

Prescription EPO Plan Schedule of Benefits (Effective January 01, 2020)
 JHH/JHHSC Non-Union and Union Employees and Eligible Dependents



		In-Network Retail Pharmacy (30-day supply)	In-Network Retail Pharmacy (90-day supply)	Mail Order (90-day supply)
Plan Year Deductible	Individual	\$0	\$0	\$0
	Family	\$0	\$0	\$0
Out-of-Pocket Maximum	Individual	\$4100	\$4100	\$4100
	Family	\$8200	\$8200	\$8200
Lifetime Maximum	Unlimited			

Services & Supplies (In Alphabetical Order)		In-Network Retail Pharmacy (30-day supply)	In-Network Retail Pharmacy (90-day supply)	Mail Order (90-day supply)
Oral Contraceptives	Generic	\$0	\$0	\$0
	Preferred Brand	25%; \$40 min; \$60 max	25%; \$120 min; \$180 max	25%; \$120 min; \$180 max
	Non-Preferred Brand	50%; \$65 min; \$105 max	50%; \$195 min; \$315 max	50%; \$195 min; \$315 max
Prescription Drugs	Generic	\$10	\$30	\$30
	Preferred Brand	25%; \$40 min; \$60 max	25%; \$120 min; \$180 max	25%; \$120 min; \$180 max
	Non-Preferred Brand	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