

2027

SUMMARY OF BENEFITS

Johns Hopkins Advantage MD (PPO)

Johns Hopkins Advantage MD Plus (PPO)

Johns Hopkins Advantage MD Access (PPO)

H3890_001

H3890_002

H3890_006

Y0124_SOBPPO0826_M



JOHNS HOPKINS
HEALTH PLANS

Johns Hopkins Advantage MD (PPO), Johns Hopkins Advantage MD Plus (PPO), Johns Hopkins Advantage MD Access (PPO)

Introduction to the Summary of Benefits

The booklet outlines the benefits of the following plans for the period of January 1, 2027, through December 31, 2027:

- Johns Hopkins Advantage MD (PPO)
- Johns Hopkins Advantage MD Plus (PPO)
- Johns Hopkins Advantage MD Access (PPO)

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 PPO Plans

Johns Hopkins Advantage MD, Johns Hopkins Advantage MD Plus, and Johns Hopkins Advantage MD Access are Medicare Advantage Preferred Provider Organization (PPO) plans. You can receive covered services from network or out-of-network providers. You generally pay less when you use providers in our network.

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, including the cost sharing that applies to out-of-network services.

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:	1-877-293-5325 (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/

Johns Hopkins Advantage MD (PPO), Johns Hopkins Advantage MD Plus (PPO), Johns Hopkins Advantage MD Access (PPO)

Pharmacy Directory:	www.HopkinsMedicare.com/Members/Find-a-Pharmacy/
Formulary/Drug List:	www.HopkinsMedicare.com/Members/Whats-Covered/

You may also call us at 1-877-293-5325 (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 a PPO 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 1-877-293-5325 (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.

Johns Hopkins Advantage MD (PPO), Johns Hopkins Advantage MD Plus (PPO), Johns Hopkins Advantage MD Access (PPO)

Plan Service Areas

	Johns Hopkins Advantage MD (PPO)	Johns Hopkins Advantage MD Plus (PPO)	Johns Hopkins Advantage MD Access (PPO)
Maryland Counties	Anne Arundel, Baltimore (County), Carroll, Frederick, Howard, Montgomery, Somerset, Washington, Wicomico, and Worcester	Anne Arundel, Baltimore (County), Carroll, Frederick, Howard, Montgomery, Somerset, Washington, Wicomico, and Worcester	Caroline, Dorchester, Somerset, Washington, and Wicomico

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 (PPO)	Johns Hopkins Advantage MD Plus (PPO)	Johns Hopkins Advantage MD Access (PPO)
Monthly Plan Premium	\$95.00	\$165.00	\$47.00
Deductibles (Applies to Tiers 3-5)	Medical Services: \$0 Part D Drugs: \$615	Medical Services: \$0 Part D Drugs: \$615	Medical Services: \$0 Part D Drugs: \$350
Maximum Out-of-Pocket (does not include Part D prescription drugs)	In-Network: \$7,950 Combined In-Network and Out-of Network: \$11,300	In-Network: \$7,550 Combined In-Network and Out-of Network: \$11,300	In-Network: \$8,000 Combined In-Network and Out-of Network: \$11,300

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.

	Johns Hopkins Advantage MD (PPO)	Johns Hopkins Advantage MD Plus (PPO)	Johns Hopkins Advantage MD Access (PPO)
Inpatient Hospital Stays	In-Network: Days 1 to 6: \$385 copay per day Days 7 to 90: \$0 copay per day for days Out-of-Network: 30% coinsurance per stay	In-Network: Days 1 to 6: \$350 copay per day Days 7 to 90: \$0 copay per day for days Out-of-Network: 30% coinsurance per stay	In-Network: Days 1 to 6: \$340 copay per day Days 7 to 90: \$0 copay per day for days Out-of-Network: 40% coinsurance per stay
Outpatient Hospital Services <i>Prior authorization may be required.</i>	In-Network: \$375 copay for Medicare covered services or observation services Out-of-Network: 50% coinsurance	In-Network: \$320 copay for Medicare covered services or observation services Out-of-Network: 30% coinsurance	In-Network: \$320 copay for Medicare covered services or observation services Out-of-Network: 40% coinsurance
Ambulatory Surgical Center and Outpatient Surgery Services <i>Prior authorization may be required</i>	In-Network: \$250 copay for ambulatory surgical center service \$375 copay for outpatient hospital facility service \$0 copay for diagnostic colonoscopy	In-Network: \$250 copay for ambulatory surgical center service \$320 copay for outpatient hospital facility service \$0 copay for diagnostic colonoscopy	In-Network: \$250 copay for ambulatory surgical center service \$320 copay for outpatient hospital facility service \$0 copay for diagnostic colonoscopy

