

Prescription DPC Plan Schedule of Benefits (Effective 01/01/2023)

Johns Hopkins Hospital/Johns Hopkins Health System Corporation



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

September 28, 2022

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

Plan Codes

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

Prescription DPC Plan Schedule of Benefits (Effective 01/01/2023) Johns Hopkins Hospital/Johns Hopkins Health System Corporation



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	Refer to Preferred/Non-Preferred Brand	Restricted to a 30-day retail supply only	Restricted to a 30-day retail supply only

Revised

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