

# Johns Hopkins DPC Plan

## Schedule of Benefits (Effective 01/01/2024)

### Medical Deductibles

	EHP Preferred Network Provider	EHP Network Provider	Out of Network Provider
<b>Calendar Year Deductible</b>			
Individual	\$150 (under \$50K) / \$200 (\$50K to \$119,999K) / \$300 (\$120K and over)	\$150 (under \$50K) / \$200 (\$50K to \$119,999K) / \$300 (\$120K and over)	\$750
Family	\$300 (under \$50K) / \$400 (\$50K to \$119,999K) / \$600 (\$120K and over)	\$300 (under \$50K) / \$400 (\$50K to \$119,999K) / \$600 (\$120K and over)	\$1500
<b>Co-Insurance Out of Pocket</b>			
Individual	\$1500 (under \$50K) / \$2000 (\$50K to \$119,999K) / \$3000 (\$120K and over)	\$1500 (under \$50K) / \$2000 (\$50K to \$119,999K) / \$3000 (\$120K and over)	\$3500
Family	\$3000 (under \$50K) / \$4000 (\$50K to \$119,999K) / \$6000 (\$120K and over)	\$3000 (under \$50K) / \$4000 (\$50K to \$119,999K) / \$6000 (\$120K and over)	\$7000
<b>Lifetime Maximum</b>			
Individual	Unlimited	Unlimited	Unlimited
Family	Unlimited	Unlimited	Unlimited

#### Revised

October 4, 2023

#### Plan Codes

Under \$50K: JD1C0000; \$50K to \$120K: JD3C0000; \$120K and over: JD5C0000

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### Medical Services and Supplies

	EHP Preferred Network Provider	EHP Network Provider	Out of Network Provider
<b>Acupuncture</b>			
Medically necessary services for anesthesia, pain control, and therapeutic purposes	90% (95% with DPC PCP Referral), deductible applies (20 visit annual maximum for all networks combined)	80% (85% with DPC PCP Referral), deductible applies (20 visit annual maximum for all networks combined)	70% of allowed benefit; deductible applies (20 visit annual maximum for all networks combined)
<b>Allergy Tests &amp; Procedures</b>			
Allergy tests	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Desensitization materials and serum	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
<b>Ambulance Transportation</b>			
Medically necessary ground transport	100%, deductible applies	100%, deductible applies	100% of allowed benefit; deductible applies
Medically necessary air transport	100%, deductible applies	100%, deductible applies	100% of allowed benefit; in-network deductible applies
<b>Biofeedback</b>			
Biofeedback	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
<b>Chemo &amp; Radiation Therapy</b>			
Physician visit	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Materials and treatment	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
<b>Chiropractic Care</b>			
Chiropractor restricted to initial exam, x-rays, and spinal manipulations	90% (95% with DPC PCP Referral), deductible applies (20 visit annual maximum for all networks combined)	80% (85% with DPC PCP Referral), deductible applies (20 visit annual maximum for all networks combined)	70% of allowed benefit; deductible applies (20 visit annual maximum for all networks combined)
Chiropractor with PT privileges (physical therapy services)	Refer to Therapy Section	Refer to Therapy Section	Refer to Therapy Section
<b>Diabetes Prevention Program</b>			
Program	100% of allowed amount; deductible waived	100% of allowed amount; deductible waived	70% of allowed benefit; deductible applies
<b>Dialysis</b>			
Medically necessary services	90% (95% with DPC PCP Referral) at Fresenius/Davita Dialysis Centers; deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
<b>Durable Medical Equipment</b>			
Breast pumps (standard) and related supplies	100% for Johns Hopkins Home Care Group/Pharmaquip; deductible waived	100%, deductible waived	70% of allowed benefit; deductible applies
Contraceptive devices	100%, deductible waived	100%, deductible waived	70% of allowed benefit; deductible applies

