

2027

SUMMARY OF BENEFITS

Johns Hopkins Advantage MD (HMO)

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JOHNS HOPKINS
HEALTH PLANS

Introduction to the Summary of Benefits

The booklet outlines the benefits of Johns Hopkins Advantage MD (HMO) for the period of January 1, 2027, through December 31, 2027.

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. Complete coverage information is available in your Evidence of Coverage at www.HopkinsMedicare.com/Members/.

About Our Plan

Johns Hopkins Advantage MD (HMO) is a Medicare Advantage Health Maintenance Organization (HMO) plan. The plan provides Medicare Part A and Part B benefits and Medicare Part D prescription drug coverage. You generally must receive covered services from providers in our network, except for emergency care, urgently needed services, and other circumstances described in your Evidence of Coverage.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.

Who Can Join

You're eligible for membership in our plan as long as you meet all these conditions:

- You have both Medicare Part A and Medicare Part B
- You live in our geographic service area (described in the Plan Service Area section below). People who are incarcerated aren't considered to be living in the geographic service area, even if they're physically located in it
- You're a United States citizen or national, or an eligible noncitizen.

Contact Us

Member Services:	1-877-293-4998 (TTY: 711)
Hours of Operation:	<i>October 1 – March 31:</i> 8 a.m. – 8 p.m., 7 days a week <i>April 1 – September 30:</i> 8 a.m. – 8 p.m., Monday – Friday
Website:	www.HopkinsMedicare.com

Plan Information

Evidence of Coverage:	For complete information about covered services, costs, limitations, and exclusions, view the EOC at www.HopkinsMedicare.com/Members/
Provider Directory:	www.HopkinsMedicare.com/Members/Find-a-Provider/
Pharmacy Directory:	www.HopkinsMedicare.com/Members/Find-a-Pharmacy/
Formulary/Drug List:	www.HopkinsMedicare.com/Members/Whats-Covered/

You may also call us at 1-877-293-4998 (TTY: 711) to request a copy of the Evidence of Coverage, Provider Directory, Pharmacy Directory, or Formulary/Drug List.

Medicare & You

For more information about Original Medicare, including coverage and costs, see your current Medicare & You handbook. You can view the handbook at www.Medicare.gov or request a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users call 1-877-486-2048. You can also use the Medicare Plan Finder at www.Medicare.gov to compare our plans with other Medicare health plans.

Additional Information

Johns Hopkins Advantage MD is an HMO plan with a Medicare contract. Enrollment in Johns Hopkins Advantage MD depends on contract renewal.

This document is available in other formats, including large print and other languages. For more information, call 1-877-293-4998 (TTY: 711).

Helpful Information About Your Medicare Coverage

Your Medicare Choices

You can receive your Medicare benefits through Original Medicare (fee-for-service Medicare) or by joining a Medicare health plan, such as a Medicare Advantage plan.

What Do Our Plans Cover?

Our plans cover Medicare Part A and Part B benefits and may include additional benefits not covered by Original Medicare. The benefit tables in this booklet summarize what is covered and what you pay.

Our plans also include Medicare Part D prescription drug coverage.

Understanding Your Drug Costs

Covered Part D drugs are grouped into cost-sharing tiers. What you pay depends on your drug's tier, where you fill your prescription, and the stage of the Part D benefit you have reached. See the Prescription Drug Benefits section for your applicable drug costs.

Understanding Your Benefits and Costs

The following tables provide a summary of your 2027 benefits and what you pay for covered services. Costs may differ depending on the plan you choose and whether you receive care from a network or out-of-network provider. For prescription drugs, what you pay depends on your drug's cost-sharing tier, the pharmacy you use, and the applicable stage of your Part D benefit.

Plan Service Area

Our plan service area includes the following counties in Maryland:

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

Premiums, Deductibles and Maximum Out-of-Pocket Limits

Remember, this is a summary. For complete information about your benefits, costs, limitations, exclusions, and coverage rules, refer to your Evidence of Coverage.

