

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



Medical Deductibles

	EHP Preferred Network Provider	EHP Network Provider
Calendar Year Deductible		
Individual	\$500	\$500
Family	\$1000	\$1000
Co-Insurance Out of Pocket		
Individual	\$3000 (combined with EHP Network)	\$3000 (Combined with Hopkins Preferred Network)
Family	\$6000 (combined with EHP network)	\$6000 (combined with Hopkins Preferred Network)
Lifetime Maximum		
Individual	Unlimited	Unlimited
Family	Unlimited	Unlimited

Revised

October 9, 2024

Plan Codes

JE1C0000

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



Medical Services and Supplies

	EHP Preferred Network Provider	EHP Network Provider
Acupuncture		
Medically necessary services for anesthesia, pain control, and therapeutic purposes	90%, deductible applies (20 visit annual maximum for all networks combined)	80%, deductible applies (20 visit annual maximum for all networks combined)
Allergy Tests & Procedures		
Allergy tests	90%, deductible applies	80%, deductible applies
Desensitization materials and serum	90%, deductible applies	80%, deductible applies
Ambulance Transportation		
Medically necessary ground transport	90%, deductible applies	90%, deductible applies
Medically necessary air transport	90%, deductible applies	90%, deductible applies
Biofeedback		
Biofeedback	90%, deductible applies	80%, deductible applies
Chemo & Radiation Therapy		
Physician visit	90%, deductible applies	80%, deductible applies
Materials and treatment	90%, deductible applies	80%, deductible applies
Chiropractic Care		
Chiropractor restricted to initial exam, x-rays, and spinal manipulations	90%, deductible applies (20 visit annual maximum for all networks combined)	80%, 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
Diabetes Prevention Program		
Program	100% of allowed benefit; deductible waived	100% of allowed amount; deductible waived
Dialysis		
Medically necessary services	90% at Fresenius/Davita Dialysis Centers; deductible applies	80%, deductible applies
Durable Medical Equipment		
Breast pumps (standard) and related supplies	100% for Johns Hopkins Home Care Group/Pharmaquip; deductible waived	100%, deductible waived
Contraceptive devices	100%, deductible waived	100%, deductible waived
Custom DME, including custom wheelchairs	90%, deductible applies (prior authorization required)	90%, deductible applies (prior authorization required)
Custom-molded orthotics	90%, deductible applies	80%, deductible applies
Insulin pumps, Continuous Glucose Monitor and related supplies	90%, deductible applies	90%, deductible applies
Hearing aids	90%, 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%, 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% for Johns Hopkins Home Care Group/Pharmaquip, deductible applies	80%, deductible applies
Prosthetic devices	90%, deductible applies (prior authorization required)	90%, deductible applies (prior authorization required)

Revised

October 9, 2024

Plan Codes

JE1C0000

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



	EHP Preferred Network Provider	EHP Network Provider
Blood Pressure Cuff	90%, deductible waived	80%, deductible waived
Emergency Services		
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
Emergency care (professional fees)	100%, deductible applies	100%, deductible applies
Home Health Services		
Medically necessary services	90%, deductible applies (180 visit annual maximum for all networks combined)	80%, deductible applies (180 visit annual maximum for all networks combined)
Home infusion therapy	90% for services through Johns Hopkins Home Care Group, deductible applies	80%, deductible applies
Hospice Care		
Inpatient and home hospice	100%, deductible applies	100%, deductible applies
Hospital Care		
Inpatient care including newborn nursery care; NICU (facility fees)	\$250 co-pay per admission, then 90%, deductible applies (semi-private, unless private room is medically necessary; prior authorization required)	\$250 co-pay per admission, then 80%, deductible applies (semi-private, unless private room is medically necessary; prior authorization required)
Inpatient care (professional fees)	90%, deductible applies	80%, deductible applies
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)
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)
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
Observation care (professional fees)	100%, deductible applies	100%, deductible applies
Outpatient surgery at Ambulatory Surgery center (facility fees)	95%, deductible applies	85%, deductible applies
Outpatient surgery at Ambulatory Surgery center (professional fees)	95%, deductible applies	85%, deductible applies
Outpatient surgery (facility fees)	90%, deductible applies	80%, deductible applies
Outpatient surgery (professional fees)	90%, deductible applies	80%, deductible applies
Hyperbaric Oxygen Therapy		
Medically necessary services	90%, deductible applies (prior authorization required)	80%, deductible applies (prior authorization required)
Immunizations		
Preventive immunizations for communicable diseases	100%, deductible waived	100%, deductible waived
Travel immunizations	100%, deductible waived	100%, deductible waived

