

2026 Johns Hopkins DPC Plan Schedule of Benefits (Effective 01/01/2026)



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 |

Revised

October 1, 2025

Plan Codes

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

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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 | Up to \$10 | Up to \$30 | Up to \$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 |

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