Medical EPO Plan Schedule of Benefits (Effective January 01, 2019)
JHH/JHHSC Non-Union and Union Employees and Eligible Dependents

		Hopkins Preferred Network Provider	EHP Network Provider
Plan Year Deductible	Individual	$500	$500
	Family	$1000	$1000
Out-of-Pocket Maximum	Individual	$3000 (combined with EHP Network)	$3000 (Combined with Hopkins Preferred Network)
	Family	$6000 (combined with EHP network)	$6000 (combined with Hopkins Preferred Network)
Lifetime Maximum		Unlimited	

Services & Supplies (In Alphabetical Order)		Hopkins Preferred Network Provider	EHP Network Provider
Acupuncture	Medically necessary services for anesthesia, pain control, and therapeutic purposes	90%, deductible applies (20 visit annual maximum for all networks combined)	80%, deductible applies (20 visit annual maximum for all networks combined)
Allergy Tests & Procedures	Allergy tests	90%, deductible applies	80%, deductible applies
	Desensitization materials and serum	90%, deductible applies	80%, deductible applies
Ambulance Transportation	Medically necessary transport	90%, deductible applies	90%, deductible applies
Biofeedback	Biofeedback	90%, deductible applies (pre-authorization required)	80%, deductible applies (pre-authorization required)
Chemo & Radiation Therapy	Physician visit	90%, deductible applies	80%, deductible applies
	Materials and treatment	90%, deductible applies	80%, deductible applies
Chiropractic Care	Chiropractor restricted to initial exam, x-rays, and spinal manipulations	90%, deductible applies (20 visit annual maximum for all networks combined)	80%, deductible applies (20 visit annual maximum for all networks combined)
	Chiropractor with PT privileges (physical therapy services)	Refer to Therapy Section	Refer to Therapy Section
Dialysis	Medically necessary services	90% at Fresenius/Davita Dialysis Centers; deductible applies (pre-authorization required)	80%, deductible applies (pre-authorization required)
Durable Medical Equipment	Breast pumps (standard) and related supplies	100% for Johns Hopkins Home Care Group/Pharmaquip; deductible waived	100%, deductible waived
	Contraceptive devices	100%, deductible waived	100%, deductible waived
	Custom DME, including custom wheelchairs	90%, deductible applies (pre-authorization required)	90%, deductible applies (pre-authorization required)
	Custom-molded orthotics	90%, deductible applies (pre-authorization required)	80%, deductible applies (pre-authorization required)
	Insulin pumps, Continuous Glucose Monitor and related supplies	90%, deductible applies	90%, deductible applies
	Hearing aids	90%, deductible applies (Covered only for dependent children under age 26; up to $1,400 per aid; pre-authorization required; replacement aids once every 36 months all networks combined)	90%, deductible applies (Covered only for dependent children under age 26; up to $1,400 per aid; pre-authorization required; replacement aids once every 36 months all networks combined)
	Non-custom medical equipment and supplies	90% for Johns Hopkins Home Care Group/Pharmaquip, deductible applies	80%, deductible applies
	Prosthetic devices	90%, deductible applies (pre-authorization required)	90%, deductible applies (pre-authorization required)

Services & Supplies (In Alphabetical Order)		Hopkins Preferred Network Provider	EHP Network Provider
Emergency Services	Emergency care (facility fees)	$250 co-pay, then 100%, deductible applies (if admitted, ER co-pay waived); see Inpatient Facility Care for coverage	$250 co-pay, then 100%, deductible applies (if admitted, ER co-pay waived); see Inpatient Facility Care for coverage
	Emergency care (professional fees)	100%, deductible applies	100%, deductible applies
Home Health Services	Medically necessary services	90%, deductible applies (40 visit annual maximum for all networks combined; pre-authorization required)	80%, deductible applies (40 visit annual maximum for all networks combined; pre-authorization required)
	Home infusion therapy	90% for services through Johns Hopkins Home Care Group, deductible applies (pre-authorization required)	80%, deductible applies (pre-authorization required)
Hospice Care	Inpatient and home hospice	90%, deductible applies (pre-authorization required)	80%, deductible applies (pre-authorization required)
Hospital Care	Inpatient care including newborn nursery care; NICU (facility fees)	$250 co-pay per admission, then 90%, deductible applies (semi-private, unless private room is medically necessary; pre-authorization required)	$250 co-pay per admission, then 80%, deductible applies (semi-private, unless private room is medically necessary; pre-authorization required)
	Inpatient care (professional fees)	90%, deductible applies	80%, deductible applies
	Skilled nursing/rehabilitation facility	90%, deductible applies (120 day annual maximum all networks combined for medically necessary services; pre-authorization required)	First 30 days annually covered at 90%, remaining days at 80%, deductible applies (120 day annual maximum all networks combined for medically necessary services; pre-authorization required)
	Short-term acute rehabilitation	90%, deductible applies (120 day annual maximum all networks combined for medically necessary services; pre-authorization required)	First 30 days annually covered at 90%, remaining days at 80%, deductible applies (120 day annual maximum all networks combined for medically necessary services; pre-authorization required)
	Observation care (facility fees)	$250 co-pay, then 100%, deductible applies (if admitted, ER co-pay waived); see Inpatient Facility Care for coverage	$250 co-pay, then 100%, deductible applies (if admitted, observation co-pay waived; see Inpatient Facility Care for coverage)
	Observation care (professional fees)	100%, deductible applies	100%, deductible applies
	Outpatient surgery & ambulatory surgical center (facility fees)	90%, deductible applies (includes freestanding surgical centers)	80%, deductible applies (includes freestanding surgical centers)
	Outpatient surgery & ambulatory surgical center (professional fees)	90%, deductible applies	80%, deductible applies
Hyperbaric Oxygen Therapy	Medically necessary services	90%, deductible applies (pre-authorization required)	80%, deductible applies (pre-authorization required)
Immunizations	Preventive immunizations for communicable diseases	100%, deductible waived	100%, deductible waived
	Travel immunizations	100%, deductible waived	100%, deductible waived
Infusion Therapy	Home infusion therapy	90% for services through Johns Hopkins Home Care Group, deductible applies (pre-authorization required)	80%, deductible applies (pre-authorization required)
	Outpatient infusion therapy	90%, deductible applies	80%, deductible applies