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	EHP Preferred Network Provider	EHP Network Provider	Out of Network Provider
Custom DME, including custom wheelchairs	90% (95% with DPC PCP Referral), deductible applies (pre-authorization required)	90% (95% with DPC PCP Referral), deductible applies (pre-authorization required)	70% of allowed benefit; deductible applies (pre-authorization required)
Custom-molded orthotics	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Insulin pumps, Continuous Glucose Monitor and related supplies	90% (95% with DPC PCP Referral), deductible applies	90% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Hearing aids	90% (95% with DPC PCP Referral), deductible applies (Covered only for dependent children under age 26; up to \$1,400 per aid; replacement aids once every 36 months all networks combined)	90% (95% with DPC PCP Referral), deductible applies (Covered only for dependent children under age 26; up to \$1,400 per aid; replacement aids once every 36 months all networks combined)	70% of allowed benefit; deductible applies (Covered only for dependent children under age 26; up to \$1,400 per aid; replacement aids once every 36 months all networks combined)
Non-custom medical equipment and supplies	90% (95% with DPC PCP Referral) for Johns Hopkins Home Care Group/Pharmaquip, deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Prosthetic devices	90% (95% with DPC PCP Referral), deductible applies (pre-authorization required)	90% (95% with DPC PCP Referral), deductible applies (pre-authorization required)	70% of allowed benefit; deductible applies (pre-authorization required)
Blood Pressure Cuff	90% (95% with DPC PCP Referral), deductible waived	80% (85% with DPC PCP Referral), deductible waived	70% of allowed benefit, deductible applies
<b>Emergency Services</b>			
Emergency care (facility fees)	\$250 co-pay, then 100%, deductible applies (if admitted, ER co-pay waived); see Inpatient Facility Care for coverage	\$250 co-pay, then 100%, deductible applies (if admitted, ER co-pay waived); see Inpatient Facility Care for coverage	\$250 co-pay, then 100% of allowed benefit; in-network deductible applies (if admitted, ER co-pay waived); see Inpatient Facility Care for coverage
Emergency care (professional fees)	100%, deductible applies	100%, deductible applies	100% of allowed benefit; in-network deductible applies
<b>Home Health Services</b>			
Medically necessary services	90% (95% with DPC PCP Referral), deductible applies (40 visit annual maximum for all networks combined)	90% (95% with DPC PCP Referral), deductible applies (40 visit annual maximum for all networks combined)	70% of allowed benefit; deductible applies (40 visit annual maximum for all networks combined)
Home infusion therapy	90% (95% with DPC PCP Referral) for services through Johns Hopkins Home Care Group, deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
<b>Hospice Care</b>			
Inpatient and home hospice	100%, deductible applies	100%, deductible applies	70% of allowed benefit; deductible applies
<b>Hospital Care</b>			
Inpatient care including newborn nursery care; NICU (facility fees)	\$150 co-pay per admission, then 90%, deductible applies (semi-private, unless private room is medically necessary; pre-authorization required)	\$150 co-pay per admission, then 80%, deductible applies (semi-private, unless private room is medically necessary; pre-authorization required)	\$500 co-pay per admission, then 70% of allowed benefit; deductible applies (semi-private, unless private room is medically necessary; pre-authorization required)
Inpatient care (professional fees)	90%, deductible applies	80%, deductible applies	70% of allowed benefit; deductible applies