	Johns Hopkins Advantage MD (HMO)
Monthly Plan Premium	\$49.00
Deductibles	Medical Services: \$0 Part D Drugs: \$590 (Applies to Tiers 3-5)
Maximum Out-of-Pocket (does not include Part D prescription drugs)	\$8,950

Summary of Covered Health Benefits

Remember, this is a summary. For complete information about your benefits, costs, limitations, exclusions, and coverage rules, refer to your Evidence of Coverage.

Benefit	Johns Hopkins Advantage MD (HMO)
Inpatient Hospital Care <i>Prior authorization may be required.</i>	Days 1 to 5: \$400 copay per day Days 6 to 90: \$0 copay per day
Outpatient Hospital Services <i>Prior authorization may be required.</i>	\$350 copay for Medicare-covered services or observation services
Ambulatory Surgical Center and Outpatient Surgery Services <i>Prior authorization may be required</i>	\$225 copay for Medicare-covered ambulatory surgical center services \$350 copay for Medicare-covered outpatient hospital facility services \$0 copay for each Medicare-covered diagnostic colonoscopy
Doctor Visits	\$0 copay for Medicare-covered Primary Care visits \$45 copay for Medicare-covered Specialist visits
Preventive Care (e.g., Wellness visit, Diabetes related services, Tests & screenings)	\$0 copay for Medicare-covered preventive services
Emergency Care	\$115 copay for Medicare-covered emergency service

Benefit	Johns Hopkins Advantage MD (HMO)
Urgently Needed Services	\$40 copay for Medicare-covered urgent care services
Diagnostic Tests and Procedures <i>Prior authorization may be required</i>	\$20 copay for Medicare-covered X-rays \$0 copay for Medicare-covered Lab tests \$250 copay for Medicare-covered Diagnostic services (e.g., MRIs, CT scans) \$0 copay for diagnostic mammograms 20% coinsurance for Medicare-covered Therapeutic radiology services and diagnostic procedures and tests 20% coinsurance for Medicare-covered Supplies (e.g., casts, splints, surgical supplies)
Hearing Services	\$0 copay for each Medicare-covered service \$0 copay for routine hearing exams \$0 copay for fitting and evaluation for hearing aids \$699 copay per hearing aid for Advanced hearing aids or \$999 copay per aid for Premium hearing aids
Dental Services <i>Prior authorization may be required</i>	\$0 copay for each Medicare-covered service \$0 copay for each Preventive Dental service Optional Supplemental Dental Care: Additional Monthly Premium: \$21 per month in addition to your Part B and Plan Premiums Endodontics: \$100 copay Periodontics: \$50 copay Prosthodontics, Removable: \$50-\$100 copay Prosthodontics, Fixed: \$50-\$100 copay Adjunctive General Services: \$50 copay Oral/Maxillofacial Surgery: \$50-\$100 copay Restoratives: \$50 copay Implant Services: \$100 copay
Vision Care	\$0 copay for Medicare-covered diabetic eye exams and glaucoma screening \$50 copay for all other Medicare-covered services \$0 copay for routine vision exam \$0 copay for routine eyewear up to \$250 every year

Benefit	Johns Hopkins Advantage MD (HMO)
Mental Health Services – Outpatient <i>Prior authorization may be required</i>	\$20 copay for Medicare-covered individual or group services
Acupuncture	\$0 copay in a Primary Care Provider setting \$45 copay in a Specialist Provider setting
Ambulance Services <i>Prior Authorization is required for non-emergent Ambulance services</i>	\$240 copay for each on-way trip in a Ground Ambulance or Air Ambulance
Annual Physical Exam	\$0 copay for each physical exam, once a year
Cardiac Rehabilitation Services	\$0 copay for Medicare-covered services
Chiropractic Services <i>Prior authorization may be required</i>	\$15 copay for Medicare-covered services
Diabetes Management, Services and Supplies <i>Prior authorization is required for supplies</i>	\$0 copay for supplies, monitors, and self-management training
Durable Medical Equipment (DME) <i>Prior authorization may be required</i>	20% coinsurance for each Medicare-covered item
Health and Wellness Silver&Fit ® Healthy Aging and Exercise Program	\$0 copay for covered fitness benefits
Home Health Agency Care <i>Prior authorization may be required</i>	\$0 copay for Medicare-covered services
Home Infusion Therapy <i>Prior authorization and step therapy rules may apply</i>	0% to 20% coinsurance for each Medicare-covered service
Immunizations	\$0 copay for Medicare-covered services
Inpatient Psychiatric Hospital	Days 1 to 5: \$400 copay per day Days 6 to 90: \$0 copay per day
Meal Benefit	\$0 copay for up to 15 meals (3 meals a day for 5 days)