Johns Hopkins Advantage MD (PPO), Johns Hopkins Advantage MD Plus (PPO), Johns Hopkins Advantage MD Access (PPO)

	Johns Hopkins Advantage MD (PPO)	Johns Hopkins Advantage MD Plus (PPO)	Johns Hopkins Advantage MD Access (PPO)
	Out-of-Network: 50% coinsurance	Out-of-Network: 30% coinsurance	Out-of-Network: 40% coinsurance
Doctor Visits	In-Network: \$0 copay for Primary Care visits \$45 copay for Specialist visits Out-of-Network: 40% coinsurance	In-Network: \$0 copay for Primary Care visits \$40 copay for Specialist visits Out-of-Network: 30% coinsurance	In-Network: \$0 copay for Primary Care visits \$45 copay for Specialist visits Out-of-Network: 40% coinsurance
Preventive Care (e.g., Wellness visit, Diabetes related services, Tests & screenings)	In-Network: \$0 copay Out-of-Network: 50% coinsurance	In-Network: \$0 copay Out-of-Network: 30% coinsurance	In-Network: \$0 copay Out-of-Network: 40% coinsurance
Emergency Care	In-Network and Out-of-Network: \$115 copay for each Medicare-covered service	In-Network and Out-of-Network: \$115 copay for each Medicare-covered service	In-Network and Out-of-Network: \$115 copay for each Medicare-covered service
Urgently Needed Services	In-Network and Out-of-Network: \$40 copay	In-Network and Out-of-Network: \$40 copay	In-Network and Out-of-Network: \$40 copay
Diagnostic Tests and Procedures <i>Prior authorization may be required</i>	X-Rays		
	In-Network: \$30 copay Out-of-Network: 40% coinsurance	In-Network: \$30 copay Out-of-Network: 30% coinsurance	In-Network: \$30 copay Out-of-Network: 40% coinsurance

Johns Hopkins Advantage MD (PPO), Johns Hopkins Advantage MD Plus (PPO), Johns Hopkins Advantage MD Access (PPO)

	Johns Hopkins Advantage MD (PPO)	Johns Hopkins Advantage MD Plus (PPO)	Johns Hopkins Advantage MD Access (PPO)
	Lab Tests		
	In-Network: \$0 copay Out-of-Network: 50% coinsurance	In-Network: \$0 copay Out-of-Network: 30% coinsurance	In-Network: \$0 copay Out-of-Network: 40% coinsurance
	Diagnostic Services (e.g., MRIs, CT scans, mammograms)		
	In-Network: \$0 copay for diagnostic mammograms \$250 copay for all other tests Out-of-Network: 50% coinsurance	In-Network: \$0 copay for diagnostic mammograms \$250 copay for all other tests Out-of-Network: 30% coinsurance	In-Network: \$0 copay for diagnostic mammograms \$200 copay for all other tests Out-of-Network: 40% coinsurance
	Therapeutic Radiology and Diagnostic Procedures and Tests		
	In-Network: 20% coinsurance Out-of-Network: 50% coinsurance	In-Network: 20% coinsurance Out-of-Network: 30% coinsurance	In-Network: 20% coinsurance Out-of-Network: 40% coinsurance
	Supplies (e.g., casts, splints, surgical supplies)		
	In-Network: 20% coinsurance Out-of-Network: 40% coinsurance	In-Network: 20% coinsurance Out-of-Network: 30% coinsurance	In-Network: 20% coinsurance Out-of-Network: 40% coinsurance

