

Which plan is right for you? Review Your Plan Options



Medical Benefits	Johns Hopkins Advantage MD D-SNP (HMO D-SNP)	Johns Hopkins Advantage MD Tribute (HMO)	Johns Hopkins Advantage MD (HMO)	Johns Hopkins Advantage MD Primary (PPO)	Johns Hopkins Advantage MD (PPO)	Johns Hopkins Advantage MD Plus (PPO)	Johns Hopkins Advantage MD Select (HMO)
Counties	Anne Arundel, Baltimore, Carroll, Frederick, Howard, Montgomery, Somerset, Washington, Wicomico, Worcester	Anne Arundel, Baltimore, Carroll, Frederick, Howard, Montgomery, Somerset, Washington, Wicomico, Worcester	Anne Arundel, Baltimore, Carroll, Frederick, Howard, Montgomery, Somerset, Washington, Wicomico, Worcester	Anne Arundel, Baltimore, Frederick, Howard, Montgomery	Anne Arundel, Baltimore, Carroll, Frederick, Howard, Montgomery, Somerset, Washington, Wicomico, Worcester	Anne Arundel, Baltimore, Carroll, Frederick, Howard, Somerset, Washington, Wicomico, Worcester	Arlington, Fairfax City, Falls Church City, Alexandria City, Fairfax County, Loudoun, Manassas City, Prince William
Monthly Plan	\$0	\$0	\$45	\$5	\$95	\$155	\$0
Medical Deductible	\$0	\$0	\$0	\$950 IN/OON	\$0	\$0	\$0
Primary Care Provider Visits	\$0	\$0	\$0	\$0 IN 50% OON	\$5 IN 40% OON	\$0 IN 30% OON	\$0
Specialist Visits	\$0	\$50	\$45	\$45 IN 50% OON	\$45 IN 40% OON	\$40 IN 30% OON	\$30
Referral Required	No	No	No	No	No	No	No
Comprehensive Dental	\$2,000 allowance	\$2,000 allowance	\$23 + Plan Premium (extractions, root canals, crowns, oral surgery, dentures and more)	\$23 + Plan Premium (extractions, root canals, crowns, oral surgery, dentures and more)	\$23 + Plan Premium (extractions, root canals, crowns, oral surgery, dentures and more)	\$23 + Plan Premium (extractions, root canals, crowns, oral surgery, dentures and more)	\$2,400 allowance
Eyewear Allowance	\$200/yr	\$0 exam \$300 allowance/ 2 yrs	\$250/yr	\$150/year	\$200/yr	\$250/year	\$400/yr
Hearing Aid Discount	\$1,500 allowance/ 2 yrs	\$399-\$699 copay per aid per year	\$699 - \$999 copay per aid per year	Not covered	\$699 - \$999 copay per aid per year	\$699 - \$999 copay per aid per year	\$399-\$699 copay per aid per year
Transportation	36 one-way trips	24 round trips	24 one-way trips	Not Covered	Not Covered	Not Covered	Not Covered
OTC Allowance	\$50/qtr	\$35/qtr	\$30/qtr	Not Covered	Not Covered	Not Covered	\$50/qtr

^{*}Johns Hopkins Advantage MD Tribute does not include prescription drug coverage.

Not all plans are available in all counties. Costs outlines above are based on in-network cost sharing amounts unless otherwise stated.

IN = In Network OON = Out of Network

Find out more about your Johns Hopkins Advantage MD options.

Johns Hopkins Advantage MD provides comprehensive benefits and access to a large network of doctors and hospitals close to you. Consider joining a plan that fits your needs and budget. Call to discuss your Johns Hopkins Advantage MD options.

Or visit us at **HopkinsMedicare.com**.

Call toll free 888-403-7662 (TTY: 711)

Oct. 1 to March 31, 8 a.m. to 8 p.m., 7 days a week. April 1 to Sept. 30, 8 a.m. to 8 p.m., Monday through Friday. On weekends and holidays, you may need to leave a message.

Johns Hopkins Advantage MD is an HMO, HMO-DSNP and PPO plan with a Medicare contract and a State of Maryland Medicaid contract. Enrollment in Johns Hopkins Advantage MD depends on contract renewal.

To join a Johns Hopkins Advantage MD plan, you must have Medicare Part A and Part B, and live in the service area. Please contact the plan for more details.

Out-of-network/non-contracted providers are under no obligation to treat Johns Hopkins Advantage MD members, except in emergency situations. 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.

Johns Hopkins Advantage MD (PPO) and Johns Hopkins Advantage MD (HMO) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Johns Hopkins Advantage MD does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Foreign Language Assistance; Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-293-5325 (TTY: 711); Chinese: 注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電1-888-403-7662 (TTY: 711)。