

Medical Plan Comparison

The chart below compares some coverage details in the medical plan options. For full coverage details, view the Summary Plan Description (SPD) for each plan at myBenefitsJHHS.com.

	Johns Hopkins EPO Plan		Allegiance CDP		Johns Hopkins PPO Plan			Allegiance OAP		
	In-network	Out-of-network	In-network	Out-of-network	In-network			Out-of-network	In-network	Out-of-network
Annual Deductible¹	\$500 per person \$1,000 per family	Not covered	\$2,000 per person \$4,000 per family	Not covered	Determined by salary tier			\$750 per person \$1,500 per family	\$1,000 per person \$2,000 per family	\$6,000 per person \$12,000 per family
				<\$50K \$150 per person \$300 per family	\$50K–\$120K \$200 per person \$400 per family	>\$120K \$300 per person \$600 per family				
Annual Out-of-Pocket Maximum	\$3,000 per person \$6,000 per family	Not covered	\$3,000 per person \$6,000 per family	Not covered	Determined by salary tier			\$3,500 per person \$7,000 per family	\$2,000 per person \$4,000 per family	\$10,000 per person \$20,000 per family
				<\$50K \$1,500 per person \$3,000 per family	\$50K–\$120K \$2,000 per person \$4,000 per family	>\$120K \$3,000 per person \$6,000 per family				
Coinsurance¹ Applies after deductible	Preferred ² : You pay 10% Cigna: You pay 20%	Not covered	You pay 10%	Not covered	Preferred ² : You pay 10% Cigna: You pay 20%			You pay 30%	You pay 10%	You pay 50%
Primary Care Office Visit¹	\$20 copay	Not covered	\$25 copay	Not covered	\$10 copay			You pay 30%	\$30 copay	
Emergency Room	\$250 copay ³	Not covered	You pay 10% coinsurance, after \$200 copay & deductible		\$250 copay ³			You pay 10%, after \$200 copay & deductible		
Urgent Care	\$40 copay	Not covered	\$50 copay	Not covered	\$25 copay			You pay 30%	\$50 copay	50% coinsurance after \$50 copay

1. The deductible, coinsurance and copay does not apply to All Children's Hospital physicians, providers or partner facilities for dependent children (excluding the emergency room). You'll pay nothing out of pocket.

2. Preferred physicians and providers are those in the Employer Health Programs (EHP) Preferred Provider Network. Visit ehp.org/find-a-provider and select **Search the EHP Network** to find preferred providers.

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

Prescription Drug

Prescription drug coverage is included with your medical plan. The costs in the chart below apply after the deductible, unless noted otherwise.

	Johns Hopkins EPO Plan		Allegiance CDP		Johns Hopkins PPO Plan		Allegiance OAP	
	30-day supply	90-day supply	30-day supply	90-day supply	30-day supply	90-day supply	30-day supply	90-day supply
Generic	\$10 copay	\$30 copay	You pay 10% up to \$10	You pay 10% up to \$15	\$10 copay	Retail: \$30 copay Mail order: \$20 copay	You pay 10% up to \$10	You pay 10% up to \$15
Preferred	You pay 25%; min \$40, max \$60	You pay 25%; min \$120, max \$180	You pay 20% up to \$200	You pay 20% up to \$600	\$40 copay	Retail: \$120 copay Mail order: \$80 copay	You pay 20% up to \$200	You pay 20% up to \$600
Brand⁴ & Non-Preferred	You pay 50%; min \$65, max \$105	You pay 50%; min \$195, max \$315	You pay 40% up to \$400	You pay 40% up to \$1,200	\$65 copay	Retail: \$195 copay Mail order: \$130 copay	You pay 20% up to \$200	You pay 20% up to \$600
Specialty	You pay 30%, or \$0 if enrolled in PrudentRx	Not covered	You pay 30%, or \$0 if enrolled in PrudentRx	Not covered	You pay 30%, or \$0 if enrolled in PrudentRx	Not covered	You pay 30%, or \$0 if enrolled in PrudentRx	Not covered

4. If you choose a brand name drug when there's a generic alternative, you'll also pay the cost difference between the two.