

# Advantage MD

## SUMMARY OF BENEFITS 2025 Advantage MD Health Plans

### JOHNS HOPKINS ADVANTAGE MD D-SNP (HMO)

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**JOHNS HOPKINS**  
HEALTH PLANS

## Summary of Benefits

January 1, 2025 – December 31, 2025

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us or go online to view the Evidence of Coverage.

### You have choices about how to get your Medicare benefits

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government. Another choice is to get your Medicare benefits by joining a Medicare health plan (such as Johns Hopkins Advantage MD D-SNP (HMO D-SNP)).

### Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Johns Hopkins Advantage MD D-SNP (HMO D-SNP) covers and what you pay. If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on [www.medicare.gov](http://www.medicare.gov). If you want to know more about the coverage and costs of Original Medicare, look in your current Medicare & You handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### Sections in this booklet

- Things to Know About Johns Hopkins Advantage MD D-SNP (HMO D-SNP)
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This material is also available in alternate formats (e.g., braille, large print, audio and data CD). For additional information, call us at 1-877-293-4998 (TTY: 711).

### Things to Know About Johns Hopkins Advantage MD D-SNP (HMO D-SNP)

#### Hours of Operation

From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.

From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

## **Johns Hopkins Advantage MD D-SNP (HMO D-SNP)**

### **Phone Numbers and Website**

If you are a member of this plan, call toll-free 1-877-293-4998(TTY: 711).

If you are not a member of this plan, call toll-free 1-888-403-7662 (TTY: 711).

**Our website:** [www.hopkinsmedicare.com](http://www.hopkinsmedicare.com)

### **Who can join?**

To join Johns Hopkins Advantage MD D-SNP (HMO D-SNP), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in the plan's service area. Our service area includes the following counties in Maryland:

Anne Arundel, Baltimore, Carroll, Frederick, Howard, Montgomery, Somerset, Washington, Wicomico, and Worcester.

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid and don't pay anything for covered medical services. How much Medicaid covers depends on your income, resources and other factors. Some people get full Medicaid benefits.

Your eligibility to enroll in this plan depends on your type of Medicaid.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

### **Which doctors, hospitals, and pharmacies can I use?**

Johns Hopkins Advantage MD D-SNP (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services. You can see our plan's provider and pharmacy directory at our website ([www.hopkinsmedicare.com](http://www.hopkinsmedicare.com)). Or, call us and we will send you a copy of the provider and pharmacy directories.

<b>Benefits &amp; Coverage</b>	<b>Johns Hopkins Advantage MD D-SNP (HMO D-SNP)</b>
<b>MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES</b>	
<b>Monthly Plan Premium</b> (Part C and Part D premium, combined)	\$0 per month. In addition, you must keep paying your Medicare Part B premium.  Your costs may be as low \$0 depending on your level of Medicaid eligibility.
<b>Deductibles, including plan level and category level deductible</b>	\$0 per year.  \$0 per year for Part D prescription drugs.
<b>Maximum Out-of-Pocket Responsibility</b> (does not include prescription drugs)	Your yearly limit(s) in this plan: \$8,850 for services you receive from in-network providers.  In this plan, you might pay nothing for Medicare-covered services, depending on your level of (Medicaid) eligibility.
<b>Inpatient Hospital Coverage</b> (Services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> for more information.)	Our plan covers 90 days for each Medicare-covered inpatient hospital stay. (Our plan also covers 60 lifetime reserve days.)  You pay nothing for a Medicare-covered inpatient hospital stay for up to 90 days.
<b>Outpatient Hospital Coverage</b> (Services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> for more information.)	You pay nothing

<b>Benefits &amp; Coverage</b>	<b>Johns Hopkins Advantage MD D-SNP (HMO D-SNP)</b>
<p><b>Ambulatory Surgical Center (ASC) Services</b>            (Services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> for more information.)</p>	<p>You pay nothing</p>
<p><b>Doctor Visits</b></p> <ul style="list-style-type: none"> <li>• Primary Care Providers</li> <li>• Specialists</li> </ul>	<p>You pay nothing</p> <p>You pay nothing</p>
<p><b>Preventive Care</b>            (e.g., flu vaccine, diabetic screenings)</p>	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> <li>Abdominal aortic aneurysm screening</li> <li>Annual routine physical exam</li> <li>Annual wellness visit</li> <li>Barium enemas</li> <li>Bone mass measurement (bone density)</li> <li>Breast cancer screening (mammogram)</li> <li>Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)</li> <li>Cardiovascular disease testing</li> <li>Cervical and vaginal cancer screening</li> <li>Colorectal cancer screenings (colonoscopy, FOBT and FIT kit)</li> <li>Depression screening</li> <li>Diabetes screenings</li> <li>Diabetes self-management training, diabetic services, and supplies</li> <li>Digital rectal exams</li> <li>EKG following a Welcome Visit</li> <li>Health and wellness education programs</li> <li>HIV screening</li> <li>Immunizations</li> <li>Medical nutrition therapy services</li> <li>Medicare diabetes prevention program (MDPP)</li> <li>Obesity screening and therapy to promote sustained weight loss</li> <li>Prostate cancer screening exams</li> <li>Screening and counseling to reduce alcohol misuse</li> </ul>

