

# Medical DPC Plan Schedule of Benefits (Effective 01/01/2023)

## Johns Hopkins Hospital/Johns Hopkins Health System Corporation



### Medical Deductibles

	EHP Preferred Network Provider	EHP 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)
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)
<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)
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)
<b>Lifetime Maximum</b>		
Individual	Unlimited	Unlimited
Family	Unlimited	Unlimited

#### Revised

September 28, 2022

<https://www.ehp.org/benefits-schedule/2023-jhh-jhhsc-dpc/?benefit=medical&view=services>

#### Plan Codes

Under \$50K: JP1; \$50K to \$120K: JP3; \$120K and over: JP5

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### Medical Services and Supplies

	EHP Preferred Network Provider	EHP Network Provider
<b>Acupuncture</b>		
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)
<b>Allergy Tests &amp; Procedures</b>		
Allergy tests	90%, deductible applies	80%, deductible applies
Desensitization materials and serum	90%, deductible applies	80%, deductible applies
<b>Ambulance Transportation</b>		
Medically necessary ground transport	100%, deductible applies	100%, deductible applies
Medically necessary air transport	100%, deductible applies	100%, deductible applies
<b>Biofeedback</b>		
Biofeedback	90%, deductible applies (pre-authorization required)	80%, deductible applies (pre-authorization required)
<b>Chemo &amp; Radiation Therapy</b>		
Physician visit	90%, deductible applies	80%, deductible applies
Materials and treatment	90%, deductible applies	80%, deductible applies
<b>Chiropractic Care</b>		
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
<b>Diabetes Prevention Program</b>		
Program	100% of allowed amount; deductible waived	100% of allowed amount; deductible waived
<b>Dialysis</b>		
Medically necessary services	90% at Fresenius/Davita Dialysis Centers; deductible applies	80%, 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
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 (pre-authorization required)	80%, deductible applies (pre-authorization required)
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; pre-authorization required; 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; pre-authorization required; replacement aids once every 36 months all networks combined)

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	EHP Preferred Network Provider	EHP Network Provider
Non-custom medical equipment and supplies	90% for Johns Hopkins Home Care Group/Pharmaquip, deductible applies	80%, deductible applies
Prosthetic devices	90%, deductible applies (pre-authorization required)	90%, deductible applies (pre-authorization required)
Blood Pressure Cuff	90%, deductible waived	80%, deductible waived
<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
Emergency care (professional fees)	100%, deductible applies	100%, deductible applies
<b>Home Health Services</b>		
Medically necessary services	90%, deductible applies (40 visit annual maximum for all networks combined; pre-authorization required)	90%, deductible applies (40 visit annual maximum for all networks combined; pre-authorization required)
Home infusion therapy	90% for services through Johns Hopkins Home Care Group, deductible applies (pre-authorization required)	80%, deductible applies (pre-authorization required)
<b>Hospice Care</b>		
Inpatient and home hospice	100%, deductible applies (pre-authorization required)	100%, deductible applies (pre-authorization required)
<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)
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, observation 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
<b>Hyperbaric Oxygen Therapy</b>		
Medically necessary services	90%, deductible applies (pre-authorization required)	80%, deductible applies (pre-authorization required)
<b>Immunizations</b>		
Preventive immunizations for communicable diseases	100%, deductible waived	100%, deductible waived
Travel immunizations	100%, deductible waived	100%, deductible waived