Johns Hopkins Advantage MD (PPO), Johns Hopkins Advantage MD Plus (PPO), Johns Hopkins Advantage MD Access (PPO)

	Johns Hopkins Advantage MD (PPO)	Johns Hopkins Advantage MD Plus (PPO)	Johns Hopkins Advantage MD Access (PPO)
Hearing Services <i>There may be a limit to how much the plan will cover</i>	Network: \$50 copay for Medicare diagnostic hearing exam \$0 copay for routine hearing exams and fitting/evaluation for hearing aids \$699 copay per hearing aid for Advanced hearing aids OR \$999 copay per aid for Premium hearing aids Out-of-Network: 50% coinsurance for each Medicare diagnostic exam 80% coinsurance for routine hearing exams, hearing aids, and fitting and evaluation for hearing aids	In-Network: \$40 copay for Medicare diagnostic hearing exam \$0 copay for routine hearing exams and fitting/evaluation for hearing aids \$699 copay per hearing aid for Advanced hearing aids OR \$999 copay per aid for Premium hearing aids Out-of-Network: 30% coinsurance for each Medicare diagnostic exam 80% coinsurance for routine hearing exams, hearing aids, and fitting and evaluation for hearing aids	In-Network: \$50 copay for Medicare diagnostic hearing exam \$0 copay for routine hearing exams and fitting/evaluation for hearing aids \$699 copay per hearing aid for Advanced hearing aids OR \$999 copay per aid for Premium hearing aids Out-of-Network: 40% coinsurance for each Medicare diagnostic exam 80% coinsurance for routine hearing exams, hearing aids, and fitting and evaluation for hearing aids In- and Out-of-Network: \$100 allowance to be used towards, dental, vision, and hearing added to your Flex Card.
Dental Services <i>There may be limits to how much the plan will cover out-of-network.</i>	In-Network: \$0 copay for Medicare-covered and preventive dental services Out-of-Network: 50% coinsurance Medicare-covered and preventive dental	In-Network: \$0 copay for Medicare-covered and preventive dental services Out-of-Network: 30% coinsurance Medicare-covered and preventive dental	In-Network: \$0 copay for Medicare-covered services Out-of-Network: 40% coinsurance for Medicare-covered services In- and Out-of-Network:

Johns Hopkins Advantage MD (PPO), Johns Hopkins Advantage MD Plus (PPO), Johns Hopkins Advantage MD Access (PPO)

	Johns Hopkins Advantage MD (PPO)	Johns Hopkins Advantage MD Plus (PPO)	Johns Hopkins Advantage MD Access (PPO)
	services	services	\$0 copay for each Preventive and Comprehensive Dental up to \$1,000 per year In- and Out-of-Network: \$100 allowance to be used towards, dental, vision, and hearing added to your Flex Card.
Optional Supplemental Dental Care	Additional Monthly Premium: \$21.00 (in addition to your Part B and Plan Premiums)		Optional Supplemental Dental Care NOT available
Endodontics and Implant Services:	\$100 copay		
Periodontics, Restoratives, Adjunctive General Services:	\$50 copay		
Prosthodontics (Removable & Fixed), Oral/Maxillofacial Surgery:	\$50-\$100 copay		

Johns Hopkins Advantage MD (PPO), Johns Hopkins Advantage MD Plus (PPO), Johns Hopkins Advantage MD Access (PPO)

