Important Notice from Johns Hopkins University About
Your Prescription Drug Coverage and Medicare

NOTE: If you and your family members are not eligible for Medicare and will not become eligible for
Medicare within the next 12 months, this notice does not apply to you.

Please read this notice carefully and keep it where you can find it. This notice has information
about your current prescription drug coverage with Johns Hopkins University and about your
options under Medicare’s prescription drug coverage. This information can help you decide
whether or not you want to join a Medicare drug plan. If you are considering joining, you
should compare your current coverage, including which drugs are covered at what cost, with
the coverage and costs of the plans offering Medicare prescription drug coverage in your area.
Information about where you can get help to make decisions about your prescription drug
coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's
prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with
Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or
join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug
coverage. All Medicare drug plans provide at least a standard level of coverage set by
Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Johns Hopkins University has determined that the prescription drug coverage offered
by the Johns Hopkins University Medical Plan is, on average for all plan participants,
expected to pay out as much as standard Medicare prescription drug coverage pays
and is therefore considered Creditable Coverage. Because your existing coverage is
Creditable Coverage, you can keep this coverage and not pay a higher premium (a
penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from
November 15th through December 31st.

However, if you lose your current creditable prescription drug coverage, through no fault of your own,
you will also be eligible for a two-month (2) Special Enrollment Period (SEP) to join a Medicare drug
plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug
Plan?

If you decide to join a Medicare drug plan, your current Johns Hopkins University coverage will not be
affected. Details of the Plan's prescription drug benefits are included in the Plan's Summary Plan
Description (which previously was provided to you and is also available upon request). In addition,
keep in mind that your current coverage pays for other medical expenses for you and, if applicable,
your eligible dependents, in addition to prescription drugs, and you will still be eligible to receive all of
your current health and prescription drug benefits even if you choose to enroll in a Medicare
prescription drug plan. If you are enrolled in both the Plan and a Medicare prescription drug plan,
your prescription coverage under the University’s Plan will be coordinated with the Medicare
prescription drug benefit based on Medicare rules.
If you decide to join a Medicare drug plan and drop your current Johns Hopkins University coverage, be aware that you and your dependents may not be able to get this coverage back (or you may have to wait for the next enrollment period). If you have COBRA coverage under the University’s Plan, and you drop your Johns Hopkins University coverage, note that you will not be able to get this coverage back.

**When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Johns Hopkins University and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

**For More Information about this Notice or Your Current Prescription Drug Coverage**

Contact the office listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Johns Hopkins University changes. You also may request a copy of this notice at any time.

**For More Information about Your Options under Medicare Prescription Drug Coverage**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:
- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their phone number) for personalized help,
- Call 1-800-MEDICAR (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).**

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<tbody>
<tr>
<td>Name of Entity/Sender:</td>
<td>Johns Hopkins University</td>
</tr>
<tr>
<td>Contact:</td>
<td>Benefits Service Center</td>
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<td>Address:</td>
<td>1101 East 33rd Street, Suite D100, Baltimore, MD 21218</td>
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