plans based on your family's budget, tastes, schedule, dietary restrictions, and more. DinnerTime chooses healthy recipes and plans your meals for you. It even creates shopping lists based on sales at your favorite grocery store.

Sign up for free at dinnertime.com with referral code **HOPKINSEHP** and your EHP member ID number.

BurnAlong

Perk: \$39 yearly subscription

Get—and stay—fit, no matter where you are with BurnAlong, a new cutting-edge fitness and wellness program. BurnAlong offers more than 1,000 classes in 30 categories. Stream unlimited classes on your own or with colleagues and friends in a private group setting whenever you want, wherever you want, for just \$39 for an entire year! You can access the classes on your computer, tablet or phone, with the option to cast it to your T.V.

Steps:

- Go to well.burnalong.com/login
- Put in your information and select annual plan
- Put in discount code **EHP39**

Understand the Costs and Rules for Using Your Plan

Your Financial Responsibility

As a member, EHP helps you pay for the health care you need. Still, you have certain financial responsibilities as a plan member. These out-of-pocket costs include copayments, co-insurance, deductible, and expenses for non-covered benefits.

- You must meet your deductible, which is the amount you must pay within the plan year, before EHP begins to pay benefits. Your Schedule of Benefits (SOB) or Summary Plan Description (SPD) will advise if you have a deductible. Certain benefits, such as preventive care services, are covered by EHP, regardless of whether you have met your deductible.
- Your copays are fixed fees that you pay at the time of service. Copays may differ depending on the type of provider you see, the type of service, or the prescription tier.
- Your co-insurance amounts are percentages of a total health care cost. Some benefits have a copay and some have co-insurance. You will be billed for your co-insurance amount, and you pay them directly to your provider.

Pre-Authorization: Getting Approvals for Services

Pre-authorization is required for certain medical services and supplies. Your Schedule of Benefits and outpatient referral guidelines indicate which services, supplies, or medications require pre-authorization. All pre-authorization requests are coordinated through your physician's office. If they fail to receive pre-authorization, then coverage for care, services or supplies may be limited or denied. Any costs for denied services that were the result of an in-network provider failing to receive pre-authorization are not your responsibility.

What Happens if Your Doctor Leaves the EHP or Cigna PPO Network

In some cases, a provider may leave the EHP network or the Cigna PPO network. If this happens, you can select another doctor from our provider directory (available at ehp.org). If you choose to stay with your provider, please be aware that your financial responsibilities will change. Your benefits will be covered at the out-of-network level.

If you are an EPO member you will need to choose a new in-network provider as you do not have out-of-network benefits.

How to File a Claim

If you receive care from an in-network provider—including a Cigna PPO network provider—the provider will submit the claim on your behalf. You will not have to take any action. If you receive care from an out of network provider, you may be required to pay for the service and then submit a reimbursement claim form to EHP.

Reimbursement claim forms are available at ehp.org/plan-benefits/member-forms.

To submit your claim, complete a claim form, attach your itemized bills and proof of payment, and send it to the address shown on the form.



Itemized bills must include the following information:

- The date(s) that services or supplies were received
- A description and diagnosis of the services or supplies rendered
- The charge for each service or supply
- The name, address, and professional status of the provider
- The full name of the individual who received the care

To avoid delay in handling your claim, answer all questions completely and accurately. *Expenses cannot be processed without your signature in the appropriate areas of the form.* Fill out the demographic information and attach a copy of the receipts or invoices associated with the claim to the form. It is necessary that forms be legible, and you must include a copy of the receipts or invoices along with proof of payment in order for EHP to properly process the claim.

Mail or fax all claims to:

Johns Hopkins EHP
Attn: Claims Department
P.O. Box 4227
Scranton, PA 18505
Fax number: 410-424-4611

Most plan members have 12 months from the date of service to submit claims for reimbursement.

File an Appeal or Complaint

Appeals

You may appeal clinical decisions in whole or in part. Appeals are reviewed by a peer clinician to the ordering provider.

