

# 2025 Johns Hopkins DPC Plan Schedule of Benefits (Effective 01/01/2025)



## Medical Deductibles

	EHP Preferred Network Provider	EHP Network Provider	Out of Network Provider
<b>Calendar Year Deductible</b>			
Individual	\$150 (under \$50K) / \$200 (\$50K to \$119,999K) / \$300 (\$120K and over)	\$150 (under \$50K) / \$200 (\$50K to \$119,999K) / \$300 (\$120K and over)	\$750
Family	\$300 (under \$50K) / \$400 (\$50K to \$119,999K) / \$600 (\$120K and over)	\$300 (under \$50K) / \$400 (\$50K to \$119,999K) / \$600 (\$120K and over)	\$1500
<b>Co-Insurance Out of Pocket</b>			
Individual	\$1500 (under \$50K) / \$2000 (\$50K to \$119,999K) / \$3000 (\$120K and over)	\$1500 (under \$50K) / \$2000 (\$50K to \$119,999K) / \$3000 (\$120K and over)	\$3500
Family	\$3000 (under \$50K) / \$4000 (\$50K to \$119,999K) / \$6000 (\$120K and over)	\$3000 (under \$50K) / \$4000 (\$50K to \$119,999K) / \$6000 (\$120K and over)	\$7000
<b>Lifetime Maximum</b>			
Individual	Unlimited	Unlimited	Unlimited
Family	Unlimited	Unlimited	Unlimited

**Revised**

October 9, 2024

**Plan Codes**

Under \$50K: JD1C0000; \$50K to \$120K: JD3C0000; \$120K and over: JD5C0000

## 2025 Johns Hopkins DPC Plan Schedule of Benefits (Effective 01/01/2025)



### Medical Services and Supplies

	EHP Preferred Network Provider	EHP Network Provider	Out of Network Provider
<b>Acupuncture</b>			
Medically necessary services for anesthesia, pain control, and therapeutic purposes	90% (95% with DPC PCP Referral), deductible applies (20 visit annual maximum for all networks combined)	80% (85% with DPC PCP Referral), deductible applies (20 visit annual maximum for all networks combined)	70% of allowed benefit; deductible applies (20 visit annual maximum for all networks combined)
<b>Allergy Tests &amp; Procedures</b>			
Allergy tests	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Desensitization materials and serum	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
<b>Ambulance Transportation</b>			
Medically necessary ground transport	100%, deductible applies	100%, deductible applies	100% of allowed benefit; deductible applies
Medically necessary air transport	100%, deductible applies	100%, deductible applies	100% of allowed benefit; in-network deductible applies
<b>Biofeedback</b>			
Biofeedback	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
<b>Chemo &amp; Radiation Therapy</b>			
Physician visit	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Materials and treatment	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
<b>Chiropractic Care</b>			
Chiropractor restricted to initial exam, x-rays, and spinal manipulations	90% (95% with DPC PCP Referral), deductible applies (20 visit annual maximum for all networks combined)	80% (85% with DPC PCP Referral), deductible applies (20 visit annual maximum for all networks combined)	70% of allowed benefit; deductible applies (20 visit annual maximum for all networks combined)
Chiropractor with PT privileges (physical therapy services)	Refer to Therapy Section	Refer to Therapy Section	Refer to Therapy Section
<b>Diabetes Prevention Program</b>			
Program	100% of allowed amount; deductible waived	100% of allowed amount; deductible waived	70% of allowed benefit; deductible applies
<b>Dialysis</b>			
Medically necessary services	90% (95% with DPC PCP Referral) at Fresenius/Davita Dialysis Centers; deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
<b>Durable Medical Equipment</b>			
Breast pumps (standard) and related supplies	100% for Johns Hopkins Home Care Group/Pharmaquip; deductible waived	100%, deductible waived	70% of allowed benefit; deductible applies
Contraceptive devices	100%, deductible waived	100%, deductible waived	70% of allowed benefit; deductible applies
Custom DME, including custom wheelchairs	90% (95% with DPC PCP Referral), deductible applies (prior authorization required)	90% (95% with DPC PCP Referral), deductible applies (prior authorization required)	70% of allowed benefit; deductible applies (prior authorization required)