<b>Benefits &amp; Coverage</b>	<b>Johns Hopkins Advantage MD D-SNP (HMO D-SNP)</b>
<p><b>Preventive Care</b> (e.g., flu vaccine, diabetic screenings) (continued)</p>	<p>Screening for lung cancer with low dose computed tomography (LDCT) Screening for Sexually transmitted infections (STIs) and counseling to prevent STIs Smoking and tobacco use cessation (Counseling to stop smoking or tobacco use) Vision care “Welcome to Medicare” preventive visit (one-time) Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<p><b>Emergency Care</b></p>	<p>You pay nothing</p>
<p><b>Urgently Needed Services</b></p>	<p>You pay nothing</p>
<p><b>Diagnostic Services/ Labs/Imaging</b> (Services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> for more information.)</p>	<p><b>Lab services</b> (e.g., <i>Blood count, stool tests, creatinine, blood glucose</i>): You pay nothing</p> <p><b>Diagnostic tests and procedures</b> (e.g., <i>Biopsies, Endoscopies, cat scans</i>): You pay nothing</p> <p><b>Diagnostic X-rays</b> (such as <i>mammography and ultrasound</i>): You pay nothing</p> <p><b>Diagnostic radiology services</b> (such as <i>MRIs and CT scans</i>): You pay nothing</p> <p><b>Therapeutic radiology services</b> (such as <i>radiation treatment for cancer</i>): You pay nothing</p>
<p><b>Hearing Services</b></p> <ul style="list-style-type: none"> <li>• Routine hearing exam</li> <li>• Hearing aids</li> </ul>	<p><b>Medicare-covered hearing exam to diagnose and treat hearing and balance issues:</b> You pay nothing</p> <p><b>Routine hearing exam:</b> You pay nothing</p> <p><b>Hearing aids:</b> The plan pays \$1,500 maximum plan coverage amount every 2 years (for both ears combined) for prescription hearing aids. You pay all costs after the maximum benefit amount for TruHearing-branded hearing aids.</p>

Benefits & Coverage	Johns Hopkins Advantage MD D-SNP (HMO D-SNP)
<p><b>Dental Services</b> (Non-Medicare covered comprehensive services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> booklet for more information.)</p>	<p><b>Medicare-covered dental services:</b> You pay nothing</p> <p><b>Preventive dental services:</b></p> <p><b>Cleaning</b> (2 cleanings every year): You pay nothing</p> <p><b>Dental X-ray(s)</b> (<i>Frequency determined by type of X-ray</i>): You pay nothing</p> <p><b>Oral exam(s)</b> (<i>Frequency determined by type of oral exam</i>): You pay nothing</p> <p><b>Comprehensive dental services:</b> (<i>Frequency dependent on procedure.</i>)</p> <p><b>Restorative services</b> (<i>such as inlays, onlays, crowns, resin restoration, etc.</i>): You pay nothing</p> <p>The plan has a \$2,500 maximum plan coverage amount every year for non-Medicare-covered comprehensive dental services.</p> <p><b>Endodontics</b> (<i>such as root canals, retreatment, apicoectomy, etc.</i>): You pay nothing</p> <p><b>Periodontics</b> (<i>such as periodontal maintenance, periodontal scaling, root planning, etc.</i>): You pay nothing</p> <p><b>Extractions</b> (<i>such as extractions, coronectomy, surgical access of an unerupted tooth, etc.</i>): You pay nothing</p> <p><b>Prosthodontics/Other oral/Maxillofacial surgery/Other services</b> (<i>such as removable complete and partial dentures, repair or replace teeth in dentures, removal of exostosis, anesthesia, etc.</i>): You pay nothing</p>

