

Medical Schedule of Benefits (Effective January 01, 2020 - December 31, 2020)
 Johns Hopkins University Employees and Eligible Dependents



		EHP Network Provider	Out of Network Provider
Plan Year Deductible	Individual	\$250	\$500
	Family	\$750	\$1500
Out-of-Pocket Maximum	Individual	\$2000	\$4000
	Family	\$6000	\$12000
Lifetime Maximum	Unlimited		

Services & Supplies (In Alphabetical Order)		EHP Network Provider	Out of Network Provider
Acupuncture	Medically necessary services for anesthesia, pain control, and therapeutic purposes	80% of allowed amount (15 visits annual maximum for all networks combined); deductible applies	70% of allowed benefit; deductible applies (15 visits annual maximum for all networks combined) deductible applies
Allergy Tests & Procedures	Allergy tests	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Desensitization materials and serum	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
Ambulance Transportation	Medically necessary transport	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
Biofeedback	Biofeedback	80% of allowed amount; deductible applies (pre-authorization required)	70% of allowed benefit; deductible applies (pre-authorization required)
Chemo & Radiation Therapy	Physician visit	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Materials and treatment	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
Chiropractic Care	Chiropractor restricted to initial exam, x-rays, and spinal manipulations	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Chiropractor with PT privileges (physical therapy services)	Refer to Therapy section	Refer to Therapy section
Dialysis	Medically necessary services	80% of allowed amount; deductible applies (pre-authorization required)	70% of allowed benefit; deductible applies (pre-authorization required)
Durable Medical Equipment	Breast pumps (standard) and related supplies	100% of allowed amount; deductible waived	70% of allowed benefit; deductible applies
	Contraceptive devices	100% of allowed amount; deductible waived	70% of allowed benefit; deductible applies
	Custom DME, including custom wheelchairs	80% of allowed amount; deductible applies (pre-authorization required)	70% of allowed benefit; deductible applies (pre-authorization required)
	Custom-molded orthotics	80% of allowed amount; deductible applies (pre-authorization required)	70% of allowed benefit; deductible applies (pre-authorization required)
	Insulin pumps, Continuous Glucose Monitor and related supplies	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Hearing aids	80% of allowed amount; deductible applies (for dependent children up to age 26; pre-authorization required; all networks combined) replacement aids once every 36 months	70% of allowed benefit; deductible applies (for dependent children up to age 26; pre-authorization required; all networks combined) replacement aids once every 36 months
	Non-custom medical equipment and supplies	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Prosthetic devices	80% of allowed amount; deductible applies (pre-authorization required)	70% of allowed benefit; deductible applies (pre-authorization required)
	Blood Pressure Cuff	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies

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Emergency Services	Emergency care (facility fees)	\$100 co-pay, then 100% of allowed amount; deductible waived (ER co-pay waived if admitted); See Inpatient Facility Care for coverage)	\$100 co-pay, then 100% of allowed amount; deductible waived (ER co-pay waived if admitted); See Inpatient Facility Care for coverage)
	Emergency care (professional fees)	80% of allowed amount; deductible applies	80% of allowed benefit; deductible applies
Home Health Services	Medically necessary services	100% of allowed amount; deductible waived (90 visits per year maximum for all networks combined; pre-authorization required)	70% of allowed benefit; deductible applies (90 visits per year maximum for all networks combined; pre-authorization required)
	Home infusion therapy	80% of allowed amount; deductible applies (pre-authorization required)	70% of allowed benefit; deductible applies (pre-authorization required)
Hospice Care	Inpatient and home hospice	80% of allowed amount; deductible applies (pre-authorization required)	70% of allowed benefit; deductible applies (pre-authorization required)
Hospital Care	Inpatient care including newborn nursery care; NICU (facility fees)	\$250 co-pay per admission, then 80% of allowed amount; deductible applies (semi-private, unless private room is medically necessary; pre-authorization required)	\$250 co-pay per admission, then 70% of allowed benefit; deductible applies (semi-private, unless private room is medically necessary; pre-authorization required)
	Inpatient care (professional fees)	80% of allowed amount, after deductible	70% after deductible
	Skilled nursing/rehabilitation facility	80% of allowed amount; deductible applies (120 days per year maximum all networks combined for medically necessary services; pre-authorization required)	70% of allowed benefit; deductible applies (120 days per year maximum all networks combined for medically necessary services; pre-authorization required)
	Short-term acute rehabilitation	80% of allowed amount; deductible applies (120 days per year maximum all networks combined for medically necessary services; pre-authorization required)	70% of allowed benefit; deductible applies (120 days per year maximum all networks combined for medically necessary services; pre-authorization required)
	Observation care (facility fees)	\$100 co-pay, then 100% of allowed amount; deductible waived (ER co-pay waived if admitted); see Inpatient Facility Care for coverage	\$100 co-pay, then 100% of allowed amount; deductible waived (ER co-pay waived if admitted); see Inpatient Facility Care for coverage
	Observation care (professional fees)	80% of allowed amount; deductible applies	80% of allowed benefit; deductible applies
	Outpatient surgery & ambulatory surgical center (facility fees)	100% of allowed amount; deductible waived (includes freestanding surgical centers)	70% of allowed benefit; deductible applies (includes freestanding surgical centers)
	Outpatient surgery & ambulatory surgical center (professional fees)	80% of allowed amount; deductible applies (includes outpatient testing prior to outpatient surgery)	70% of allowed benefit; deductible applies (includes outpatient testing prior to outpatient surgery)
Hyperbaric Oxygen Therapy	Medically necessary services	80% of allowed amount; deductible applies (pre-authorization required)	70% of allowed benefit; deductible applies (pre-authorization required)
Immunizations	Preventive immunizations for communicable diseases	100% of allowed amount; deductible waived	70% of allowed benefit deductible waived
	Travel immunizations	100% of allowed amount; deductible waived	70% of allowed benefit; deductible waived
Infusion Therapy	Home infusion therapy	80% of allowed amount; deductible applies (pre-authorization required)	70% of allowed benefit; deductible applies (pre-authorization required)
	Outpatient infusion therapy	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies

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Injections	Injections	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Materials and serum	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
Laboratory	Laboratory tests including pathology	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
Mental Health & Substance Abuse Services	Outpatient mental health care (facility fees)	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Outpatient mental health care (professional fees)	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Inpatient mental health care (facility fees)	\$250 co-pay per admission, then 80% of allowed amount; deductible applies (pre-authorization required)	\$250 co-pay per admission, then 70% of allowed benefit; deductible applies (pre-authorization required)
	Inpatient mental health care (professional fees)	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Outpatient substance abuse care (facility fees)	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Outpatient substance abuse care (professional fees)	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Inpatient substance abuse care (facility fees)	\$250 co-pay per admission, then 80% of allowed amount; deductible applies (pre-authorization required)	\$250 co-pay per admission, then 70% of allowed benefit; deductible applies (pre-authorization required)
	Inpatient substance abuse care (professional fees)	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Intensive outpatient program	80% of allowed amount; deductible applies (pre-authorization required)	70% of allowed benefit; deductible applies (pre-authorization required)
	Partial hospital facility services	80% of allowed amount; deductible applies (pre-authorization required)	70% of allowed benefit; deductible applies (pre-authorization required)
	Medication management	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Mental health testing and procedures	80% of allowed amount; deductible applies (pre-authorization required)	70% of allowed benefit; deductible applies (pre-authorization required)
Methodone Treatment	Medically necessary outpatient care	80% of allowed amount; deductible waived	70% of allowed benefit; deductible applies
Nutritional Counseling	Medically necessary services	80% of allowed amount; deductible applies (limited to 2 visits per plan year for all networks combined; additional visits must be pre-authorized)	70% of allowed benefit; deductible applies (limited to 2 visits per plan year for all networks combined; additional visits must be pre-authorized)