#### Revised

October 9, 2024

#### Plan Codes

Under \$50K: JD1C0000; \$50K to \$120K: JD3C0000; \$120K and over: JD5C0000

# 2025 Johns Hopkins DPC Plan Schedule of Benefits (Effective 01/01/2025)



	<b>EHP Preferred Network Provider</b>	<b>EHP Network Provider</b>	<b>Out of Network Provider</b>
Custom-molded orthotics	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Insulin pumps, Continuous Glucose Monitor and related supplies	90% (95% with DPC PCP Referral), deductible applies	90% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Hearing aids	90% (95% with DPC PCP Referral), deductible applies (Covered only for dependent children under age 26; up to \$1,400 per aid; replacement aids once every 36 months all networks combined)	90% (95% with DPC PCP Referral), deductible applies (Covered only for dependent children under age 26; up to \$1,400 per aid; replacement aids once every 36 months all networks combined)	70% of allowed benefit; deductible applies (Covered only for dependent children under age 26; up to \$1,400 per aid; replacement aids once every 36 months all networks combined)
Non-custom medical equipment and supplies	90% (95% with DPC PCP Referral) for Johns Hopkins Home Care Group/Pharmaquip, deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Prosthetic devices	90% (95% with DPC PCP Referral), deductible applies (prior authorization required)	90% (95% with DPC PCP Referral), deductible applies (prior authorization required)	70% of allowed benefit; deductible applies (prior authorization required)
Blood Pressure Cuff	90% (95% with DPC PCP Referral), deductible waived	80% (85% with DPC PCP Referral), deductible waived	70% of allowed benefit, deductible applies
<b>Emergency Services</b>			
Emergency care (facility fees)	\$250 co-pay, then 100%, deductible applies (if admitted, ER co-pay waived); see Inpatient Facility Care for coverage	\$250 co-pay, then 100%, deductible applies (if admitted, ER co-pay waived); see Inpatient Facility Care for coverage	\$250 co-pay, then 100% of allowed benefit; in-network deductible applies (if admitted, ER co-pay waived); see Inpatient Facility Care for coverage
Emergency care (professional fees)	100%, deductible applies	100%, deductible applies	100% of allowed benefit; in-network deductible applies
<b>Home Health Services</b>			
Medically necessary services	90% (95% with DPC PCP Referral), deductible applies (180 visit annual maximum for all networks combined)	90% (95% with DPC PCP Referral), deductible applies (180 visit annual maximum for all networks combined)	70% of allowed benefit; deductible applies (180 visit annual maximum for all networks combined)
Home infusion therapy	90% (95% with DPC PCP Referral) for services through Johns Hopkins Home Care Group, deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
<b>Hospice Care</b>			
Inpatient and home hospice	100%, deductible applies	100%, deductible applies	70% of allowed benefit; deductible applies
<b>Hospital Care</b>			
Inpatient care including newborn nursery care; NICU (facility fees)	\$150 co-pay per admission, then 90%, deductible applies (semi-private, unless private room is medically necessary; prior authorization required)	\$150 co-pay per admission, then 80%, deductible applies (semi-private, unless private room is medically necessary; prior authorization required)	\$500 co-pay per admission, then 70% of allowed benefit; deductible applies (semi-private, unless private room is medically necessary; prior authorization required)
Inpatient care (professional fees)	90%, deductible applies	80%, deductible applies	70% of allowed benefit; deductible applies

**Revised**

October 9, 2024

**Plan Codes**

Under \$50K: JD1C0000; \$50K to \$120K: JD3C0000; \$120K and over: JD5C0000

## 2025 Johns Hopkins DPC Plan Schedule of Benefits (Effective 01/01/2025)



	EHP Preferred Network Provider	EHP Network Provider	Out of Network Provider
Skilled nursing/rehabilitation facility	90%, deductible applies (120 day annual maximum all networks combined for medically necessary services; prior authorization required)	First 30 days annually covered at 90%, remaining days at 80%, deductible applies (120 day annual maximum all networks combined for medically necessary services; prior authorization required)	70% of allowed benefit; deductible applies (120 day annual maximum all networks combined for medically necessary services; prior authorization required)
Short-term acute rehabilitation	90%, deductible applies (120 day annual maximum all networks combined for medically necessary services; prior authorization required)	First 30 days annually covered at 90%, remaining days at 80%, deductible applies (120 day annual maximum all networks combined for medically necessary services; prior authorization required)	70% of allowed benefit; deductible applies (120 day annual maximum all networks combined for medically necessary services; prior authorization required)
Observation care (facility fees)	\$250 co-pay, then 100%, deductible applies (if admitted, ER co-pay waived); see Inpatient Facility Care for coverage	\$250 co-pay, then 100%, deductible applies (if admitted, ER co-pay waived); see Inpatient Facility Care for coverage	\$250 co-pay, then 100% of allowed benefit; deductible applies (if admitted, ER co-pay waived); see Inpatient Facility Care for coverage
Observation care (professional fees)	100%, deductible applies	100%, deductible applies	100% of allowed benefit; deductible applies
Outpatient surgery at Ambulatory Surgery Center (facility fees)	95%, deductible applies	85%, deductible applies	70% of allowed benefit; deductible applies
Outpatient surgery at Ambulatory Surgical Center (professional fees)	95%, deductible applies	85%, deductible applies	70% of allowed benefit; deductible applies
Outpatient surgery (facility fees)	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Outpatient surgery (professional fees)	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
<b>Hyperbaric Oxygen Therapy</b>			
Medically necessary services	90% (95% with DPC PCP Referral), deductible applies (prior authorization required)	80% (85% with DPC PCP Referral), deductible applies (prior authorization required)	70% of allowed benefit; deductible applies (prior authorization required)
<b>Immunizations</b>			
Preventive immunizations for communicable diseases	100%, deductible waived	100%, deductible waived	70% of allowed benefit; deductible applies
Travel immunizations	100%, deductible waived	100%, deductible waived	70% of allowed benefit; deductible applies
<b>Infusion Therapy</b>			
Home infusion therapy	90% (95% with DPC PCP Referral) for services through Johns Hopkins Home Care Group, deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Outpatient infusion therapy	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
<b>Injections</b>			
Injections	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Materials and serum	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies

**Revised**

October 9, 2024

**Plan Codes**

Under \$50K: JD1C0000; \$50K to \$120K: JD3C0000; \$120K and over: JD5C0000

## 2025 Johns Hopkins DPC Plan Schedule of Benefits (Effective 01/01/2025)



	EHP Preferred Network Provider	EHP Network Provider	Out of Network Provider
<b>Laboratory</b>			
Laboratory tests including pathology	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
<b>Mental Health &amp; Substance Use Disorder Services</b>			
Outpatient mental health care (facility fees)	\$5 co-pay, then 100%, deductible waived	\$5 co-pay, then 100%, deductible waived	70% of allowed benefit; deductible applies
Outpatient mental health care (professional fees)	\$5 co-pay, then 100%, deductible waived	\$5 co-pay, then 100%, deductible waived	70% of allowed benefit; deductible applies
Inpatient mental health care (facility fees)	\$150 co-pay per admission, then 90%, deductible applies (prior authorization required)	\$150 co-pay per admission, then 80%, deductible applies (prior authorization required)	\$500 co-pay per admission, then 70% of allowed benefit; deductible applies (prior authorization required)
Inpatient mental health care (professional fees)	90%, deductible applies	80%, deductible applies	70% of allowed benefit; deductible applies
Outpatient substance use disorder care (facility fees)	\$5 co-pay, then 100%, deductible waived	\$5 co-pay, then 100%, deductible waived	70% of allowed benefit; deductible applies
Outpatient substance use disorder care (professional fees)	\$5 co-pay, then 100%, deductible waived	\$5 co-pay, then 100%, deductible waived	70% of allowed benefit; deductible applies
Inpatient substance use disorder care (facility fees)	\$150 co-pay per admission, then 90%, deductible applies (prior authorization required)	\$150 co-pay per admission, then 80%, deductible applies (prior authorization required)	\$500 co-pay per admission, then 70% of allowed benefit; deductible applies (prior authorization required)
Inpatient substance use disorder care (professional fees)	90%, deductible applies	80%, deductible applies	70% of allowed benefit; deductible applies
Intensive outpatient program	\$5 co-pay per day, then 100%, deductible waived	\$5 co-pay per day, then 100%, deductible waived	70% of allowed benefit; deductible applies
Partial hospital facility services	\$5 co-pay per day, then 100%, deductible waived	\$5 co-pay per day, then 100%, deductible waived	70% of allowed benefit; deductible applies
Medication management	\$5 co-pay, then 100%, deductible waived	\$5 co-pay, then 100%, deductible waived	70% of allowed benefit; deductible applies
Mental health testing and procedures	\$5 co-pay, then 100%, deductible waived	\$5 co-pay, then 100%, deductible waived	70% of allowed benefit; deductible applies
<b>Methadone Treatment</b>			
Medically necessary outpatient care	\$10 co-pay, then 100%, deductible waived	\$10 co-pay, then 100%, deductible waived	70% of allowed benefit; deductible applies
<b>Nutritional Counseling</b>			
Medically necessary services	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
<b>Office Visits for Treatment of Illness or Injury</b>			
Primary care office visit only (Adult with DPC as PCP)	DPC visit: \$0 co-pay; then 100%, deductible waived	Not Available	Not Available
Primary care office visit only (Spouse/Dependent without DPC as PCP)	\$10 co-pay; then 100%, deductible waived	\$10 co-pay; then 100%, deductible waived	70% of allowed benefit; deductible applies