Services & Supplies (In Alphabetical Order)		Hopkins Preferred Network Provider	EHP Network Provider
Injections	Injections	90%, deductible applies	80%, deductible applies
	Materials and serum	90%, deductible applies	80%, deductible applies
Laboratory	Laboratory tests including pathology	90%, deductible applies	80%, deductible applies
Mental Health & Substance Abuse Services	Outpatient mental health care (facility fees)	$20 co-pay, then 100%, deductible waived	$20 co-pay, then 100%, deductible waived
	Outpatient mental health care (professional fees)	$20 co-pay, then 100%, deductible waived	$20 co-pay, then 100%, deductible waived
	Inpatient mental health care (facility fees)	$250 co-pay per admission, then 90%, deductible applies (pre-authorization required)	$250 co-pay per admission, then 80%, deductible applies (pre-authorization required)
	Inpatient mental health care (professional fees)	90%, deductible applies	80%, deductible applies
	Outpatient substance abuse care (facility fees)	$20 co-pay, then 100%, deductible waived	$20 co-pay, then 100%, deductible waived
	Outpatient substance abuse care (professional fees)	$20 co-pay, then 100%, deductible waived	$20 co-pay, then 100%, deductible waived
	Inpatient substance abuse care (facility fees)	$250 co-pay per admission, then 90%, deductible applies (pre-authorization required)	$250 co-pay per admission, then 80%, deductible applies (pre-authorization required)
	Inpatient substance abuse care (professional fees)	90%, deductible applies	80%, deductible applies
	Intensive outpatient program	$20 co-pay per day, then 100%, deductible waived (pre-authorization required)	$20 co-pay per day, then 100%, deductible waived (pre-authorization required)
	Partial hospital facility services	$20 co-pay per day, then 100%, deductible waived (pre-authorization required)	$20 co-pay per day, then 100%, deductible waived (pre-authorization required)
	Medication management	$20 co-pay, then 100%, deductible waived	$20 co-pay, then 100%, deductible waived
	Mental health testing and procedures	$20 co-pay, then 100%, deductible waived (pre-authorization required)	$20 co-pay, then 100%, deductible waived (pre-authorization required)
Methadone Treatment	Medically necessary outpatient care	$20 co-pay, then 100%, deductible waived (pre-authorization required)	$20 co-pay, then 100%, deductible waived (pre-authorization required)
Nutritional Counseling	Medically necessary services	90%, deductible applies (limited to 6 visits per PY for all networks combined; additional visits must be pre-authorized)	80%, deductible applies (limited to 6 visits per PY for all networks combined; additional visits must be pre-authorized)