	Johns Hopkins Advantage MD (PPO)	Johns Hopkins Advantage MD Plus (PPO)	Johns Hopkins Advantage MD Access (PPO)
Vision Care <i>There may be limits to how much the plan will cover out-of-network.</i>	In-Network: \$0 copay for diabetic eye exams and routine vision exams \$50 copay for all other Medicare-covered services \$0 copay for non-Medicare covered/routine eyewear up to \$200 every year Out-of-Network: 40% coinsurance for each diabetic eye exam and Medicare-covered services, routine eye exam, and up to \$200 of eyewear	In-Network: \$0 copay for diabetic eye exams and routine vision exams \$40 copay for all other Medicare-covered services \$0 copay for non-Medicare covered/routine eyewear up to \$250 every year Out-of-Network: 30% coinsurance for each diabetic eye exam, Medicare-covered services, and up to \$250 of eyewear. 45% coinsurance for each routine eye exam	In-Network: \$0 copay for diabetic eye exams and routine vision exams \$50 copay for all other Medicare-covered services \$0 copay for non-Medicare covered/routine eyewear up to \$200 every year Out-of-Network: 40% coinsurance for each diabetic eye exam and Medicare-covered services, routine eye exam, and up to \$200 of eyewear In- and Out-of-Network: \$100 allowance to be used towards, dental, vision, and hearing added to your Flex Card.
Mental Health Services – Outpatient <i>Prior authorization may be required</i>	In-Network: \$40 copay for each individual or group service Out-of-Network: 50% coinsurance for each individual or group service	In-Network: \$40 copay for each individual or group service Out-of-Network: 30% coinsurance for each individual or group service	In-Network: \$40 copay for each individual or group service Out-of-Network: 40% coinsurance for each individual or group service

Johns Hopkins Advantage MD (PPO), Johns Hopkins Advantage MD Plus (PPO), Johns Hopkins Advantage MD Access (PPO)

	Johns Hopkins Advantage MD (PPO)	Johns Hopkins Advantage MD Plus (PPO)	Johns Hopkins Advantage MD Access (PPO)
Acupuncture	In-Network: \$0 copay in a Primary Care Provider setting \$45 copay in a Specialist Provider setting Out-of-Network: 40% coinsurance	In-Network: \$0 copay in a Primary Care Provider setting \$40 copay in a Specialist Provider setting Out-of-Network: 30% coinsurance for Medicare-covered acupuncture services In-Network and Out-of-Network: \$0 copay for routine acupuncture up to \$200 per year	In-Network: \$0 copay in a Primary Care Provider setting \$45 copay in a Specialist Provider setting Out-of Network: 40% coinsurance
Ambulance Services <i>Prior Authorization is required for non-emergent Ambulance services</i>	In-Network and Out-of-Network: \$210 copay for each on-way trip in a Ground Ambulance or Air Ambulance	In-Network and Out-of-Network: \$210 copay for each on-way trip in a Ground Ambulance or Air Ambulance	In-Network and Out-of-Network: \$250 copay for each on-way trip in a Ground Ambulance or Air Ambulance
Annual Physical Exam	In-Network: \$0 copay Out-of-Network: 50% coinsurance	In-Network: \$0 copay Out-of-Network: 30% coinsurance	In-Network: \$0 copay Out-of-Network: 40% coinsurance
Cardiac Rehabilitation Services	In-Network: \$0 copay Out-of-Network: 50% coinsurance	In-Network: \$0 copay Out-of-Network: 30% coinsurance	In-Network: \$0 copay Out-of-Network: 40% coinsurance
Chiropractic Services <i>Prior authorization may be required</i>	In-Network: \$15 copay for Medicare-covered services	In-Network: \$15 copay for Medicare-covered services	In-Network: \$15 copay for Medicare-covered services

Johns Hopkins Advantage MD (PPO), Johns Hopkins Advantage MD Plus (PPO), Johns Hopkins Advantage MD Access (PPO)

