

Prescription Schedule of Benefits (Effective January 01, 2018 - December 31, 2018)
 Johns Hopkins University Employees and Eligible Dependents



		In-Network Retail Pharmacy (30-day supply)	In-Network Retail Pharmacy (90-day supply)
Plan Year Deductible	Individual	\$0	\$0
	Family	\$0	\$0
Out-of-Pocket Maximum	Individual	\$2000	\$2000
	Family	\$6000	\$6000
Lifetime Maximum	Unlimited		

Services & Supplies (In Alphabetical Order)		In-Network Retail Pharmacy (30-day supply)	In-Network Retail Pharmacy (90-day supply)
Oral Contraceptives	Generic	Not Available	Not Available
	Preferred Brand	Not Available	Not Available
	Non-Preferred Brand	Not Available	Not Available
	Specialty Medications	Not Available	Not Available
Prescription Drugs	Generic	Not Available	Not Available
	Preferred Brand	Not Available	Not Available
	Non-Preferred Brand	Not Available	Not Available
	Brand with Generic Equivalent	Not Available	Not Available
	Specialty Medications	Not Available	Not Available