

Johns Hopkins Direct Primary Care (DPC) Plan

2024 Plan Overview

Available to: Johns Hopkins Hospital, Johns Hopkins Health System Corporation, Johns Hopkins Medical Associates, Johns Hopkins Home and Community Based Services, Johns Hopkins Bayview Medical Center, Howard County Medical Center, Sibley Memorial Hospital and Suburban Hospital

Employer Health Programs

Johns Hopkins DPC Benefits Overview

Johns Hopkins Direct Primary Care (DPC) Plan

The DPC program is offered as a stand-alone plan design, separate from the PPO and EPO plans. The DPC plan is available to all employees and dependents, but the employee must elect the DPC Practice as their primary care provider (PCP). Any dependents over the age of 18 may also elect the DPC Practice as their PCP. Employees must select the DPC plan in order for dependents to be able to join the plan. DPC enrollment is limited.

- Same in-network member cost shares as most Johns Hopkins PPO plan services
- No cost for office visits at the DPC Practice
- Includes coverage for both in-network and out-of-network services

Services include:

- Unlimited primary care office or video visits with longer visits
- Reduced specialty visit cost share with DPC Practice PCP referral
- 1 annual physical (annual labs with this visit are free)
- 1 flu vaccine
- 6 rapid tests (any combination of flu, strep, urine, pregnancy, A1c)
- 1 EKG
- Unlimited prior authorizations of medications
- Robust care coordination

Johns Hopkins DPC Benefits Overview

DPC Practice

Three providers located in the DPC Practice deliver personalized care that addresses your needs so that you can maintain your health on your time. If you select the DPC plan and elect the DPC Practice as your primary care provider, you must use them for your primary care.



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Location:

Howard County Medical Center campus in
the Medical Arts Building (MAB)

11085 Little Patuxent Parkway, Suite 103
Columbia, Maryland 21044

www.hopkinsmedicine.org/community_physicians/patient_information/direct_primary_care.html

Johns Hopkins DPC Benefits Overview

Primary Care Services

- The employee must select the DPC plan and elect the DPC Practice as PCP to allow spouse/dependents (age 18 and older) to select DPC Practice as their PCP
- Spouse/dependents are not required to have the DPC Practice as their PCP
- Members with the DPC Practice as their designated PCP will have all other primary care services denied from all other PCPs
- Spouse/dependents without the DPC Practice as their designated PCP can access in-network primary care services through the following providers:
 - **EHP Preferred Network:** A provider or facility in the EHP network that is deemed a preferred provider
 - **EHP Network:** Direct access to any EHP or Cigna PPO network participating provider

Specialty Care Services

- Members can access in-network services through the following providers:
 - **EHP Preferred Network:** A provider or facility in the EHP network that is deemed a preferred provider that has a lower member co-insurance amount
 - **EHP Network:** Direct access to any EHP or Cigna PPO network participating provider

Johns Hopkins DPC Benefits Overview

	Johns Hopkins DPC Plan		
Coverage Details	EHP Preferred Network**	EHP Network**	Out-of-Network
Annual Deductible			
Per Person	(Determined by Salary Tier) \$150 (<\$50K) \$200 (\$50K-\$119K) \$300 (>=\$120K)		\$750
Per Family	(Determined by Salary Tier) \$300 (<\$50K) \$400 (\$50K-\$119K) \$600 (>=\$120K)		\$1,500
Annual Out-of-Pocket Max.			
Per Person	(Determined by Salary Tier) \$1,500 (<\$50K) \$2,000 (\$50K-\$119K) \$3,000 (>=\$120K)		\$3,500
Per Family	(Determined by Salary Tier) \$3,000 (<\$50K) \$4,000 (\$50K-\$119K) \$6,000 (>=\$120K)		\$7,000
Co-insurance	pay 10%	pay 20%	pay 30%

** You can locate providers in the Preferred Network and the EHP/Cigna network at ehp.org.

Deductible: The amount you must pay within the plan year, before EHP begins to pay benefits

Co-insurance: A percentage of medical costs that you share with EHP

Copay: A flat fee you must pay to the provider at the time of service

Johns Hopkins DPC Benefits Overview

Office Visits	Johns Hopkins DPC Plan		
	EHP Preferred Network**	EHP Network**	Out-of-Network
Primary Care Office Visit (Adult with DPC as PCP)	DPC visit: \$0 copay	Not applicable	Not applicable
Primary Care Office Visit (Spouse/Dependent without DPC as PCP)	\$10 copay		Pay 30%*
Primary Care Office Visit (Dependent, age 19 and under without DPC as PCP)	\$10 copay		Pay 30%*
Specialist Office Visit	pay 10%*, 5% with DPC referral	pay 20%*, 15% with DPC referral	Pay 30%*
Mental Health Visit	\$5 copay, then 100%, deductible waived	\$5 copay, then 100%, deductible waived	Pay 30%*
Wellness Visit	\$0 copay	\$0 copay	Pay 30%*
Johns Hopkins OnDemand Virtual Care	\$0 copay; 100% covered		

* For select services such as hospitalization, coverage begins once you have met the deductible for the year.