Revised

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Plan Codes

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	EHP Preferred Network Provider	EHP Network Provider	Out of Network Provider
Skilled nursing/rehabilitation facility	90%, deductible applies (120 day annual maximum all networks combined for medically necessary services; pre-authorization required)	First 30 days annually covered at 90%, remaining days at 80%, deductible applies (120 day annual maximum all networks combined for medically necessary services; pre-authorization required)	70% of allowed benefit; deductible applies (120 day annual maximum all networks combined for medically necessary services; pre-authorization required)
Short-term acute rehabilitation	90%, deductible applies (120 day annual maximum all networks combined for medically necessary services; pre-authorization required)	First 30 days annually covered at 90%, remaining days at 80%, deductible applies (120 day annual maximum all networks combined for medically necessary services; pre-authorization required)	70% of allowed benefit; deductible applies (120 day annual maximum all networks combined for medically necessary services; pre-authorization required)
Observation care (facility fees)	\$250 co-pay, then 100%, deductible applies (if admitted, ER co-pay waived); see Inpatient Facility Care for coverage	\$250 co-pay, then 100%, deductible applies (if admitted, ER co-pay waived; see Inpatient Facility Care for coverage)	\$250 co-pay, then 100% of allowed benefit; deductible applies (if admitted, ER co-pay waived; see Inpatient Facility Care for coverage)
Observation care (professional fees)	100%, deductible applies	100%, deductible applies	100% of allowed benefit; deductible applies
Outpatient surgery & ambulatory surgical center (facility fees)	90% (95% with DPC PCP Referral), deductible applies (includes freestanding surgical centers)	80% (95% with DPC PCP Referral), deductible applies (includes freestanding surgical centers)	70% of allowed benefit; deductible applies
Outpatient surgery & ambulatory surgical center (professional fees)	90% (95% with DPC PCP Referral), deductible applies	80% (95% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
<b>Hyperbaric Oxygen Therapy</b>			
Medically necessary services	90% (95% with DPC PCP Referral), deductible applies (pre-authorization required)	80% (85% with DPC PCP Referral), deductible applies (pre-authorization required)	70% of allowed benefit; deductible applies (pre-authorization required)
<b>Immunizations</b>			
Preventive immunizations for communicable diseases	100%, deductible waived	100%, deductible waived	70% of allowed benefit; deductible applies
Travel immunizations	100%, deductible waived	100%, deductible waived	70% of allowed benefit; deductible applies
<b>Infusion Therapy</b>			
Home infusion therapy	90% (95% with DPC PCP Referral) for services through Johns Hopkins Home Care Group, deductible applies (pre-authorization required)	80% (85% with DPC PCP Referral), deductible applies (pre-authorization required)	70% of allowed benefit; deductible applies (pre-authorization required)
Outpatient infusion therapy	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
<b>Injections</b>			
Injections	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Materials and serum	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
<b>Laboratory</b>			
Laboratory tests including pathology	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies

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	EHP Preferred Network Provider	EHP Network Provider	Out of Network Provider
<b>Mental Health &amp; Substance Use Disorder Services</b>			
Outpatient mental health care (facility fees)	\$5 co-pay, then 100%, deductible waived	\$5 co-pay, then 100%, deductible waived	70% of allowed benefit; deductible applies
Outpatient mental health care (professional fees)	\$5 co-pay, then 100%, deductible waived	\$5 co-pay, then 100%, deductible waived	70% of allowed benefit; deductible applies
Inpatient mental health care (facility fees)	\$150 co-pay per admission, then 90%, deductible applies (pre-authorization required)	\$150 co-pay per admission, then 80%, deductible applies (pre-authorization required)	\$500 co-pay per admission, then 70% of allowed benefit; deductible applies (pre-authorization required)
Inpatient mental health care (professional fees)	90%, deductible applies	80%, deductible applies	70% of allowed benefit; deductible applies
Outpatient substance use disorder care (facility fees)	\$5 co-pay, then 100%, deductible waived	\$5 co-pay, then 100%, deductible waived	70% of allowed benefit; deductible applies
Outpatient substance use disorder care (professional fees)	\$5 co-pay, then 100%, deductible waived	\$5 co-pay, then 100%, deductible waived	70% of allowed benefit; deductible applies
Inpatient substance use disorder care (facility fees)	\$150 co-pay per admission, then 90%, deductible applies (pre-authorization required)	\$150 co-pay per admission, then 80%, deductible applies (pre-authorization required)	\$500 co-pay per admission, then 70% of allowed benefit; deductible applies (pre-authorization required)
Inpatient substance use disorder care (professional fees)	90%, deductible applies	80%, deductible applies	70% of allowed benefit; deductible applies
Intensive outpatient program	\$5 co-pay per day, then 100%, deductible waived	\$5 co-pay per day, then 100%, deductible waived	70% of allowed benefit; deductible applies
Partial hospital facility services	\$5 co-pay per day, then 100%, deductible waived	\$5 co-pay per day, then 100%, deductible waived	70% of allowed benefit; deductible applies
Medication management	\$5 co-pay, then 100%, deductible waived	\$5 co-pay, then 100%, deductible waived	70% of allowed benefit; deductible applies
Mental health testing and procedures	\$5 co-pay, then 100%, deductible waived	\$5 co-pay, then 100%, deductible waived	70% of allowed benefit; deductible applies
<b>Methadone Treatment</b>			
Medically necessary outpatient care	\$10 co-pay, then 100%, deductible waived	\$10 co-pay, then 100%, deductible waived	70% of allowed benefit; deductible applies
<b>Nutritional Counseling</b>			
Medically necessary services	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
<b>Office Visits for Treatment of Illness or Injury</b>			
Primary care office visit only (Adult with DPC as PCP)	DPC visit: \$0 co-pay; then 100%, deductible waived	Not Applicable	Not Applicable
Primary care office visit only (Spouse/Dependent without DPC as PCP)	\$10 co-pay; then 100%, deductible waived	\$10 co-pay; then 100%, deductible waived	70% of allowed benefit; deductible applies
Primary care office visit (Pediatric: age 19 and under — Dependent without DPC as PCP)	\$10 co-pay; then 100%, deductible waived	\$10 co-pay; then 100%, deductible waived	70% of allowed benefit; deductible applies