A member or an authorized representative may appeal or request a review in writing to EHP. Urgent appeals may be accepted over the phone. *Appeals must be received within 180 days of the date of the denial or all rights to appeal are lost.* If you have not received the services that were denied, you will receive an appeal determination within 15 days. If you have already received the services that were denied, you will receive an appeal determination within 30 days. If your appeal is considered urgent, you will receive a determination within 36 hours.

Mail appeals to:

Johns Hopkins EHP
Attn: Appeals Department
7231 Parkway Dr., Suite 100
Hanover, MD 21076

For urgent appeals, please call or fax:

Phone number: 410-762-5383
Fax number: 410-424-2701

The above is only a brief summary of the appeal rules. The complete appeal rules that you must follow are contained in your Summary Plan Description.

Complaints

EHP appreciates your feedback and would like to know if you ever have a complaint about our services or services received by a network provider. We accept both written and verbal feedback.

Complaints can be mailed to:

Johns Hopkins EHP
Attn: Member Complaints and Grievances
7231 Parkway Dr., Suite 100
Hanover, MD 21076

Contact:

Customer Service number: 800-261-2393
Fax number: 410-424-2701

Know Your Rights and Responsibilities

We value you as a member of our EHP health care family. As a member, you have the following rights and responsibilities:

You have the right to:

- Be treated with respect for your dignity and privacy
- Discuss all appropriate treatment options for a condition regardless of cost or benefit coverage
- Receive information, including information on treatment options and alternatives, in a manner you can understand
- Participate with providers in decisions regarding your health care, including the right to refuse treatment
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- Request and receive a copy of your medical records and request that they be amended or corrected as allowed
- Exercise your rights and to know that the exercise of those rights will not adversely affect the way that EHP or our providers treat you
- File complaints, appeals, and grievances about the organization or the care we provide (See page 25)
- Request that ongoing benefits be continued during appeals (although you may have to pay for the continued benefits if our decision is upheld in the appeal)
- Receive a second opinion from another provider in EHP's network if you disagree with your provider's opinion about the services that you need. Contact us at 800-261-2393 for help with this
- Receive other information about us such as how we are managed. You may request this information by calling 800-261-2393
- Receive information about the organization, its services, its practitioners and providers and member rights and responsibilities
- A candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage
- Make recommendations regarding the organization's member rights and responsibilities policy



You have the responsibility to:

- Carry your membership card with you at all times and know your eligibility status with EHP. If you lose your card, you can obtain a new one by calling Customer Service, or from your HealthLINK@Hopkins account
- Follow your plan's pre-authorization guidelines and policies
- Cancel appointments if you are unable to keep them
- Pay applicable copay, co-insurance, and deductible at the time of service
- Report any other health insurance coverage to your provider and to EHP
- Supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care
- Follow plans and instructions for care that you have agreed to with your provider
- Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible

How EHP Protects Your Privacy

EHP is committed to respecting your privacy. The purpose of this information is to describe how your Protected Health Information (PHI) may be used and disclosed and how you can get access to this information. Please review it carefully. EHP's official **Notice of Privacy Practices (NPP)** fully describes:

3. EHP's routine use and disclosure of PHI
4. Use of authorizations
5. Access to PHI

Please take time to review your NPP. It is available at **ehp.org** or by calling Customer Service. If you have any questions regarding the NPP content, please call the Johns Hopkins Privacy Officer at 410-614-9900.

Health information means information that identifies you and tells about your medical history and provision of health care to you. It also includes information about payment for health care services, such as your billing records. By law, we are required to:

1. Ensure that your health information is protected
2. Provide to you the NPP describing our responsibilities and privacy practices with respect to your health information
3. Follow the terms of the Notice that is currently in effect

In addition, EHP has implemented internal policies and procedures which address *how we protect oral, written, and electronic use of PHI*. For your protection, EHP always verifies the identities of both the member and the requestor prior to responding to a request for a member's PHI. Examples of such contact are:

1. Questions about your treatment or payment activities
2. Requests to look at, copy, or amend your Plan records
3. Requests to obtain a list of Plan disclosures of your health information

EHP secures and limits access to all hardcopy and electronic files. All electronic data is password protected. EHP limits workforce member access to all hardcopy and electronic files. Internal controls are in place to ensure that only those workforce members with a "need to know" have access to information required to perform their specific job function. All workforce members are required to only utilize and/or access the "minimum necessary" information.