** You can locate providers in the Preferred Network and the EHP/Cigna network at ehp.org.

Deductible: The amount you must pay within the plan year, before EHP begins to pay benefits

Co-insurance: A percentage of medical costs that you share with EHP

Copay: A flat fee you must pay to the provider at the time of service

Johns Hopkins DPC Benefits Overview

Facility Services	Johns Hopkins DPC PPO Plan		
	EHP Preferred Network**	EHP Network**	Out-of-Network
Hospital Inpatient	\$150 copay, then pay 10%*	\$150 copay, then pay 20%*	\$500 copay, then pay 30%
Hospital Outpatient	pay 10%*, 5% with DPC referral	pay 20%*, 15% with DPC referral	pay 30%*
Lab Services	pay 10%*, 5% with DPC referral	pay 20%*, 15% with DPC referral	pay 30%*
Emergency Room	\$250 copay*	\$250 copay*	\$250 copay*
Urgent Care	\$25 copay	\$25 copay	pay 30%*

Deductible: The amount you must pay within the plan year, before EHP begins to pay benefits

Co-insurance: A percentage of medical costs that you share with EHP

Copay: A flat fee you must pay to the provider at the time of service

* For select services such as hospitalization, coverage begins once you have met the deductible for the year.

** You can locate providers in the Preferred Network and the EHP/Cigna network at ehp.org.

Johns Hopkins DPC Benefits Overview

- **Primary Care office visits for treatment of illness or injury**
 - DPC Practice PCP will be covered with a \$0 copay, deductible waived
 - All other in-network PCP visits will be covered with a \$10 copay, deductible waived (for spouse/dependents without DPC Practice as PCP)
- **Preventive Care, such as annual exams/physicals/GYN**
 - DPC, EHP Preferred or EHP Network PCP: covered at 100% of allowed amount, deductible waived
- **Specialty Care (adult and pediatric)**
 - EHP Preferred provider: covered at 90% (95% with DPC referral) of allowed amount, after deductible
 - EHP Network provider: covered at 80% (85% with DPC referral) of allowed amount, after deductible
- **Urgent Care**
 - EHP Preferred or an EHP Network provider will be covered with a \$25 copay, deductible waived

Johns Hopkins DPC Benefits Overview

- **Emergency Room Facility care**

- EHP Preferred or an EHP Network facility: covered at 100% of allowed amount, after a \$250 copay and deductible

- **Emergency Room Professional care**

- EHP Preferred or an EHP Network facility: covered at 100% of allowed amount, after deductible

- **Outpatient care for mental health treatment**

- EHP Preferred or an EHP Network facility: covered at a \$5 copay, deductible waived

- **Inpatient Facility care**

- EHP Preferred facility: covered at 90% of allowed amount, after a \$150 copay and deductible
- EHP Network facility: covered at 80% of allowed amount, after a \$150 copay and deductible

- **Inpatient Professional care**

- EHP Preferred provider: covered at 90% of allowed amount, after deductible
- EHP Network provider: covered at 80% of allowed amount, after deductible

Johns Hopkins DPC Benefits Overview

Telemedicine

■ **Johns Hopkins OnDemand Virtual Care**

- In minutes, you can connect to a health care provider for a video visit, using your mobile device or computer, 24 hours a day, seven days a week. No need to schedule an appointment—a health care provider will review your symptoms and prescribe medications, as necessary. Use this service if you or your family members experience minor, urgent care concerns such as, but not limited to:
 - Cold, flu and sinus symptoms
 - Respiratory infection
 - Rashes
 - Allergies
 - Pinkeye
- Member cost-share: \$0 copay; 100% covered

■ **Medical Advice Messaging**

- \$5 copay; deductible waived for billable email messaging with provider

■ **Virtual Care**

- Telemedicine virtual care visits are covered the same as the in-person service

Johns Hopkins DPC Pharmacy Plan

Services and 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	\$40	\$120	\$80
	Non-Preferred	\$65	\$195	\$130
Prescriptions	Generic	\$10	\$30	\$20
	Preferred	\$40	\$120	\$80
	Non-preferred	\$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 for members enrolled in PrudentRx – medications listed at ehp.org	\$0	Restricted to Retail 30-day supply	
	Specialty Medications for members <u>not</u> enrolled in PrudentRx – medications listed at ehp.org	30%	Restricted to Retail 30-day supply	

Thank You

Questions?

Website

ehp.org

Customer Service

800-261-2393