

Johns Hopkins EPO Plan

Schedule of Benefits (Effective 01/01/2024)

Medical Deductibles

	EHP Preferred Network Provider	EHP Network Provider
Calendar Year Deductible		
Individual	\$500	\$500
Family	\$1000	\$1000
Co-Insurance Out of Pocket		
Individual	\$3000 (combined with EHP Network)	\$3000 (Combined with Hopkins Preferred Network)
Family	\$6000 (combined with EHP network)	\$6000 (combined with Hopkins Preferred Network)
Lifetime Maximum		
Individual	Unlimited	Unlimited
Family	Unlimited	Unlimited

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Medical Services and Supplies

	EHP Preferred Network Provider	EHP Network Provider
Acupuncture		
Medically necessary services for anesthesia, pain control, and therapeutic purposes	90%, deductible applies (20 visit annual maximum for all networks combined)	80%, deductible applies (20 visit annual maximum for all networks combined)
Allergy Tests & Procedures		
Allergy tests	90%, deductible applies	80%, deductible applies
Desensitization materials and serum	90%, deductible applies	80%, deductible applies
Ambulance Transportation		
Medically necessary ground transport	90%, deductible applies	90%, deductible applies
Medically necessary air transport	90%, deductible applies	90%, deductible applies
Biofeedback		
Biofeedback	90%, deductible applies	80%, deductible applies
Chemo & Radiation Therapy		
Physician visit	90%, deductible applies	80%, deductible applies
Materials and treatment	90%, deductible applies	80%, deductible applies
Chiropractic Care		
Chiropractor restricted to initial exam, x-rays, and spinal manipulations	90%, deductible applies (20 visit annual maximum for all networks combined)	80%, 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
Diabetes Prevention Program		
Program	100% of allowed benefit; deductible waived	100% of allowed amount; deductible waived
Dialysis		
Medically necessary services	90% at Fresenius/Davita Dialysis Centers; deductible applies	80%, deductible applies
Durable Medical Equipment		
Breast pumps (standard) and related supplies	100% for Johns Hopkins Home Care Group/Pharmaquip; deductible waived	100%, deductible waived
Contraceptive devices	100%, deductible waived	100%, deductible waived
Custom DME, including custom wheelchairs	90%, deductible applies (pre-authorization required)	90%, deductible applies (pre-authorization required)
Custom-molded orthotics	90%, deductible applies	80%, deductible applies
Insulin pumps, Continuous Glucose Monitor and related supplies	90%, deductible applies	90%, deductible applies
Hearing aids	90%, 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%, 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% for Johns Hopkins Home Care Group/Pharmaquip, deductible applies	80%, deductible applies

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Prosthetic devices	90%, deductible applies (pre-authorization required)	90%, deductible applies (pre-authorization required)
Blood Pressure Cuff	90%, deductible waived	80%, deductible waived
Emergency Services		
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
Emergency care (professional fees)	100%, deductible applies	100%, deductible applies
Home Health Services		
Medically necessary services	90%, deductible applies (40 visit annual maximum for all networks combined)	80%, deductible applies (40 visit annual maximum for all networks combined)
Home infusion therapy	90% for services through Johns Hopkins Home Care Group, deductible applies	80%, deductible applies
Hospice Care		
Inpatient and home hospice	100%, deductible applies	100%, deductible applies
Hospital Care		
Inpatient care including newborn nursery care; NICU (facility fees)	\$250 co-pay per admission, then 90%, deductible applies (semi-private, unless private room is medically necessary; pre-authorization required)	\$250 co-pay per admission, then 80%, deductible applies (semi-private, unless private room is medically necessary; pre-authorization required)
Inpatient care (professional fees)	90%, deductible applies	80%, deductible applies
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)
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)
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
Observation care (professional fees)	100%, deductible applies	100%, deductible applies
Outpatient surgery & ambulatory surgical center (facility fees)	90%, deductible applies (includes freestanding surgical centers)	80%, deductible applies (includes freestanding surgical centers)
Outpatient surgery & ambulatory surgical center (professional fees)	90%, deductible applies	80%, deductible applies
Hyperbaric Oxygen Therapy		
Medically necessary services	90%, deductible applies (pre-authorization required)	80%, deductible applies (pre-authorization required)
Immunizations		
Preventive immunizations for communicable diseases	100%, deductible waived	100%, deductible waived
Travel immunizations	100%, deductible waived	100%, deductible waived