	Johns Hopkins Advantage MD (PPO)	Johns Hopkins Advantage MD Plus (PPO)	Johns Hopkins Advantage MD Access (PPO)
	Routine chiropractic not covered Out-of-Network: 50% coinsurance	\$20 copay for routine services Out-of-Network: 30% coinsurance	Routine chiropractic not covered Out-of-Network: 40% coinsurance
Diabetes Management, Services and Supplies <i>Prior authorization is required for supplies</i>	In-Network: \$0 copay for supplies, monitors, and self-management training Out-of-Network: 50% coinsurance for supplies, monitors and self-management training	In-Network: \$0 copay for supplies, monitors, and self-management training Out-of-Network: 30% coinsurance for supplies, monitors and self-management training	In-Network: \$0 copay for supplies, monitors, and self-management training Out-of-Network: 40% coinsurance for supplies, monitors and self-management training
Durable Medical Equipment (DME) <i>Prior authorization may be required</i>	In-Network: 20% coinsurance Out-of-Network: 40% coinsurance	In-Network: 20% coinsurance Out-of-Network: 30% coinsurance	In-Network: 20% coinsurance Out-of-Network: 40% coinsurance
Health and Wellness <i>(Silver&Fit® Healthy Aging and Exercise Program)</i>	In-Network: \$0 copay Out-of-Network: 10% reimbursement of cost	In-Network: \$0 copay Out-of-Network: 10% reimbursement of cost	In-Network: \$0 copay Out-of-Network: 10% reimbursement of cost
Home Health Agency Care <i>Prior authorization may be required</i>	In-Network: 0% copay Out-of-Network: 40% coinsurance	In-Network: 0% copay Out-of-Network: 30% coinsurance	In-Network: 0% copay Out-of-Network: 40% coinsurance

Johns Hopkins Advantage MD (PPO), Johns Hopkins Advantage MD Plus (PPO), Johns Hopkins Advantage MD Access (PPO)

	Johns Hopkins Advantage MD (PPO)	Johns Hopkins Advantage MD Plus (PPO)	Johns Hopkins Advantage MD Access (PPO)
Home Infusion Therapy <i>Prior authorization and step therapy rules may apply</i>	In-Network: 0% to 20% coinsurance Out-of-Network: 45% coinsurance You pay no more than \$35 per month for Medicare-covered insulin	In-Network: 0% to 20% coinsurance Out-of-Network: 30% coinsurance You pay no more than \$35 per month for Medicare-covered insulin	In-Network: 0% to 20% coinsurance Out-of-Network: 40% coinsurance You pay no more than \$35 per month for Medicare-covered insulin
Immunizations	In-Network: \$0 copay Out-of-Network: 50% coinsurance	In-Network: \$0 copay Out-of-Network: 50% coinsurance	In-Network: \$0 copay Out-of-Network: 40% coinsurance
Inpatient Psychiatric Hospital	In-Network: Days 1 to 6: \$330 copay per day Days 7 to 90: \$0 copay per day for days Out-of-Network: 30% coinsurance per stay	In-Network: Days 1 to 6: \$330 copay per day Days 7 to 90: \$0 copay per day for days Out-of-Network: 30% coinsurance per stay	In-Network: Days 1 to 6: \$340 copay per day Days 7 to 90: \$0 copay per day for days Out-of-Network: 40% coinsurance per stay
Medicare Part B Drugs <i>Prior authorization and step therapy rules may apply</i>	In-Network: 0% - 20% coinsurance depending on the drug. Out-of-Network: 45% coinsurance for drug You will pay a maximum of \$35 for each 1-month supply of Part	In-Network: 0% - 20% coinsurance depending on the drug. Out-of-Network: 30% coinsurance for drug You will pay a maximum of \$35 for each 1-month supply of Part	In-Network: 0% - 20% coinsurance depending on the drug. Out-of-Network: 40% coinsurance for drug You will pay a maximum of \$35 for each 1-month supply of Part

Johns Hopkins Advantage MD (PPO), Johns Hopkins Advantage MD Plus (PPO), Johns Hopkins Advantage MD Access (PPO)

