

PLAN OVERVIEW

A Choice of Three Health Plans from EHP

The tables below show some details of coverage that the plans offer.

Pharmacy coverage is provided under all three medical insurance plans.

	Johns Hopkins EPO Plan (in-network only)		Johns Hopkins PPO Plan			Johns Hopkins DPC Plan		
Coverage Details	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Out-of-network	Preferred Network**	EHP Network**	Out-of-network
Annual Deductible								
per person	\$500		\$150 (<\$50K), \$200 (\$50K-\$120K), \$300 (>\$120K) (determined by salary tier)		\$750 (all salary tiers)	\$150 (<\$50K), \$200 (\$50K-\$120K), \$300 (>\$120K) (determined by salary tier)		\$750 (all salary tiers)
per family	\$1,000		\$300 (<\$50K), \$400 (\$50K-\$120K), \$600 (>\$120K) (determined by salary tier)		\$1,500 (all salary tiers)	\$300 (<\$50K), \$400 (\$50K-\$120K), \$600 (>\$120K) (determined by salary tier)		\$1,500 (all salary tiers)
Annual Out-of-Pocket Max.								
per person	\$3,000		\$1,500 (<\$50K), \$2,000 (\$50K-\$120K), \$3,000 (>\$120K) (determined by salary tier)		\$3,500 (all salary tiers)	\$1,500 (<\$50K), \$2,000 (\$50K-\$120K), \$3,000 (>\$120K) (determined by salary tier)		\$3,500 (all salary tiers)
per family	\$6,000		\$3,000 (<\$50K), \$4,000 (\$50K-\$120K), \$6,000 (>\$120K) (determined by salary tier)		\$7,000 (all salary tiers)	\$3,000 (<\$50K), \$4,000 (\$50K-\$120K), \$6,000 (>\$120K) (determined by salary tier)		\$7,000 (all salary tiers)
Coinsurance	pay 10%	pay 20%	pay 10%	pay 20%	pay 30%	pay 10%	pay 20%	pay 30%



GET ALL THE DETAILS

Visit mybenefitsjhhs.com for a complete overview of the plans.



PLAN OVERVIEW (continued)

	Johns Hopkins EPO Plan (in-network only)		Johns Hopkins PPO Plan			Johns Hopkins DPC Plan		
Office Visits	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Out-of-network	Preferred Network**	EHP Network**	Out-of-network
Primary Care Office Visit - Employee	\$20 copay	\$20 copay	\$10 copay		pay 30%*	\$0 copay for DPC as PCP	Not applicable	Not applicable
Primary Care Office Visit - Adult Dependent	\$20 copay	\$20 copay	\$10 copay		pay 30%*	\$10 copay		pay 30%*
Primary Care Office Visit - Child	\$20 copay	\$20 copay	\$10 copay		pay 30%*	\$10 copay		pay 30%*

Facility Services	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Out-of-network	Preferred Network**	EHP Network**	Out-of-network
Emergency Room	\$250 copay*	\$250 copay*	\$250 copay*	\$250 copay*	\$250 copay*	\$250 copay*	\$250 copay*	\$250 copay*
Urgent Care	\$40 copay	\$40 copay	\$25	\$25	pay 30%*	\$25 copay	\$25 copay	pay 30%*

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

** Find physicians and providers in the preferred network and EHP network at ehp.org.

This newsletter contains only a summary of the key changes to the plans. Details of the benefits can be found in plan documents available from the human resources department, or by visiting the websites or calling the customer service phone numbers for each plan. If there is a conflict between the plan documents and this newsletter, the plan documents prevail.