

# 2020 Advantage MD (HMO) Benefits Chart

*This update contains pertinent information about changes that will impact the Johns Hopkins HealthCare provider network.*

Benefit	Cost Sharing
Primary Care Visits	\$5 copay
Specialist Care Visits	\$50 copay
Retail Prescription Drugs: Five Tiers	30 days:\$0/\$10/\$47/\$100/33% 60 days:\$0/\$15/\$94/\$200/NA
Mail Order Benefit	90 day supply at two times retail copay, excluding Specialty Drugs (Tier 5)
Acute Inpatient Hospital Services	Days 1 - 5: \$310 copay per day Our plan covers 90 days for each Medicare-covered inpatient hospital stay. Our plan also covers 60 lifetime reserve days.
Outpatient Hospital Surgery	\$300 copay
Urgent Care	\$40 copay
Emergency Room Visits	\$90 copay; waived if admitted to the hospital within 24 hours
Diagnostic Radiology Services	\$20 copay (Diagnostic X-ray – mammography, ultrasound, etc.) \$175 copay (Diagnostic Radiology – MRI and CT) 20% coinsurance (Therapeutic Radiology and Nuclear Medicine)



Routine Vision Exams	\$0 copay - one exam annually
Ambulance Services	\$240 copay per one-way emergency and nonemergency, under certain conditions; copay not waived if admitted to the hospital
Ambulatory Surgical Centers	\$250 copay
Diabetic Supplies	0% coinsurance
Kidney Disease Education	\$0 copay
Routine Hearing Exams	\$0 copay (one routine hearing exam per year)
Hearing Aids	Through TruHearing, \$699 or \$999 (depending on model) per hearing aid per year to include: <ul style="list-style-type: none"> <li>• Advanced or Premium hearing aids</li> <li>• Three provider visits within first year of hearing aid purchase</li> <li>• 45 day trial period</li> <li>• Three year extended warranty</li> <li>• 48 batteries per aid</li> </ul>
Eyewear Allowance (Non Medicare-covered)	\$150 allowance every two years (retail or online) from any provider
Post-Discharge Meals (Skilled Nursing and Inpatient discharges only)	Three meals a day for five days (four times per year)
Routine Podiatry Services (Non Medicare-covered)	20% coinsurance ( eight per calendar year)
Routine Chiropractic Visits (Non Medicare-covered)	Not covered

*This chart is not an all-inclusive list of changes. To view all of the benefits for the Advantage MD plans, visit [www.jhbc.com](http://www.jhbc.com) > For Providers > Our Health Plans > Advantage MD > Plan Benefits.*

*Please contact the JHHC Provider Relations department at 888-895-4998 with any questions or concerns*