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Primary care office visit only (GYN) (Adult with DPC as PCP)	DPC visit: \$0 co-pay, Non-DPC GYN visit: \$10 co-pay, 100%, deductible waived	GYN visit: \$10 co-pay, 100%, deductible waived	70% of allowed benefit; deductible applies
Primary care office visit only (GYN) (Spouse/Dependent without DPC as PCP)	GYN: \$10 co-pay, then 100%, deductible waived	GYN: \$10 co-pay, then 100%, deductible waived	70% of allowed benefit; deductible applies
Specialty care office visit only (Adult & Pediatric)	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Treatment and diagnostic services in the office (Adult with DPC as PCP)	DPC visit: \$0 co-pay, 100%, deductible waived	Not Applicable	Not Applicable
Treatment and diagnostic services in the office (Spouse/Dependent without DPC as PCP)	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
<b>Preventive Services</b>			
Preventive Services Preventive exam (PCP, GYN and Well Child care) (Adult with DPC as PCP)	100%, deductible waived	Not Applicable	Not Applicable
Preventive exam (PCP, GYN and Well Child care) (Spouse/Dependent without DPC as PCP)	100%, deductible waived	100%, deductible waived	70% of allowed benefit; deductible applies
Diagnostic services for preventive exam (Adult with DPC as PCP)	100%, deductible waived	Not Applicable	Not Applicable
Diagnostic services for preventive exam (Spouse/Dependent without DPC as PCP)	100%, deductible waived	100%, deductible waived	70% of allowed benefit; deductible applies
Routine preventive screenings: mammogram, colonoscopy, PAP test, etc.	100%, deductible waived	100%, deductible waived	70% of allowed benefit; deductible applies
Routine hearing exams	100%, deductible waived	100%, deductible waived	70% of allowed benefit; deductible applies
<b>Private Duty Nursing</b>			
Private Duty Nursing	Not Covered	Not Covered	Not Covered
<b>Radiology Procedures</b>			
All imaging studies including X-Ray, ultrasound, MRI, CT and PET scans	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
<b>Reproductive Health</b>			
Physician office visits (prenatal care only)	Routine prenatal visits covered at 100%; all other pre-natal visits at 90% (95% with DPC PCP Referral) of allowed amount; deductible applies	Routine prenatal visits covered at 100%; all other pre-natal visits at 80% (85% with DPC PCP Referral) of allowed amount; deductible applies	70% of allowed benefit; deductible applies