Revised

October 9, 2024

Plan Codes

JE1C0000

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



	EHP Preferred Network Provider	EHP Network Provider
Infusion Therapy		
Home infusion therapy	90% for services through Johns Hopkins Home Care Group, deductible applies	80%, deductible applies
Outpatient infusion therapy	90%, deductible applies	80%, deductible applies
Injections		
Injections	90%, deductible applies	80%, deductible applies
Materials and serum	90%, deductible applies	80%, deductible applies
Laboratory		
Laboratory tests including pathology	90%, deductible applies	80%, deductible applies
Mental Health & Substance Use Disorder Services		
Outpatient mental health care (facility fees)	\$20 co-pay, then 100%, deductible waived	\$20 co-pay, then 100%, deductible waived
Outpatient mental health care (professional fees)	\$20 co-pay, then 100%, deductible waived	\$20 co-pay, then 100%, deductible waived
Inpatient mental health care (facility fees)	\$250 co-pay per admission, then 90%, deductible applies (prior authorization required)	\$250 co-pay per admission, then 80%, deductible applies (prior authorization required)
Inpatient mental health care (professional fees)	90%, deductible applies	80%, deductible applies
Outpatient substance use disorder care (facility fees)	\$20 co-pay, then 100%, deductible waived	\$20 co-pay, then 100%, deductible waived
Outpatient substance use disorder care (professional fees)	\$20 co-pay, then 100%, deductible waived	\$20 co-pay, then 100%, deductible waived
Inpatient substance use disorder care (facility fees)	\$250 co-pay per admission, then 90%, deductible applies (prior authorization required)	\$250 co-pay per admission, then 80%, deductible applies (prior authorization required)
Inpatient substance use disorder care (professional fees)	90%, deductible applies	80%, deductible applies
Intensive outpatient program	\$20 co-pay per day, then 100%, deductible waived	\$20 co-pay per day, then 100%, deductible waived
Partial hospital facility services	\$20 co-pay per day, then 100%, deductible waived	\$20 co-pay per day, then 100%, deductible waived
Medication management	\$20 co-pay, then 100%, deductible waived	\$20 co-pay, then 100%, deductible waived
Mental health testing and procedures	\$20 co-pay, then 100%, deductible waived	\$20 co-pay, then 100%, deductible waived
Methadone Treatment		
Medically necessary outpatient care	\$20 co-pay, then 100%, deductible waived	\$20 co-pay, then 100%, deductible waived
Nutritional Counseling		
Medically necessary services	90%, deductible applies	80%, deductible applies
Office Visits for Treatment of Illness or Injury		
Primary care office visit only (Adult)	\$20 co-pay, then 100%, deductible waived	\$20 co-pay, then 100%, deductible waived
Primary care office visit (Pediatric: age 19 and under)	\$20 co-pay, then 100%, deductible waived	\$20 co-pay, then 100%, deductible waived
Primary care office visit only (GYN)	GYN PCPs: \$20 co-pay, then 100%, deductible waived	GYN PCPs: \$20 co-pay, then 100%, deductible waived