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Office Visits for Treatment of Illness or Injury	Primary care office visit only (Adult)	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Primary care office visit (Pediatric: age 19 and under)	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Primary care office visit only (GYN)	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Specialty care office visit only (Adult & Pediatric)	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Treatment and diagnostic services in the office	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
Preventive Services	Preventive exam (PCP, GYN and Well Child care)	100% of allowed amount; deductible waived	70% of allowed benefit; deductible waived
	Diagnostic services for preventive exam	100% of allowed amount; deductible waived	70% of allowed benefit; deductible waived
	Routine preventive screenings: mammogram, colonoscopy, PAP test, etc.	100% of allowed amount; deductible waived	70% of allowed benefit; deductible waived
	Routine hearing exams	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Dermatological Screening	100% of the allowed amount; deductible waived (One screening per year)	70% of allowed benefit; deductible waived (One Screening per year)
Private Duty Nursing	Private Duty Nursing	Not Available	Not Available
Radiology Procedures	Advance imaging including MRI, CT and PET scans	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	All other imaging studies; including X-Ray and Ultrasound	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies

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Reproductive Health	Physician office visits (prenatal care only)	Routine prenatal visits covered at 100%; all other pre-natal visits at 80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Infertility treatment	80% of allowed amount; deductible applies (maximum lifetime benefit: \$100,000; maximum of 6 attempts per live birth for artificial insemination and intrauterine insemination; maximum of 3 attempts per live birth for in vitro fertilization; pre-authorization required for all services)	70% of allowed benefit; deductible applies (maximum lifetime benefit: \$100,000; maximum of 6 attempts per live birth for artificial insemination and intrauterine insemination; maximum of 3 attempts per live birth for in vitro fertilization; pre-authorization required for all services)
	Birth centers (facility fees)	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Birth centers (professional fees)	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Inpatient maternity care and delivery; newborn nursery care; NICU (facility fees)	\$250 co-pay per admission, then 80% of allowed amount; deductible applies (pre-authorization required)	\$250 co-pay per admission, then 70% of allowed benefit; deductible applies (pre-authorization required)
	Inpatient maternity care and delivery; newborn nursery care; NICU (professional fees)	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Interruption of pregnancy	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Female sterilization (professional services for surgery, anesthesia and related pathology)	100% of allowed amount; deductible waived	100% of allowed benefit; deductible waived
Surgical Procedures	Male sterilization (professional services for surgery, anesthesia and related pathology)	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Surgical treatment for morbid obesity	80% of allowed amount; deductible applies (pre-authorization required)	70% of allowed benefit; deductible applies (pre-authorization required)
	Primary care office surgical procedures	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Specialist care office surgical procedures	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Outpatient surgery (including freestanding surgical centers) (facility fees)	100% of allowed amount; deductible waived	70% of allowed benefit; deductible applies
	Outpatient surgery (including freestanding surgical centers) (professional fees)	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Inpatient surgery (facility fees)	\$250 co-pay per admission, then 100% of allowed amount; deductible waived (pre-authorization required)	\$250 co-pay per admission, then 70% of allowed benefit; deductible applies (pre-authorization required)
	Inpatient surgery (professional fees)	80% of allowed amount; deductible applies (pre-authorization required)	70% of allowed benefit; deductible applies (pre-authorization required)

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Therapy	Habilitative services for children under the age of 19	80% of allowed amount; deductible applies (pre-authorization required)	70% of allowed benefit; deductible applies (pre-authorization required)
	Physical therapy/occupational therapy medically necessary services	80% of allowed amount; deductible applies (45 visits per year combined maximum for all networks)	70% of allowed benefit; deductible applies (45 visits per year combined maximum for all networks)
	Speech therapy (non-developmental medically necessary services)	80% of allowed amount; deductible applies (30 visits per year maximum for all networks combined; pre-authorization required)	70% of allowed benefit; deductible applies (30 visits per year maximum for all networks combined; pre-authorization required)
	Pulmonary rehabilitation	80% of allowed amount; deductible applies (pre-authorization required)	70% of allowed benefit; deductible applies (pre-authorization required)
	Cardiac rehabilitation	80% of allowed amount; deductible applies (pre-authorization required)	70% of allowed benefit; deductible applies (pre-authorization required)
	Vision therapy	Not Available	Not Available
Urgent Care Center	Physician visit	\$50 co-pay, then 100% of allowed amount, deductible waived	\$50 co-pay, then 100% of allowed benefit, deductible waived
	Diagnostic services and treatment	100% of allowed amount; deductible waived	100% of allowed benefit; deductible waived