<b>Benefits &amp; Coverage</b>	<b>Johns Hopkins Advantage MD D-SNP (HMO D-SNP)</b>
<p><b>Vision Services</b></p>	<p><b>Medicare-covered exam to diagnose and treat diseases and conditions of the eye</b> (<i>including yearly glaucoma screening and diabetic eye exams</i>): You pay nothing</p> <p><b>Routine eye exam</b> (<i>1 exam every year</i>): You pay nothing</p> <p><b>Eyeglasses or contact lenses after cataract surgery:</b> You pay nothing</p> <p><b>Routine eyewear:</b> You pay nothing</p> <p>Our plan pays up to \$400 every year for supplemental eyewear (retail or online) from any Superior Vision provider.</p>
<p><b>Mental Health Services</b> (Services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> for more information.)</p>	<p><b>Inpatient visit:</b> Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. You pay nothing each day for days 1-90 of a Medicare-covered inpatient hospital stay.</p> <p><b>Outpatient mental health visits:</b> Individual or Group therapy visit: You pay nothing</p> <p><b>Outpatient substance abuse therapy visit:</b> Individual or Group therapy visit: You pay nothing</p>
<p><b>Skilled Nursing Facility (SNF)</b> (Services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> for more information.)</p>	<p>Our plan covers up to 100 days in an SNF. You pay nothing</p>



<b>Benefits &amp; Coverage</b>	<b>Johns Hopkins Advantage MD D-SNP (HMO D-SNP)</b>
<p><b>Physical Therapy</b> (Services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> for more information.)</p>	<p>You pay nothing</p>
<p><b>Ambulance</b> (Services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> for more information.)</p>	<p><i>In-network &amp; Out-of-network:</i> You pay nothing</p> <p>Copay includes one-way trip for emergency ambulance services and non-emergency ambulance services. The ambulance copay is not waived if you are admitted to the hospital.</p> <p>(Prior authorization is required for non-emergent Ambulance Services.)</p> <p>In some cases, Medicare may pay for limited non-emergency ambulance transportation if a beneficiary has orders from the doctor saying that ambulance transportation is medically necessary.</p>
<p><b>Transportation</b></p>	<p>You pay nothing for up to 24 one-way non-emergent trips within the plan service area to any health-related location. Please contact Customer Service to arrange a ride. Arrangements should be made at least 48 hours in advance.</p>
<p><b>Medicare Part B Drugs</b> Medicare-covered Part B Drug may be subject to prior authorization and step therapy requirements.</p>	<p>For Part B drugs such as chemotherapy/radiation drugs: You pay nothing</p> <p>Other Part B drugs: You pay nothing</p> <p>Part B insulin drugs: You pay nothing</p>

Benefits & Coverage	Johns Hopkins Advantage MD D-SNP (HMO D-SNP)
<b>Medicare Part D Prescription Drugs</b>	
<b>Deductible</b>	\$0
<b>Initial Coverage</b>	<p>Depending on your income and institutional status, you pay the following:</p> <ul style="list-style-type: none"> <li>• You pay 25% or</li> </ul> <p>For generic drugs (including brand drugs treated as a generic), you pay either:</p> <ul style="list-style-type: none"> <li>• \$0/\$1.60/\$4.90*</li> </ul> <p>For all other drugs, you pay either:</p> <ul style="list-style-type: none"> <li>• \$0/\$4.80/\$12.15*</li> </ul> <p>You may get your drugs at network retail pharmacies and mail order pharmacies. If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p> <p>*Cost-sharing is based on your level of Extra Help.</p>
<b>Catastrophic Coverage</b>	<p>After your yearly out-of-pocket drug costs (<i>including drugs purchased through your retail pharmacy and through mail order</i>) reach \$2,000, you will stay in this payment stage until the end of the calendar year. During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</p>

## Additional Covered Medical and Hospital Benefits

Benefits & Coverage	Johns Hopkins Advantage MD D-SNP (HMO)
<p><b>Acupuncture</b></p>	<p><b>Medicare-covered acupuncture:</b> You pay nothing</p> <p><b>Non-Medicare covered acupuncture:</b> Not covered</p>
<p><b>Chiropractic Care</b> (Services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> for more information.)</p>	<p><b>Medicare-covered chiropractic care:</b> You pay nothing</p> <p><b>Non-Medicare covered chiropractic care (12 routine chiropractic visits per year):</b> You pay nothing</p>
<p><b>Flex Card - Healthy Food and Utilities</b> The benefits mentioned are a part of special supplemental program for the chronically ill and include the following conditions: autoimmune disorders, cardiovascular disorders, chronic heart failure, diabetes, chronic lung disorders. Other conditions apply but are not listed in this disclaimer. Not all members qualify. Coverage of the item or service depends on the chronically ill classification as defined in 42 CFR §422.102(f)(1)(i)(A) and on Johns Hopkins Advantage MD's SSBCI coverage criteria required by 42 CFR §422.102(f)(4).</p>	<p>Members that are diagnosed with certain qualifying conditions (see list below) can qualify for a prepaid flex spending card to help pay for everyday expenses. It will include:</p> <p>Flex Card Benefit amount - \$90 total monthly benefit amount (allowance) to pay for the following:</p> <ul style="list-style-type: none"> <li>• Healthy foods (\$45 benefit amount per month): meat, produce, dairy, and some pantry items at participating grocery locations)</li> <li>• Utilities (\$45 benefit amount per month): gas, electric, water, and sanitary.</li> </ul> <p>The qualifying conditions are:</p> <p>Chronic alcohol and other drug dependence            Certain autoimmune disorders            Cancer            Certain cardiovascular disorders            Chronic heart failure            Dementia            Diabetes            End-stage liver disease            End-stage renal disease (ESRD) requiring dialysis            Certain severe hematologic disorders            HIV/AIDS            Certain chronic lung disorders            Certain chronic and disabling mental health conditions            Certain neurologic disorders            Stroke</p>

