

## FAQ About the Health Plans Transition

---

### 1. Why did JHU review our health plans and make changes?

Great benefits are central to our vision to retain, recruit, and inspire the very best people to work at Johns Hopkins. Over the years, we've heard from many of you that aspects of JHU's insurance plan providers and services weren't working as effectively as they should. Specifically, we heard:

- Members were not getting the support they needed to navigate plans
- Customer service response times lagged
- Members needed more help for medical services that require a prior-authorization

From finding doctors that understand your specific needs to getting answers to claims and billing questions, we want to make sure that your and your family's physical and mental health care needs are addressed, so you can get the care you need when you need it.

### 2. What medical plans will be offered in 2024?

Faculty and staff members will have access to 3 PPO plans, including the current HDHP. The Kaiser Permanente HMO Plan will continue to be available but only to those who are currently enrolled in it. The EHP Classic POS Plan will no longer be offered.

Bargaining unit members will have access to 1 PPO plan, an in-network only plan (similar to the current HMO) and the Kaiser Permanente HMO Plan.

### 3. Is Kaiser going away?

No. The Kaiser Permanente HMO Plan will continue to be available to faculty and staff members who are currently enrolled in the Plan and to bargaining unit members.

### 4. Is the EHP Classic POS Plan going away?

Yes. The EHP Classic POS Plan will no longer be available as a medical plan option to select in 2024.

In order to improve customer service experiences and ensure all employees and their families have access to high-quality care, we're consolidating multiple plan designs with one claim administrator, CareFirst BlueCross BlueShield, and we're adding a personalized advocacy service, Quantum. Please note that the CareFirst network of doctors will have little to no disruption for employees seeking care .

### 5. Who was involved in reviewing JHU's medical plan options?

Based on feedback we received from many of you, we convened a working group of faculty and staff to conduct a comprehensive review of our medical plans, providers, and services. Key components of our review included the network of providers, member services (such as customer services, digital resources and navigation, cost transparency tools, and more) and clinical management (such as health outcomes, staffing, utilization, access to robust resources for behavioral health, maternity services, well-being resources, virtual care, and more).

**6. Are these changes being made to save the University money?**

No. Being a great place to work is a central tenet of JHU's [Ten for One](#) strategic plan and these changes are not being made for financial reasons. Our goals are to continue to provide choices in health plans, reduce complexity when you select and use your plans, and improve your customer service experience.

**7. When will the new plans be available?**

The new medical plans will be available January 1, 2024. You can choose your medical plan and coverage levels (individual or family) during annual enrollment, which will begin October 11 and continue through October 31, 2023.

**8. Is Express Scripts going away?**

Yes. Beginning in January 2024, Capital Rx will handle pharmacy benefits for anyone enrolled in a CareFirst medical plan. Kaiser Permanente members will continue to have their pharmacy benefits managed through Kaiser.

**9. How will I know if my prescription will be covered by the new pharmacy benefits manager, Capital Rx?**

You can check online to see if your [prescription drug is covered and if your local pharmacy is in-network](#). For their list of approved drugs, click "view formulary."

**10. How can I compare or estimate costs?**

We will provide medical plan comparison charts with our annual enrollment materials, which will be available in late September before annual enrollment begins. Ask Alex, our plan comparison tool, will also be available in late September.

**11. Will I have to change doctors as a result of this change?**

At the time of our extensive analysis, there was no disruption of doctors in the EHP Classic POS Plan and the CareFirst network. Additionally, some providers that are currently out-of-network in the EHP Classic POS Plan may be in-network with the CareFirst network. Providers change their contracts with insurance providers at various times throughout the year, so there may be some fluctuation. You can [search the CareFirst BCBS network online](#). Look for "Network" in the top right-hand corner and select "BluePreferred."

**12. What will happen if I am or my family member is undergoing treatment for a serious illness?**

There will be a 90-day transition of care plan for anyone with a current prior-authorization or under serious care. Quantum Health will work with you and your family directly during this transition.

**13. Who is Quantum Health and what will they do?**

Quantum is a healthcare advocacy service that will handle customer service for our CareFirst medical plans along with granting prior-authorizations for certain services and surgeries. One of the main goals in adding Quantum Health is enhancing your experience with customer service. Quantum Health will act as your expert healthcare navigator with the goal to simplify and improve your healthcare experience.

**14. When can I access Quantum Health?**

Quantum Health’s Care Coordinators will be available by phone beginning December 1, 2023, and the member web portal will be available January 1, 2024. More information will be provided before the end of the year.

**15. Who are Care Coordinators at Quantum Health?**

Care Coordinators are your personal team of nurses and benefits experts working with you and your providers to make your care simpler and more affordable. When you need help finding a provider in your network, solving a claims issue, learning about your benefits, and anything that can make your healthcare easier, your Care Coordinators are the ones to contact.

**16. What can Care Coordinators help with?**

Your personal Care Coordinator leads a team of nurses and benefits experts who work with you and your providers to make your care simpler and more affordable. When you need help finding a provider in your network, solving a claims issue, learning about your benefits, figuring out who administers your disability plan, or preparing for an upcoming doctor’s visit, you can contact Quantum Health online or over the phone. No question is too big or too small.

**17. Will my health insurance premiums increase because of this change?**

The new medical plan options, pharmacy benefits manager, and added service through Quantum Health will not result in increased costs to you, however, medical premiums will increase slightly similar to previous years.

The University is committed to providing affordable healthcare coverage to all faculty and staff and is absorbing a large share of cost increases for medical premiums. More information about premiums will be shared during annual enrollment.

**18. How can I get more information?**

More information will be posted on the [Benefits and Worklife website](#) in advance of annual enrollment in late September. Additionally, you can contact the Johns Hopkins Benefits Service Center at (410) 516-2000 or [benefits@jhu.edu](mailto:benefits@jhu.edu).