

# Summary Annual Report

for

## The Johns Hopkins Hospital Employee Benefit Plan

This is a summary of the annual report for the The Johns Hopkins Hospital Employee Benefit Plan, (Employer Identification No. 52-0591656, Plan No. 506) for the period July 1, 2020 to June 30, 2021. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

### INSURANCE INFORMATION

The plan has an insurance contract with UNUM LIFE INSURANCE COMPANY OF AMERICA to pay certain LIFE INSURANCE, LONG-TERM DISABILITY AND FLUX AD&D claims incurred under the terms of the plan. The total premiums paid for the plan year ended 06/30/2021 were \$2,579,765.

The plan has an insurance contract with UNUM LIFE INSURANCE COMPANY OF AMERICA to pay certain LTC claims incurred under the terms of the plan. The total premiums paid for the plan year ended 06/30/2021 were \$22,429.

The plan has an insurance contract with UNUM LIFE INSURANCE COMPANY OF AMERICA to pay certain LTC claims incurred under the terms of the plan. The total premiums paid for the plan year ended 06/30/2021 were \$39,564.

The plan has an insurance contract with UNUM LIFE INSURANCE COMPANY OF AMERICA to pay certain claims incurred under the terms of the plan. The total premiums paid for the plan year ended 06/30/2021 were \$454.

The plan has an insurance contract with HARTFORD LIFE AND ACCIDENT to pay certain BTA claims incurred under the terms of the plan. The total premiums paid for the plan year ended 06/30/2021 were \$6,455.

The plan has an insurance contract with DELAWARE AMERICAN LIFE INSURANCE COMPANY to pay certain DENTAL, LIFE INSURANCE, LONG-TERM DISABILITY AND CMM, DEPF, SPL, SUPPLIFE, VADD, AD&D claims incurred under the terms of the plan. The total premiums paid for the plan year ended 06/30/2021 were \$68,292.

The plan has an insurance contract with METROPOLITAN LIFE ISURANCE COMPANY to pay certain LONG-TERM DISABILITY claims incurred under the terms of the plan. The total premiums paid for the plan year ended 06/30/2021 were \$7,601,720.

The plan has an insurance contract with METROPOLITAN LIFE ISURANCE COMPANY to pay certain LIFE INSURANCE AND ADD claims incurred under the terms of the plan. The total premiums paid for the plan year ended 06/30/2021 were \$6,495,987.

The plan has an insurance contract with METROPOLITAN LIFE ISURANCE COMPANY to pay certain LIFE INSURANCE claims incurred under the terms of the plan. The total premiums paid for the plan year ending 06/30/2021 were \$3,880.

## YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Insurance information including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of

JOHNS HOPKINS HOSPITAL  
HR SUPPORT CENTER  
1101 E. 33RD ST.  
BALTIMORE, MD 21218  
443-997-5400

The charge to cover copying costs will be \$2.50 for the full report, or \$0.30 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan:

JOHNS HOPKINS HOSPITAL  
600 NORTH WOLFE STREET  
BALTIMORE, MD 21287-1454

and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: U.S. Department of Labor, Employee Benefits Security Administration, Public Disclosure Room, 200 Constitution Avenue, NW, Suite N-1513, Washington, D.C. 20210.

## PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to the collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email [DOL\\_PRA\\_PUBLIC@dol.gov](mailto:DOL_PRA_PUBLIC@dol.gov) and reference the OMB Control Number 1210-0040

OMB Control Number 1210-0040 (expires 06/30/2022)