**Revised**

October 9, 2024

**Plan Codes**

Under \$50K: JD1C0000; \$50K to \$120K: JD3C0000; \$120K and over: JD5C0000

# 2025 Johns Hopkins DPC Plan Schedule of Benefits (Effective 01/01/2025)



	EHP Preferred Network Provider	EHP Network Provider	Out of Network Provider
Primary care office visit (Pediatric: age 19 and under — Dependent without DPC as PCP)	\$10 co-pay; then 100%, deductible waived	\$10 co-pay; then 100%, deductible waived	70% of allowed benefit; deductible applies
Primary care office visit only (GYN) (Adult with DPC as PCP)	DPC visit: \$0 co-pay, Non-DPC GYN visit: \$10 co-pay, 100%, deductible waived	GYN visit: \$10 co-pay, 100%, deductible waived	70% of allowed benefit; deductible applies
Primary care office visit only (GYN) (Spouse/Dependent without DPC as PCP)	GYN: \$10 co-pay, then 100%, deductible waived	GYN: \$10 co-pay, then 100%, deductible waived	70% of allowed benefit; deductible applies
Specialty care office visit only (Adult & Pediatric)	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Treatment and diagnostic services in the office (Adult with DPC as PCP)	DPC visit: \$0 co-pay, 100%, deductible waived	Not Available	Not Available
Treatment and diagnostic services in the office (Spouse/Dependent without DPC as PCP)	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
<b>Preventive Services</b>			
Preventive Services Preventive exam (PCP, GYN and Well Child care) (Adult with DPC as PCP)	100%, deductible waived	Not Available	Not Available
Preventive exam (PCP, GYN and Well Child care) (Spouse/Dependent without DPC as PCP)	100%, deductible waived	100%, deductible waived	70% of allowed benefit; deductible applies
Diagnostic services for preventive exam (Adult with DPC as PCP)	100%, deductible waived	Not Available	Not Available
Diagnostic services for preventive exam (Spouse/Dependent without DPC as PCP)	100%, deductible waived	100%, deductible waived	70% of allowed benefit; deductible applies
Routine preventive screenings: mammogram, colonoscopy, PAP test, etc.	100%, deductible waived	100%, deductible waived	70% of allowed benefit; deductible applies
Routine hearing exams	100%, deductible waived	100%, deductible waived	70% of allowed benefit; deductible applies
<b>Private Duty Nursing</b>			
Private Duty Nursing	Not Covered	Not Covered	Not Covered
<b>Radiology Procedures</b>			
All imaging studies including X-Ray, ultrasound, MRI, CT and PET scans	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies

**Revised**

October 9, 2024

**Plan Codes**

Under \$50K: JD1C0000; \$50K to \$120K: JD3C0000; \$120K and over: JD5C0000

## 2025 Johns Hopkins DPC Plan Schedule of Benefits (Effective 01/01/2025)



	EHP Preferred Network Provider	EHP Network Provider	Out of Network Provider
<b>Reproductive Health</b>			
Physician office visits (prenatal care only)	Routine prenatal visits covered at 100%; all other pre-natal visits at 90% (95% with DPC PCP Referral) of allowed amount; deductible applies	Routine prenatal visits covered at 100%; all other pre-natal visits at 80% (85% with DPC PCP Referral) of allowed amount; deductible applies	70% of allowed benefit; deductible applies
Infertility treatment	Covered at the Johns Hopkins Fertility Center, Shady Grove Fertility Center, Florida Fertility Center and The Reproductive Medicine Group only: 90% (95% with DPC PCP Referral), deductible applies, plus a separate \$1,000 lifetime infertility treatment deductible. There is a \$30,000 lifetime medical maximum (including lab work and x-rays) and a separate \$30,000 lifetime prescription maximum. In vitro fertilization attempts limited to a maximum of three per lifetime and artificial insemination limited to 6 attempts per live birth within the \$60,000 lifetime medical and prescription maximum. Prior authorization required.	Covered at the Johns Hopkins Fertility Center, Shady Grove Fertility Center, Florida Fertility Center and The Reproductive Medicine Group only: 90% (95% with DPC PCP Referral), deductible applies, plus a separate \$1,000 lifetime infertility treatment deductible. There is a \$30,000 lifetime medical maximum (including lab work and x-rays) and a separate \$30,000 lifetime prescription maximum. In vitro fertilization attempts limited to a maximum of three per lifetime and artificial insemination limited to 6 attempts per live birth within the \$60,000 lifetime medical and prescription maximum. Prior authorization required.	Covered at the Johns Hopkins Fertility Center, Shady Grove Fertility Center, Florida Fertility Center and The Reproductive Medicine Group only: 90% (95% with DPC PCP Referral), deductible applies, plus a separate \$1,000 lifetime infertility treatment deductible. There is a \$30,000 lifetime medical maximum (including lab work and x-rays) and a separate \$30,000 lifetime prescription maximum. In vitro fertilization attempts limited to a maximum of three per lifetime and artificial insemination limited to 6 attempts per live birth within the \$60,000 lifetime medical and prescription maximum. Prior authorization required.
Birthing centers (facility fees)	Not available	90% (95% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Birthing centers (professional fees)	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Inpatient maternity care and delivery; newborn nursery care; NICU (facility fees)	\$150 co-pay per admission, then 90%, deductible applies (prior authorization required)	\$150 co-pay per admission, then 80%, deductible applies (prior authorization required)	\$500 co-pay per admission, then 70% of allowed benefit; deductible applies (prior authorization required)
Inpatient maternity care and delivery; newborn nursery care; NICU (professional fees)	90%, deductible applies	80%, deductible applies	70% of allowed benefit; deductible applies
Interruption of pregnancy	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Female sterilization (professional services for surgery, anesthesia and related pathology)	100%, deductible waived	100%, deductible waived	70% of allowed benefit; deductible applies
Male sterilization (professional services for surgery, anesthesia and related pathology)	100%, deductible waived	100%, deductible waived	70% of allowed benefit; deductible applies
<b>Surgical Procedures</b>			
Surgical treatment for morbid obesity	Covered at Johns Hopkins Bayview Medical Center and Sibley Memorial Hospital only; \$150 facility co-pay, deductible applies; then 90% for professional fees; deductible applies (prior authorization required)	Covered at Johns Hopkins Bayview Medical Center and Sibley Memorial Hospital only	Covered at Johns Hopkins Bayview Medical Center and Sibley Memorial Hospital only

**Revised**

October 9, 2024

**Plan Codes**

Under \$50K: JD1C0000; \$50K to \$120K: JD3C0000; \$120K and over: JD5C0000

## 2025 Johns Hopkins DPC Plan Schedule of Benefits (Effective 01/01/2025)



	<b>EHP Preferred Network Provider</b>	<b>EHP Network Provider</b>	<b>Out of Network Provider</b>
Primary care office surgical procedures	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Specialist care office surgical procedures	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Outpatient surgery at Ambulatory Surgery Center (facility fees)	95%, deductible applies	85%, deductible applies	70% of allowed benefit; deductible applies
Outpatient surgery at Ambulatory Surgery Center (professional fees)	95%, deductible applies	85%, deductible applies	70% of allowed benefit; deductible applies
Inpatient surgery (facility fees)	\$150 co-pay per admission, then 90%, deductible applies (prior authorization required)	\$150 co-pay per admission, then 80%, deductible applies (prior authorization required)	\$500 co-pay per admission, then 70% of allowed benefit; deductible applies (prauthORIZATION required)
Inpatient surgery (professional fees)	90%, deductible applies	80%, deductible applies	70% of allowed benefit; deductible applies
Outpatient surgery (facility fees)	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Outpatient surgery (professional fees)	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
<b>Telemedicine</b>			
Johns Hopkins OnDemand virtual Care	100%, deductible waived	Not Available	Not Available
Medical Advice Messaging	\$5 co-pay, deductible waived	\$5 co-pay, deductible waived	70% of allowed benefit; deductible applies
All Other Virtual Care	Refer to specific covered benefit section	Refer to specific covered benefit section	Refer to specific covered benefit section
<b>Therapy</b>			
Habilitative services for children under the age of 19	90%, deductible applies	80%, deductible applies	70% of allowed benefit; deductible applies
Physical therapy/occupational therapy medically necessary services	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Speech therapy (non-developmental medically necessary services)	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Pulmonary rehabilitation	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Cardiac rehabilitation	90% (95% with DPC PCP Referral), deductible applies	80% (85% with DPC PCP Referral), deductible applies	70% of allowed benefit; deductible applies
Vision therapy	Not Covered	Not Covered	Not Covered
<b>Urgent Care Center</b>			
Physician visit	\$25 co-pay; then 100%, deductible waived	\$25 co-pay; then 100%, deductible waived	70% of allowed benefit; deductible applies
Diagnostic services and treatment	100%, deductible waived	100%, deductible waived	70% of allowed benefit; deductible applies

**Revised**

October 9, 2024

**Plan Codes**

Under \$50K: JD1C0000; \$50K to \$120K: JD3C0000; \$120K and over: JD5C0000