

# PLAN OVERVIEW

## A Choice of Four Health Plans from EHP and Kaiser

The tables below show some details of coverage offered in the plans.

Pharmacy coverage is provided under all four medical insurance plans.

Coverage Details	Johns Hopkins EPO Plan (in-network only)		Johns Hopkins PPO Plan			Johns Hopkins DPC Plan			Kaiser HMO
	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Out-of-network	Preferred Network**	EHP Network**	Out-of-network	Access Through Primary Care Physician (PCP) Only
<b>Annual Deductible</b>									
<b>per person</b>	\$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)	None, but must use PCP
<b>per family</b>	\$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)	
<b>Annual Out-of-Pocket Max.</b>									
<b>per person</b>	\$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)	None
<b>per family</b>	\$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)	
<b>Coinsurance</b>	pay 10%	pay 20%	pay 10%	pay 20%	pay 30%	pay 10%	pay 20%	pay 30%	Covered 100%, unless otherwise stated in Schedule of Benefits



## GET ALL THE DETAILS

Visit [mybenefitsjhhs.com](https://mybenefitsjhhs.com) for a complete overview of the plans.



# PLAN OVERVIEW (continued)

	EHP EPO Plan (in-network only)		EHP PPO Plan			EHP DPC PPO Plan			Kaiser HMO
Office Visits	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Out-of-network	Preferred Network**	EHP Network**	Out-of-network	In-network***
<b>Primary Care Office Visit - Employee</b>	\$20 copay	\$20 copay	\$10 copay		pay 30%*	\$0 copay for DPC as PCP	Not applicable	Not applicable	"\$15 copay (no charge for children under age 5)"
<b>Primary Care Office Visit - Adult Dependent</b>	\$20 copay	\$20 copay	\$10 copay		pay 30%*	\$10 copay		pay 30%*	"\$15 copay (no charge for children under age 5)"
<b>Primary Care Office Visit - Child</b>	\$20 copay	\$20 copay	\$10 copay		pay 30%*	\$10 copay		pay 30%*	"\$15 copay (no charge for children under age 5)"

Facility Services	Preferred Network**	EHP Network**	Preferred Network**	EHP Network**	Out-of-network	Preferred Network**	EHP Network**	Out-of-network	In-network***
<b>Emergency Room</b>	\$250 copay*	\$250 copay*	\$250 copay*	\$250 copay*	\$250 copay*	\$250 copay*	\$250 copay*	\$250 copay*	"\$75 for Emergency Room visit (waived if admitted to hospital) \$50 copay for Ambulance Services"
<b>Urgent Care</b>	\$40 copay	\$40 copay	\$25	\$25	pay 30%*	\$25 copay	\$25 copay	pay 30%*	\$25 copay

\* 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](http://ehp.org).

\*\*\*Find Kaiser primary care physicians at [healthyKaiserpermanente.org](http://healthyKaiserpermanente.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.*