EHP takes disclosure of PHI to plan sponsors (employers) very seriously. Our first duty is to protect your privacy. EHP has placed very specific controls on your information to ensure that your information is protected. We will only release your health information to the plan sponsor for administrative purposes if certain provisions have been added to EHP to protect the privacy of your health information, and the sponsor agrees to comply with the provisions. EHP will not disclose PHI to the plan sponsor for employment-related actions, or for decisions in connection with any other benefit or benefit plan of the sponsor, unless the individual signs an authorization permitting such disclosure. For more information on authorizations or to download the forms required to permit an authorization of disclosure, visit ehp.org.

Preventing Health Care Fraud and Abuse

EHP wants to find and stop health care fraud, which is any dishonest act that a person commits on behalf of someone else that results in benefits to which he/she is not entitled. Some examples of health care fraud are:

- Using someone else's EHP insurance card to get health care services
- Loaning your EHP insurance card to another person so that they can receive health care services
- Sending bills for equipment or services you never received

EHP takes its responsibility to protect your "right to report" seriously. No EHP employee may threaten, coerce, harass, retaliate, or discriminate against any individual who reports a compliance concern. To support this effort, EHP has enacted zero-tolerance policies and annually trains all personnel on their obligation to maintain the highest integrity when handling compliance related matters. Any individual who reports a compliance concern has the right to remain nameless, and EHP commits to enforcing this right. JHHC Program and Payment Integrity investigates all charges of actual or suspected health care fraud. If you believe someone is committing fraud against EHP, please report the act to JHHC Program and Payment Integrity at 410-424-4971 or FVA@jhhc.com. You can also write to:

JHHC Program and Payment Integrity
Attn: Fraud, Waste and Abuse
7231 Parkway Dr., Suite 100
Hanover, MD 21076

Fax: 410-424-2708

For additional information including how you can help reduce health care fraud, visit ehp.org.



Get Help

Important Contact Information

| Name | Address | Phone | Fax |
|---|--|------------------------------|--------------|
| EHP Customer Service (M-F, 8 a.m.–5 p.m.) www.ehp.org | 7231 Parkway Dr. Suite 100 Hanover, MD 21076 | 800-261-2393 410-424-4450 | 410-424-4895 |
| Mental Health and Substance Use Disorder Services | 7231 Parkway Dr. Suite 100 Hanover, MD 21076 | 800-261-2429 410-424-4476 | 410-424-4891 |
| EHP Care Management | 7231 Parkway Dr. Suite 100 Hanover, MD 21076 | 800-557-6916 | 410-424-4890 |
| Pharmacy CVS/Caremark: www.caremark.com | Contact your HR office for plan-specific details. Information is also available online at ehp.org/plan-benefits/pharmacy . | | |
| Cigna PPO Network | For information or questions about the nationwide Cigna PPO network, please call EHP Customer Service at the numbers listed above. | | |

Request an Interpreter

Many of our physicians and hospitals have interpreter services onsite. Please let your physician know if you need an interpreter, and they will arrange one for you. EHP provides language and American Sign Language interpreters for medical appointments when your physician cannot provide this service. To request an interpreter, please call Customer Service at 800-261-2393. A TTY line is also available to all members between 8 a.m. and 5 p.m., Monday through Friday. The Maryland Relay Operator telephone number is 800-201-7165.

You can also request alternative formats for certain EHP forms and documents. Alternative formats include non-English languages, large print, audio and other forms of accessible electronic formats.



7231 Parkway Dr., Suite 100
Hanover, MD 21076

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