

Johns Hopkins DPC Plan

Schedule of Benefits (Effective 01/01/2024)

Prescription Deductibles

	In-Network Retail Pharmacy (30-day supply)	In-Network Retail Pharmacy (90-day supply)	Mail Order (90-day supply)
Plan Year Deductible			
Individual	\$0	\$0	\$0
Family	\$0	\$0	\$0
Out-of-Pocket Maximum			
Individual	\$3600	\$3600	\$3600
Family	\$7200	\$7200	\$7200
Lifetime Maximum			
Individual	Unlimited	Unlimited	Unlimited
Family	Unlimited	Unlimited	Unlimited

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Prescription Services and Supplies

	In-Network Retail Pharmacy (30-day supply)	In-Network Retail Pharmacy (90-day supply)	Mail Order (90-day supply)
Oral Contraceptives			
Generic	\$0	\$0	\$0
Preferred	\$40	\$120	\$80
Non-Preferred	\$65	\$195	\$130
Prescription Drugs			
Generic	\$10	\$30	\$20
Preferred	\$40	\$120	\$80
Non-Preferred	\$65	\$195	\$130
Brand with Generic Equivalent	\$65 plus the cost differential between generic and brand	\$195 plus the cost differential between generic and brand	\$130 plus the cost differential between generic and brand
Specialty Medications for members enrolled in Prudent RX – medications listed at ehp.org	\$0	Restricted to a 30-day retail supply only	Restricted to a 30-day retail supply only
Specialty Medications for members not enrolled in Prudent RX – medications listed at ehp.org	30%	Restricted to a 30-day retail supply only	Restricted to a 30-day retail supply only

Revised

October 3, 2023

Plan Codes

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