<b>Benefits &amp; Coverage</b>	<b>Johns Hopkins Advantage MD D-SNP (HMO)</b>
<b>Flex Card - Healthy Food and Utilities</b> (continued)	<p>The monthly benefit amount will be available on the card the first day of each month. Be sure to use the full benefit amount each month, because any unused amount will not roll over into the next month.</p> <p>Important: Plan not responsible for lost or stolen cards or fees associated with late utilities.</p>
<b>Fitness (The Silver&amp;Fit<sup>®</sup> Healthy Aging and Exercise Program)</b>	You pay nothing at participating fitness centers.
<b>Over-the-Counter Items</b>	<p>\$0 copay</p> <p>\$100 maximum plan coverage amount every 3 months for OTC items. Any unused amount does not carry over to the next period.</p>
<b>Podiatry services</b>	<p><b>Medicare-covered chiropractic care:</b> You pay nothing</p> <p><b>Non-Medicare covered chiropractic care (12 visits every year):</b> You pay nothing</p>
<b>Post Discharge Meals</b>	<p>You pay nothing for post discharge meals. After your inpatient stay (in either a hospital or skilled nursing facility) you are eligible to receive three (3) meals a day for five (5) days.</p> <p>Our Care Management team will work with eligible members to coordinate the delivery of meals provided by our vendor. Meal program is limited to four times per calendar year.</p>

## Summary of Maryland Department of Health (Medicaid) Covered Services

Your services are paid first by Medicare and then by Medicaid. The benefits described below are covered by Medicaid. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage. Coverage of the benefits described below depends upon your level of Medicaid eligibility. This list of benefits is not a comprehensive list. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Maryland Department of Health, at 1-877-463-3464.

<b>Benefits</b>	<b>Medicaid</b>	<b>Johns Hopkins Advantage MD D-SNP (HMO)</b>
<b>Ambulance Services</b>	Emergency only	Covered
<b>Ambulatory Surgical Center</b>	Covered	Covered
<b>Dental Services</b>	Covered with limits	Covered
<b>Diagnostic Tests, Lab and Radiology Services, and X-rays</b>	Covered	Covered
<b>Doctor Visits</b>	Covered	Covered
<b>Home Health Services</b>	Covered	Covered
<b>Hospice Services</b>	Covered	Covered
<b>Inpatient Hospital Coverage</b>	Covered	Covered
<b>Durable Medical Equipment</b>	Covered	Covered
<b>Mental Health Services</b>	Covered	Covered
<b>Outpatient Hospital Coverage</b>	Covered	Covered
<b>Podiatry Services (Foot Care)</b>	Covered with limits	Covered
<b>Prescription Drugs</b>	Covered	Covered
<b>Skilled Nursing Facility (SNF)</b>	Covered	Covered
<b>Transportation</b>	Covered with limits	Covered
<b>Vision Services</b>	Covered	Covered
<b>Health and Wellness Program</b>	Not Covered	Covered
<b>Post Discharge Meals</b>	Not Covered	Covered



# JOHNS HOPKINS

## HEALTH PLANS

7231 Parkway Dr. Suite 100  
Hanover, MD 21076  
HopkinsMedicare.com

### Questions?

For updated information regarding plan providers or to get a membership, please visit our website at [HopkinsMedicare.com](http://HopkinsMedicare.com), or call Advantage MD Member Service at:

**1-888-403-7662 (TTY: 711)**

8 a.m. to 8 p.m., 7 days a week

8 a.m. to 8 p.m., Monday – Friday between April 1 and September 30

Johns Hopkins Advantage MD is a Medicare Advantage Plan with a Medicare contract offering HMO and PPO products. Johns Hopkins Advantage MD D-SNP is an HMO D-SNP plan with a Medicare contract and a State of Maryland Medicaid contract. Enrollment in Johns Hopkins Advantage MD HMO, D-SNP HMO or PPO depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Johns Hopkins Advantage MD members, except in emergency situations. For a decision about whether we will cover an out-of-network service, we encourage you or your provider to ask us for a pre-service organization determination before you receive the service. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.