Benefit	Johns Hopkins Advantage MD (HMO)
Medicare Part B Drugs <i>Prior authorization and step therapy rules may apply</i>	0% - 20% coinsurance depending on the Medicare-covered drug. You will pay a maximum of \$35 for each 1-month supply of Part B covered insulin.
Opioid Treatment Program Services	\$0 copay for Medicare-covered services
Outpatient Rehabilitation Services <i>Prior authorization may be required</i>	\$30 copay for Medicare-covered services
Outpatient Substance Use Disorder Services	\$20 copay for Medicare-covered services
Over-the-Counter Items	\$0 copay for up to \$50 every three months
Podiatry (Foot Care) Services	\$45 copay for Medicare-covered services 20% coinsurance for up to 8 routine foot care visits
Prosthetic and Orthotic Devices <i>Prior authorization may be required</i>	20% coinsurance for each Medicare-covered item
Skilled Nursing Facility (SNF) care <i>Prior authorization may be required</i>	Days 1 to 20: \$0 copay per day Days 21 to 100: \$221 per day copay
Transportation <i>Members must request transportation services prior to their use</i>	\$0 copay for up to 24 one-way trips

Summary of Part D Prescription Drug Benefits

Remember, this is a summary. For complete information about your benefits, costs, limitations, exclusions, and coverage rules, refer to your Evidence of Coverage.

	Johns Hopkins Advantage MD (HMO)
Important Message About What You Pay for Vaccines	Our plan covers most adult Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.
Important Message About What You Pay for Insulin	You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter

	Johns Hopkins Advantage MD (HMO)
	what cost-sharing tier it's on, even if you haven't paid your deductible.
Deductible Stage <i>(Applies to Tier 3, Tier 4, and Tier 5 drugs)</i>	\$590
Initial Coverage Stage	Drug Tier 1 (Preferred Generic): \$0 copay Drug Tier 2 (Generic): \$6 copay Drug Tier 3 (Preferred Brand): \$45 copay Drug Tier 4 (Non-Preferred): 25% coinsurance Drug Tier 5 (Specialty): 27% coinsurance You won't pay more than \$35 for a one-month supply of each covered insulin product even if you haven't paid your deductible.
Catastrophic Coverage Stage	After your yearly out-of-pocket drug costs reach \$2,400, you pay nothing for your covered Part D drugs.

Disclaimers

Johns Hopkins Advantage MD is an HMO plan with a Medicare contract. Enrollment in Johns Hopkins Advantage MD depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

Out-of-network/non-contracted providers are under no obligation to treat our plan 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 determination before you receive the service. Please call Member Services number or see your "Evidence of Coverage" for more information, including the cost-sharing that applies to out-of-network services.



JOHNS HOPKINS

HEALTH PLANS

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

Questions?

For enrollment information, please visit our website at HopkinsMedicare.com, or call Johns Hopkins Advantage MD at:

888-403-7662 (TTY: 711)

8 a.m. to 8 p.m., 7 days a week, October 1 to March 31, and
8 a.m. to 8 p.m., Monday through Friday, April 1 to September 30.

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This plan has a CMS-approved enrollment capacity. If enrollment requests exceed the approved capacity, some applications may not be accepted even if they were submitted during a valid enrollment period. We encourage you to submit your enrollment request as early as possible.