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	EHP Preferred Network Provider	EHP Network Provider
<b>Infusion Therapy</b>		
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
<b>Injections</b>		
Injections	90%, deductible applies	80%, deductible applies
Materials and serum	90%, deductible applies	80%, deductible applies
<b>Laboratory</b>		
Laboratory tests including pathology	90%, deductible applies	80%, deductible applies
<b>Mental Health &amp; Substance Use Disorder Services</b>		
Outpatient mental health care (facility fees)	\$10 co-pay, then 100%, deductible waived	\$10 co-pay, then 100%, deductible waived
Outpatient mental health care (professional fees)	\$10 co-pay, then 100%, deductible waived	\$10 co-pay, then 100%, deductible waived
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)
Inpatient mental health care (professional fees)	90%, deductible applies	80%, deductible applies
Outpatient substance use disorder care (facility fees)	\$10 co-pay, then 100%, deductible waived	\$10 co-pay, then 100%, deductible waived
Outpatient substance use disorder care (professional fees)	\$10 co-pay, then 100%, deductible waived	\$10 co-pay, then 100%, deductible waived
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)
Inpatient substance use disorder care (professional fees)	90%, deductible applies	80%, deductible applies
Intensive outpatient program	\$10 co-pay per day, then 100%, deductible waived	\$10 co-pay per day, then 100%, deductible waived
Partial hospital facility services	\$10 co-pay per day, then 100%, deductible waived	\$10 co-pay per day, then 100%, deductible waived
Medication management	\$10 co-pay, then 100%, deductible waived	\$10 co-pay, then 100%, deductible waived
Mental health testing and procedures	\$10 co-pay, then 100%, deductible waived	\$10 co-pay, then 100%, deductible waived
<b>Methadone Treatment</b>		
Medically necessary outpatient care	\$10 co-pay, then 100%, deductible waived	\$10 co-pay, then 100%, deductible waived
<b>Nutritional Counseling</b>		
Medically necessary services	90%, deductible applies (limited to 6 visits per plan year for all networks combined)	80%, deductible applies (limited to 6 visits per plan year for all networks combined)
<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, 100%, deductible waived	Not Applicable
Primary care office visit only (Spouse/Dependent without DPC as PCP)	Designated Medical PCP: \$10 co-pay; then 100%, deductible waived; Non-Designated Medical PCP: \$20 co-pay, then 100%, deductible waived	Designated Medical PCP: \$10 co-pay; then 100%, deductible waived; Non-Designated Medical PCP: \$20 co-pay, then 100%, deductible waived

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Primary care office visit (Pediatric: age 19 and under — Dependent without DPC as PCP)	Designated Medical PCP: \$10 co-pay; then 100%, deductible waived; Non-Designated Medical PCP: \$20 co-pay, then 100%, deductible waived	Designated Medical PCP: \$10 co-pay; then 100%, deductible waived; Non-Designated Medical PCP: \$20 co-pay, then 100%, deductible waived
Primary care office visit only (GYN) (Adult with DPC as PCP)	DPC visit: \$0 co-pay, GYN PCPs: \$10 co-pay, 100%, deductible waived	GYN PCPs: \$10 co-pay, 100%, deductible waived
Primary care office visit only (GYN) (Spouse/Dependent without DPC as PCP)	GYN PCPs: \$10 co-pay, then 100%, deductible waived	GYN PCPs: \$10 co-pay, then 100%, deductible waived
Specialty care office visit only (Adult & Pediatric)	90%, deductible applies	80%, deductible applies
Treatment and diagnostic services in the office (Adult with DPC as PCP)	DPC visit: \$0 co-pay, 100%, deductible waived	Not Applicable
Treatment and diagnostic services in the office (Spouse/Dependent without DPC as PCP)	90%, deductible applies	80%, deductible applies
<b>Preventive Services</b>		
Preventive exam (PCP, GYN and Well Child care) (Adult with DPC as PCP)	100%, deductible waived	Not Applicable
Preventive exam (PCP, GYN and Well Child care) (Spouse/Dependent without DPC as PCP)	100%, deductible waived	100%, deductible waived
Diagnostic services for preventive exam (Adult with DPC as PCP)	100%, deductible waived	Not Applicable
Diagnostic services for preventive exam (Spouse/Dependent without DPC as PCP)	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
<b>Private Duty Nursing</b>		
Private Duty Nursing	Not Covered	Not Covered
<b>Radiology Procedures</b>		
All imaging studies including X-Ray, ultrasound, MRI, CT and PET scans	90%, deductible applies	80%, 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% 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 (pre-authorization required for all services and prescriptions; all criteria must be met; \$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.	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 (pre-authorization required for all services and prescriptions; all criteria must be met; \$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.

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	EHP Preferred Network Provider	EHP Network Provider
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)	\$150 co-pay per admission, then 90%, deductible applies (pre-authorization required)	\$150 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
<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
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)	\$150 co-pay per admission, then 90%, deductible applies (pre-authorization required)	\$150 co-pay per admission, then 80%, deductible applies (pre-authorization required)
Inpatient surgery (professional fees)	90%, deductible applies	80%, deductible applies
<b>Therapy</b>		
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; PT/OT pre-authorization required for visits 13-60)	80%, deductible applies (60 visit annual maximum for all networks combined; PT/OT pre-authorization required for visits 13-60)
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 (pre-authorization required)	80%, deductible applies (pre-authorization required)
Cardiac rehabilitation	90%, deductible applies (pre-authorization required)	80%, deductible applies (pre-authorization required)
Vision therapy	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

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	EHP Preferred Network Provider	EHP Network Provider
Diagnostic services and treatment	100%, deductible waived	100%, deductible waived

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