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Infertility treatment	Covered at the Johns Hopkins Fertility Center and Shady Grove Fertility Center only: 90% (95% with DPC PCP Referral), deductible applies, plus a separate \$1,000 lifetime infertility treatment deductible. There is a \$30,000 lifetime medical maximum (including lab work and x-rays) and a separate \$30,000 lifetime prescription maximum. In vitro fertilization attempts limited to a maximum of three per lifetime and artificial insemination limited to 6 attempts per live birth within the \$60,000 lifetime medical and prescription maximum. Pre-authorization required.	Covered at the Johns Hopkins Fertility Center and Shady Grove Fertility Center only: 90% (95% with DPC PCP Referral), deductible applies, plus a separate \$1,000 lifetime infertility treatment deductible. There is a \$30,000 lifetime medical maximum (including lab work and x-rays) and a separate \$30,000 lifetime prescription maximum. In vitro fertilization attempts limited to a maximum of three per lifetime and artificial insemination limited to 6 attempts per live birth within the \$60,000 lifetime medical and prescription maximum. Pre-authorization required.	Covered at Johns Hopkins Fertility Center and Shady Grove Fertility Center only
Birth centers (facility fees)	Not available	90% (95% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Birth centers (professional fees)	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Inpatient maternity care and delivery; newborn nursery care; NICU (facility fees)	\$150 co-pay per admission, then 90%, deductible applies (pre-authorization required)	\$150 co-pay per admission, then 80%, deductible applies (pre-authorization required)	\$500 co-pay per admission, then 70% of allowed benefit; deductible applies (pre-authorization required)
Inpatient maternity care and delivery; newborn nursery care; NICU (professional fees)	90%, deductible applies	80%, deductible applies	70% of allowed benefit; deductible applies
Interruption of pregnancy	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Female sterilization (professional services for surgery, anesthesia and related pathology)	100%, deductible waived	100%, deductible waived	70% of allowed benefit; deductible applies
Male sterilization (professional services for surgery, anesthesia and related pathology)	100%, deductible waived	100%, deductible waived	70% of allowed benefit; deductible applies
<b>Surgical Procedures</b>			
Surgical treatment for morbid obesity	Covered at Johns Hopkins Bayview Medical Center and Sibley Memorial Hospital only; \$150 facility co-pay, deductible applies; then 90% for professional fees; deductible applies (pre-authorization required)	Covered at Johns Hopkins Bayview Medical Center and Sibley Memorial Hospital only	Covered at Johns Hopkins Bayview Medical Center and Sibley Memorial Hospital only
Primary care office surgical procedures	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Specialist care office surgical procedures	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Outpatient surgery (including freestanding surgical centers) (facility fees)	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies

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Outpatient surgery (including freestanding surgical centers) (professional fees)	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Inpatient surgery (facility fees)	\$150 co-pay per admission, then 90%, deductible applies (pre-authorization required)	\$150 co-pay per admission, then 80%, deductible applies (pre-authorization required)	\$500 co-pay per admission, then 70% of allowed benefit; deductible applies (pre-authorization required)
Inpatient surgery (professional fees)	90%, deductible applies	80%, deductible applies	70% of allowed benefit; deductible applies
<b>Telemedicine</b>			
Johns Hopkins OnDemand virtual Care	100%, deductible waived	Not Applicable	Not Applicable
Medical Advice Messaging	\$5 co-pay, deductible waived	\$5 co-pay, deductible waived	70% of allowed benefit; deductible applies
All Other Virtual Care	Refer to specific covered benefit section	Refer to specific covered benefit section	Refer to specific covered benefit section
<b>Therapy</b>			
Habilitative services for children under the age of 19	90%, deductible applies	80%, deductible applies	70% of allowed benefit; deductible applies
Physical therapy/occupational therapy medically necessary services	90% (95% with DPC PCP Referral), deductible applies (60 visit annual maximum for all networks combined)	80% (85% with DPC PCP Referral), deductible applies (60 visit annual maximum for all networks combined)	70% of allowed benefit; deductible applies (60 visit annual maximum for all networks combined)
Speech therapy (non-developmental medically necessary services)	90% (95% with DPC PCP Referral), deductible applies (30 visit annual maximum for all networks combined; pre-authorization required)	80% (85% with DPC PCP Referral), deductible applies (30 visit annual maximum for all networks combined; pre-authorization required)	70% of allowed benefit; deductible applies (30 visit annual maximum for all networks combined; pre-authorization required)
Pulmonary rehabilitation	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Cardiac rehabilitation	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Vision therapy	Not Covered	Not Covered	Not Covered
<b>Urgent Care Center</b>			
Physician visit	\$25 co-pay; then 100%, deductible waived	\$25 co-pay; then 100%, deductible waived	70% of allowed benefit; deductible applies
Diagnostic services and treatment	100%, deductible waived	100%, deductible waived	70% of allowed benefit; deductible applies

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