

# Prescription EPO 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) |
|------------------------------|--|--|----------------------------|
| <b>Plan Year Deductible</b>  |  |  |                            |
| Individual                   | \$0  | \$0  | \$0                        |
| Family                       | \$0  | \$0  | \$0                        |
| <b>Out-of-Pocket Maximum</b> |  |  |                            |
| Individual                   | \$4100                                     | \$4100                                     | \$4100                     |
| Family                       | \$8200                                     | \$8200                                     | \$8200                     |
| <b>Lifetime Maximum</b>      |  |  |                            |
| Individual                   | Unlimited                                  | Unlimited                                  | Unlimited                  |
| Family                       | Unlimited                                  | Unlimited                                  | Unlimited                  |

**Revised**

September 28, 2022

**Group Number**

E00090, E00091, E00092, E00093, E00190, E00192, E00194, E00198

**Plan Codes**

JE1

# Prescription EPO 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)  |
|-------------------------------|--|---|---|
| <b>Oral Contraceptives</b>    |  |   |   |
| Generic                       | \$0  | \$0   | \$0   |
| Preferred                     | 25%; \$40 min; \$60 max  | 25%; \$120 min; \$180 max   | 25%; \$120 min; \$180 max   |
| Non-Preferred                 | 50%; \$65 min; \$105 max   | 50%; \$195 min; \$315 max   | 50%; \$195 min; \$315 max   |
| <b>Prescription Drugs</b>     |  |   |   |
| Generic                       | \$10   | \$30  | \$30  |
| Preferred                     | 25%; \$40 min; \$60 max  | 25%; \$120 min; \$180 max   | 25%; \$120 min; \$180 max   |
| Non-Preferred                 | 50%; \$65 min; \$105 max   | 50%; \$195 min; \$315 max   | 50%; \$195 min; \$315 max   |
| Brand with Generic Equivalent | 50%; \$65 min; \$105 max, plus the cost differential between generic and brand | 50%; \$195 min; \$315 max, plus the cost differential between generic and brand | 50%; \$195 min; \$315 max, plus the cost differential between generic and brand |

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