



2020 Advantage MD (PPO) Benefits Comparison Chart

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

The chart below details the Johns Hopkins Advantage MD in-network benefits comparison between the three plans, Advantage MD PPO, Advantage MD PPO Plus, and Advantage MD PPO Premier.

Benefit	Advantage MD PPO	Advantage MD PPO Plus	Advantage MD PPO Premier*
Primary Care Visits	\$10 copay	\$5 copay	\$0 copay
Specialist Care Visits	\$50 copay	\$50 copay	\$10 copay
Retail Prescription Drugs: Five Tiers	\$350 deductible for drugs on Tiers 3, 4, and 5 30 days: \$7/\$15/ \$47/\$100/26% 60 days: \$10.50/\$22.50/\$94/\$200/NA 90 days: \$14/\$30/\$141/\$300/NA	\$350 deductible for drugs on Tiers 3, 4, and 5 30 days: \$4/\$12/\$47/\$100/26% 60 days: \$6/\$18/\$94/\$200/NA 90 days: \$8/\$24/\$141/\$300/NA	30 days: \$3/\$10/\$40/\$90/33% 60 days: \$6/\$18/\$84/\$184/NA 90 days: \$8/\$24/\$126/\$276/NA
Mail Order Benefit	90 day supply at two times retail copay, excluding Specialty Drugs (Tier 5)	90 day supply at two times retail copay, excluding Specialty Drugs (Tier 5)	90 day supply at two times retail copay, excluding Specialty Drugs (Tier 5)
Acute Inpatient Hospital Services	Days 1-6: \$310 copay per day Days 7-90: \$0 copay per day. Our plan covers 90 days for each Medicare-covered hospital stay. Our plan also covers 60 lifetime reserve days.	Days 1-6: \$310 copay per day Days 7-90: \$0 copay per day. Our plan covers 90 days for each Medicare-covered hospital stay. Our plan also covers 60 lifetime reserve days.	\$200 copay per admission/ stay

*NOTE: Advantage MD PPO Premier is available in Montgomery County only.

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



Benefit	Advantage MD PPO	Advantage MD PPO Plus	Advantage MD PPO Premier*
Outpatient Hospital Surgery	\$300 copay	\$300 copay	\$100 copay
Urgent Care Visits	\$40 copay	\$40 copay Coverage available in the United States and Worldwide	\$20 copay Coverage available in the United States and Worldwide
Emergency Room Visits	\$90 copay; waived if admitted to the hospital	\$90 copay; waived if admitted to the hospital. Coverage available in the United States and Worldwide.	\$50 copay; waived if admitted to the hospital. Coverage available in the United States and Worldwide.
Medicare-covered Diagnostic Radiology Services	\$30 copay (diagnostic x-rays - mammogram, ultrasound) \$250 copay for diagnostic radiology (MRI and CT)	\$30 copay (diagnostic x-rays - mammogram, ultrasound) \$250 copay for diagnostic radiology (MRI and CT)	\$10 copay (diagnostic x-rays - mammogram, ultrasound) \$100 copay for diagnostic radiology (MRI and CT)
Ambulance Services	\$240 copay per one-way emergency and nonemergency; copay not waived if admitted to the hospital	\$240 copay per one-way emergency and nonemergency; copay not waived if admitted to the hospital	\$100 copay (ground) \$225 copay (air)
Ambulatory Surgical Centers	\$240 copay	\$240 copay	\$50 copay
Diabetic Supplies	0% coinsurance	0% coinsurance	0% coinsurance
Kidney Disease Education	\$15 copay	\$10 copay	\$10 copay
Acupuncture	Not covered	\$200 annual allowance	\$300 annual allowance
Routine Hearing Exams	\$0 copay for one routine hearing exam per year	\$0 copay for one routine hearing exam per year	\$0 copay for one routine hearing exam per year

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Benefit	Advantage MD PPO	Advantage MD PPO Plus	Advantage MD PPO Premier*
Hearing Aids	Through TruHearing, \$699 or \$999 (depending on model)	Through TruHearing, \$699 or \$999 (depending on model)	Through TruHearing, \$399 or \$699 (depending on model)
Eyewear (Non-Medicare covered)	Not Covered	\$150 allowance every two years to be used on eyewear, including lenses, frames, and contact lenses.	\$300 allowance every two years to be used on eyewear, including lenses, frames, and contact lenses.
Comprehensive Dental (non-Medicare covered)	Not Covered	Not Covered	0% to 50% coinsurance
Routine Podiatry Services	20% coinsurance (6 per year)	20% coinsurance (6 per year)	\$10 copay (up to 12 visits per calendar year)
Routine Chiropractic Visits	Not Covered	\$20 copay (12 per year)	\$10 copay (up to 12 visits per calendar year)

This chart is not an all-inclusive list of changes. To view all of the benefits for the Advantage MD plans, visit www.jhhc.com > For Providers > Our Health Plans > Advantage MD > Plan Benefits.

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