Services & Supplies (In Alphabetical Order)		Hopkins Preferred Network Provider	EHP Network Provider
Office Visits for Treatment of Illness or Injury	Primary care office visit only (Adult)	$20 co-pay, then 100%, deductible waived	$20 co-pay, then 100%, deductible waived
	Primary care office visit (Pediatric: age 19 and under)	$20 co-pay, then 100%, deductible waived	$20 co-pay, then 100%, deductible waived
	Primary care office visit only (GYN)	GYN PCPs: $20 co-pay, then 100%, deductible waived	GYN PCPs: $20 co-pay, then 100%, deductible waived
	Specialty care office visit only (Adult & Pediatric)	90%, deductible applies	80%, deductible applies
	Treatment and diagnostic services in the office	Pcp office: 100%, deductible waived Specialty office: 90%, deductible applies	Pcp office: 100%, deductible waived Specialty office: 80%, deductible applies
Preventive Services	Preventive exam (PCP, GYN and Well Child care)	100%, deductible waived	100%, deductible waived
	Diagnostic services for preventive exam	100%, deductible waived	100%, deductible waived
	Routine preventive screenings: mammogram, colonoscopy, PAP test, etc.	100%, deductible waived	100%, deductible waived
	Routine hearing exams	100%, deductible waived	100%, deductible waived
Private Duty Nursing	Private Duty Nursing	Not Covered	Not Covered
Radiology Procedures	Advance imaging including MRI, CT and PET scans	90%, deductible applies	80%, deductible applies
	All other imaging studies; including X-Ray and Ultrasound	90%, deductible applies	80%, deductible applies

Services & Supplies (In Alphabetical Order)		Hopkins Preferred Network Provider	EHP Network Provider
Reproductive Health	Physician office visits (prenatal care only)	90%, deductible applies	80%, deductible applies
	Infertility treatment	Covered at Johns Hopkins Fertility Center only: 90%, deductible applies, plus a separate $1000 lifetime infertility treatment deductible (pre-authorization required for all services and prescriptions; all criteria must be met; $30,000 lifetime maximum combined including prescription drugs, lab work and X-rays, in vitro fertilization attempts limited to a maximum of three per lifetime within the $30,000 lifetime maximum, member must be enrolled in the EHP Plan for one year before beginning infertility treatment)	Covered at Johns Hopkins Fertility Center only
	Birthing centers (facility fees)	Not available	90%, deductible applies
	Birthing centers (professional fees)	90%, deductible applies	80%, deductible applies
	Inpatient maternity care and delivery; newborn nursery care; NICU (facility fees)	$250 co-pay per admission, then 90%, deductible applies (pre-authorization required)	$250 co-pay per admission, then 80%, deductible applies (pre-authorization required)
	Inpatient maternity care and delivery; newborn nursery care; NICU (professional fees)	90%, deductible applies	80%, deductible applies
	Interruption of pregnancy	90%, deductible applies	80%, deductible applies
	Female sterilization (professional services for surgery, anesthesia and related pathology)	100%, deductible waived	100%, deductible waived
	Male sterilization (professional services for surgery, anesthesia and related pathology)	100%, deductible waived	100%, deductible waived
Surgical Procedures	Surgical treatment for morbid obesity	Covered at Johns Hopkins Bayview Medical Center and Sibley Memorial Hospital only; $150 facility co-pay, deductible applies; then 90% for professional fees; deductible applies (pre-authorization required)	Covered at Johns Hopkins Bayview Medical Center and Sibley Memorial Hospital only
	Primary care office surgical procedures	90%, deductible applies	80%, deductible applies
	Specialist care office surgical procedures	90%, deductible applies	80%, deductible applies
	Outpatient surgery (including freestanding surgical centers) (facility fees)	90%, deductible applies	80%, deductible applies
	Outpatient surgery (including freestanding surgical centers) (professional fees)	90%, deductible applies	80%, deductible applies
	Inpatient surgery (facility fees)	$250 co-pay per admission, then 90%, deductible applies (pre-authorization required)	$250 co-pay per admission, then 80%, deductible applies (pre-authorization required)
	Inpatient surgery (professional fees)	90%, deductible applies	80%, deductible applies

Services & Supplies (In Alphabetical Order)		Hopkins Preferred Network Provider	EHP Network Provider
Therapy	Habilitative services for children under the age of 19	90%, deductible applies (pre-authorization required)	80%, deductible applies (pre-authorization required)
	Physical therapy/occupational therapy medically necessary services	90%, deductible applies (60 visit annual maximum for all networks combined; PT/OT pre-authorization required for visits 13-60)	80%, deductible applies (60 visit annual maximum for all networks combined; PT/OT pre-authorization required for visits 13-60)
	Speech therapy (non-developmental medically necessary services)	90%, deductible applies (30 visit annual maximum for all networks combined; pre-authorization required)	80%, deductible applies (30 visit annual maximum for all networks combined; pre-authorization required)
	Pulmonary rehabilitation	90%, deductible applies (pre-authorization required)	80%, deductible applies (pre-authorization required)
	Cardiac rehabilitation	90%, deductible applies (pre-authorization required)	80%, deductible applies (pre-authorization required)
	Vision therapy	Not Covered	Not Covered
Urgent Care Center	Physician visit	$40 co-pay, then 100%, deductible waived	$40 co-pay, then 100%, deductible waived
	Diagnostic services and treatment	100%, deductible waived	100%, deductible waived