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Infusion Therapy		
Home infusion therapy	90% for services through Johns Hopkins Home Care Group, deductible applies (pre-authorization required)	80%, deductible applies (pre-authorization required)
Outpatient infusion therapy	90%, deductible applies	80%, deductible applies
Injections		
Injections	90%, deductible applies	80%, deductible applies
Materials and serum	90%, deductible applies	80%, deductible applies
Laboratory		
Laboratory tests including pathology	90%, deductible applies	80%, deductible applies
Mental Health & Substance Use Disorder Services		
Outpatient mental health care (facility fees)	\$20 co-pay, then 100%, deductible waived	\$20 co-pay, then 100%, deductible waived
Outpatient mental health care (professional fees)	\$20 co-pay, then 100%, deductible waived	\$20 co-pay, then 100%, deductible waived
Inpatient mental health care (facility fees)	\$250 co-pay per admission, then 90%, deductible applies (pre-authorization required)	\$250 co-pay per admission, then 80%, deductible applies (pre-authorization required)
Inpatient mental health care (professional fees)	90%, deductible applies	80%, deductible applies
Outpatient substance use disorder care (facility fees)	\$20 co-pay, then 100%, deductible waived	\$20 co-pay, then 100%, deductible waived
Outpatient substance use disorder care (professional fees)	\$20 co-pay, then 100%, deductible waived	\$20 co-pay, then 100%, deductible waived
Inpatient substance use disorder care (facility fees)	\$250 co-pay per admission, then 90%, deductible applies (pre-authorization required)	\$250 co-pay per admission, then 80%, deductible applies (pre-authorization required)
Inpatient substance use disorder care (professional fees)	90%, deductible applies	80%, deductible applies
Intensive outpatient program	\$20 co-pay per day, then 100%, deductible waived	\$20 co-pay per day, then 100%, deductible waived
Partial hospital facility services	\$20 co-pay per day, then 100%, deductible waived	\$20 co-pay per day, then 100%, deductible waived
Medication management	\$20 co-pay, then 100%, deductible waived	\$20 co-pay, then 100%, deductible waived
Mental health testing and procedures	\$20 co-pay, then 100%, deductible waived	\$20 co-pay, then 100%, deductible waived
Methadone Treatment		
Medically necessary outpatient care	\$20 co-pay, then 100%, deductible waived	\$20 co-pay, then 100%, deductible waived
Nutritional Counseling		
Medically necessary services	90%, deductible applies	80%, deductible applies
Office Visits for Treatment of Illness or Injury		
Primary care office visit only (Adult)	\$20 co-pay, then 100%, deductible waived	\$20 co-pay, then 100%, deductible waived
Primary care office visit (Pediatric: age 19 and under)	\$20 co-pay, then 100%, deductible waived	\$20 co-pay, then 100%, deductible waived
Primary care office visit only (GYN)	GYN PCPs: \$20 co-pay, then 100%, deductible waived	GYN PCPs: \$20 co-pay, then 100%, deductible waived

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Specialty care office visit only (Adult & Pediatric)	90%, deductible applies	80%, deductible applies
Treatment and diagnostic services in the office	PCP office: 100%, deductible waived Specialty office 90% deductible applies	PCP office: 100%, deductible waived Specialty office: 80%, deductible applies
Preventive Services		
Preventive exam (PCP, GYN and Well Child care)	100%, deductible waived	100%, deductible waived
Diagnostic services for preventive exam	100%, deductible waived	100%, deductible waived
Routine preventive screenings: mammogram, colonoscopy, PAP test, etc.	100%, deductible waived	100%, deductible waived
Routine hearing exams	100%, deductible waived	100%, deductible waived
Private Duty Nursing		
Private Duty Nursing	Not Covered	Not Covered
Radiology Procedures		
All imaging studies including X-Ray, ultrasound, MRI, CT and PET scans	90%, deductible applies	80%, deductible applies
Reproductive Health		
Physician office visits (prenatal care only)	Routine prenatal visits covered at 100%; all other pre-natal visits at 90% of allowed amount; deductible applies	Routine prenatal visits covered at 100%; all other pre-natal visits at 80% of allowed amount; deductible applies
Infertility treatment	Covered at the Johns Hopkins Fertility Center and Shady Grove Fertility Center only: 90%, 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%, 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.
Birthing centers (facility fees)	Not available	90%, deductible applies
Birthing centers (professional fees)	90%, deductible applies	80%, deductible applies
Inpatient maternity care and delivery; newborn nursery care; NICU (facility fees)	\$250 co-pay per admission, then 90%, deductible applies (pre-authorization required)	\$250 co-pay per admission, then 80%, deductible applies (pre-authorization required)
Inpatient maternity care and delivery; newborn nursery care; NICU (professional fees)	90%, deductible applies	80%, deductible applies
Interruption of pregnancy	90%, deductible applies	80%, deductible applies
Female sterilization (professional services for surgery, anesthesia and related pathology)	100%, deductible waived	100%, deductible waived
Male sterilization (professional services for surgery, anesthesia and related pathology)	100%, deductible waived	100%, deductible waived

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	EHP Preferred Network Provider	EHP Network Provider
Surgical Procedures		
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
Primary care office surgical procedures	90%, deductible applies	80%, deductible applies
Specialist care office surgical procedures	90%, deductible applies	80%, deductible applies
Outpatient surgery (including freestanding surgical centers) (facility fees)	90%, deductible applies	80%, deductible applies
Outpatient surgery (including freestanding surgical centers) (professional fees)	90%, deductible applies	80%, deductible applies
Inpatient surgery (facility fees)	\$250 co-pay per admission, then 90%, deductible applies (pre-authorization required)	\$250 co-pay per admission, then 80%, deductible applies (pre-authorization required)
Inpatient surgery (professional fees)	90%, deductible applies	80%, deductible applies
Telemedicine		
Johns Hopkins OnDemand Virtual Care	100%, deductible waived	Not Applicable
Medical Advice Messaging	\$5 co-pay, deductible waived	\$5 co-pay, deductible waived
All Other Virtual Care	Refer to specific covered benefit section	Refer to specific covered benefit section
Therapy		
Habilitative services for children under the age of 19	90%, deductible applies	80%, deductible applies
Physical therapy/occupational therapy medically necessary services	90%, deductible applies (60 visit annual maximum for all networks combined)	80%, deductible applies (60 visit annual maximum for all networks combined)
Speech therapy (non-developmental medically necessary services)	90%, deductible applies (30 visit annual maximum for all networks combined; pre-authorization required)	80%, deductible applies (30 visit annual maximum for all networks combined; pre-authorization required)
Pulmonary rehabilitation	90%, deductible applies	80%, deductible applies
Cardiac rehabilitation	90%, deductible applies	80%, deductible applies
Vision therapy	Not Covered	Not Covered
Urgent Care Center		
Physician visit	\$40 co-pay, then 100%, deductible waived	\$40 co-pay, then 100%, deductible waived
Diagnostic services and treatment	100%, deductible waived	100%, deductible waived

Revised
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Plan Codes
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