

Prescription PPO 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	\$3600	\$3600	\$3600
	Family	\$7200	\$7200	\$7200
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	\$40	\$120	\$80
	Non-Preferred Brand	\$65	\$195	\$130
	Specialty Medications	Refer to Preferred/Non-Preferred Brand	Restricted to a 30-day retail supply only	Restricted to a 30-day retail supply only
Prescription Drugs	Generic	\$10	\$30	\$20
	Preferred Brand	\$40	\$120	\$80
	Non-Preferred Brand	\$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