Revised

October 9, 2024

Plan Codes

JE1C0000

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



	EHP Preferred Network Provider	EHP Network Provider
Specialty care office visit only (Adult & Pediatric)	90%, deductible applies	80%, deductible applies
Treatment and diagnostic services in the office	PCP office: 100%, deductible waived Specialty office 90% deductible applies	PCP office: 100%, deductible waived Specialty office: 80%, deductible applies
Preventive Services		
Preventive exam (PCP, GYN and Well Child care)	100%, deductible waived	100%, deductible waived
Diagnostic services for preventive exam	100%, deductible waived	100%, deductible waived
Routine preventive screenings: mammogram, colonoscopy, PAP test, etc.	100%, deductible waived	100%, deductible waived
Routine hearing exams	100%, deductible waived	100%, deductible waived
Private Duty Nursing		
Private Duty Nursing	Not Covered	Not Covered
Radiology Procedures		
All imaging studies including X-Ray, ultrasound, MRI, CT and PET scans	90%, deductible applies	80%, deductible applies
Reproductive Health		
Physician office visits (prenatal care only)	Routine prenatal visits covered at 100%; all other pre-natal visits at 90% of allowed amount; deductible applies	Routine prenatal visits covered at 100%; all other pre-natal visits at 80% of allowed amount; deductible applies
Infertility treatment	Covered at the Johns Hopkins Fertility Center, Shady Grove Fertility Center, Florida Fertility Institute and The Reproductive Medicine Group only: 90%, 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 Institute and The Reproductive Medicine Group only: 90%, 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%, deductible applies
Birthing centers (professional fees)	90%, deductible applies	80%, deductible applies
Inpatient maternity care and delivery; newborn nursery care; NICU (facility fees)	\$250 co-pay per admission, then 90%, deductible applies (prior authorization required)	\$250 co-pay per admission, then 80%, deductible applies (prior authorization required)
Inpatient maternity care and delivery; newborn nursery care; NICU (professional fees)	90%, deductible applies	80%, deductible applies
Interruption of pregnancy	90%, deductible applies	80%, deductible applies
Female sterilization (professional services for surgery, anesthesia and related pathology)	100%, deductible waived	100%, deductible waived
Male sterilization (professional services for surgery, anesthesia and related pathology)	100%, deductible waived	100%, deductible waived

Revised

October 9, 2024

Plan Codes

JE1C0000

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



	EHP Preferred Network Provider	EHP Network Provider
Surgical Procedures		
Inpatient surgery (facility fees)	\$250 co-pay per admission, then 90%, deductible applies (prior authorization required)	\$250 co-pay per admission, then 80%, deductible applies (prior authorization required)
Inpatient surgery (professional fees)	90%, deductible applies	80%, deductible applies
Outpatient surgery (facility fees)	90%, deductible applies	80%, deductible applies
Outpatient surgery (professional fees)	90%, deductible applies	80%, deductible applies
Outpatient surgery at Ambulatory Surgery center (facility fees)	95%, deductible applies	85%, deductible applies
Outpatient surgery at Ambulatory Surgery center (professional fees)	95%, deductible applies	85%, deductible applies
Primary care office surgical procedures	90%, deductible applies	80%, deductible applies
Specialist care office surgical procedures	90%, deductible applies	80%, deductible applies
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; \$150 facility co-pay, deductible applies; then 90% for professional fees; deductible applies (prior authorization required)
Telemedicine		
Johns Hopkins OnDemand Virtual Care	100%, deductible waived	Not Available
Medical Advice Messaging	\$5 co-pay, deductible waived	\$5 co-pay, deductible waived
All Other Virtual Care	Refer to specific covered benefit section	Refer to specific covered benefit section
Therapy		
Habilitative services for children under the age of 19	90%, deductible applies	80%, deductible applies
Physical therapy/occupational therapy medically necessary services	90%, deductible applies	80%, deductible applies
Speech therapy (non-developmental medically necessary services)	90%, deductible applies	80%, deductible applies
Pulmonary rehabilitation	90%, deductible applies	80%, deductible applies
Cardiac rehabilitation	90%, deductible applies	80%, deductible applies
Vision therapy	Not Covered	Not Covered
Urgent Care Center		
Physician visit	\$40 co-pay, then 100%, deductible waived	\$40 co-pay, then 100%, deductible waived
Diagnostic services and treatment	100%, deductible waived	100%, deductible waived

Revised

October 9, 2024

Plan Codes

JE1C0000