

Prescription Schedule of Benefits (Effective July 01, 2019 - June 30, 2020)
 Johns Hopkins Student Health Program



		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	\$3350	\$3350	\$3350
	Family	\$3700	\$3700	\$3700
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	\$75	\$50
	Non-Preferred Brand	\$40	\$120	\$80
Prescription Drugs	Generic	\$15	\$45	\$30
	Preferred Brand	\$25	\$75	\$50
	Non-Preferred Brand	\$40	\$120	\$80