

# Prescription PPO 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	\$3600	\$3600	\$3600
Family	\$7200	\$7200	\$7200
<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

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

# Prescription PPO 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	\$40	\$120	\$80
Non-Preferred	\$65	\$195	\$130
<b>Prescription Drugs</b>			
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**

September 28, 2022

**Group Number**

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

**Plan Codes**

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