	Johns Hopkins Advantage MD (PPO)	Johns Hopkins Advantage MD Plus (PPO)	Johns Hopkins Advantage MD Access (PPO)
	B covered insulin.	B covered insulin.	B covered insulin.
Opioid Treatment Program Services	In-Network: \$0 copay Out-of-Network: 50% coinsurance	In-Network: \$0 copay Out-of-Network: 30% coinsurance	In-Network: \$0 copay Out-of-Network: 40% coinsurance
Outpatient Rehabilitation Services <i>Prior authorization may be required</i>	In-Network: \$40 copay for each Medicare-covered speech-language therapy and physical therapy service. \$35 for each occupational therapy service Out-of-Network: 50% coinsurance for each Medicare-covered speech-language therapy, physical therapy, or occupational therapy service	In-Network: \$30 copay for each Medicare-covered speech-language therapy and physical therapy service. \$30 for each occupational therapy service Out-of-Network: 30% coinsurance for each Medicare-covered speech-language therapy, physical therapy, or occupational therapy service	In-Network: \$40 copay for each Medicare-covered speech-language therapy and physical therapy service. \$35 for each occupational therapy service Out-of-Network: 40% coinsurance for each Medicare-covered speech-language therapy, physical therapy, or occupational therapy service
Outpatient Substance Use Disorder Services	In-Network: \$40 copay Out-of-Network: 50% coinsurance	In-Network: \$40 copay Out-of-Network: 30% coinsurance	In-Network: \$40 copay Out-of-Network: 40% coinsurance
Over-the-Counter	Not Covered	In-Network and Out-of-Network: \$25 every three months	Not Covered

Johns Hopkins Advantage MD (PPO), Johns Hopkins Advantage MD Plus (PPO), Johns Hopkins Advantage MD Access (PPO)

	Johns Hopkins Advantage MD (PPO)	Johns Hopkins Advantage MD Plus (PPO)	Johns Hopkins Advantage MD Access (PPO)
Podiatry (Foot Care) Services	In-Network: \$45 copay for Medicare-covered services Routine footcare not covered Out-of-Network: 50% coinsurance	In-Network: \$40 copay for Medicare-covered services 20% coinsurance for routine footcare (up to 6 visits) Out-of-Network: 30% coinsurance	In-Network: \$40 copay for Medicare-covered services Routine footcare not covered Out-of-Network: 40% coinsurance
Prosthetic and Orthotic Devices <i>Prior authorization may be required</i>	In-Network: 20% coinsurance Out-of-Network: 40% coinsurance	In-Network: 20% coinsurance Out-of-Network: 30% coinsurance	In-Network: \$0 copay Out-of-Network: 40% coinsurance
Skilled Nursing Facility (SNF) care <i>Prior authorization may be required</i>	In-Network: Days 1 – 20: \$0 copay Days 21 -100: \$221 per day Out-of-Network: 50% coinsurance per stay	In-Network: Days 1 – 20: \$0 copay Days 21 -100: \$221 per day Out-of-Network: 30% coinsurance per stay	In-Network: Days 1 – 20: \$0 copay Days 21 -100: \$221 per day Out-of-Network: 40% coinsurance per stay
Transportation	Not covered	Not covered	Not covered
Worldwide Emergency/Urgent Care <i>(coverage up to \$50,000)</i>	In-Network and Out-of-Network: \$115 copay for each Worldwide Emergency visit \$40 copay for each Worldwide Urgent Care visit	In-Network and Out-of-Network: \$115 copay for each Worldwide Emergency visit \$40 copay for each Worldwide Urgent Care visit	In-Network and Out-of-Network: \$115 copay for each Worldwide Emergency visit \$40 copay for each Worldwide Urgent Care visit

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 (PPO)	Johns Hopkins Advantage MD Plus (PPO)	Johns Hopkins Advantage MD Access (PPO)
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 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>	\$615	\$615	\$350
Initial Coverage Stage			
Drug Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	\$0 copay
Drug Tier 2 (Generic)	\$15 copay	\$15 copay	\$5 copay
Drug Tier 3 (Preferred Brand)	25% coinsurance	25% coinsurance	\$45 copay
Drug Tier 4 (Non-Preferred)	25% coinsurance	25% coinsurance	25% coinsurance
Drug Tier 5 (Specialty)	26% coinsurance	26% coinsurance	29% coinsurance
Catastrophic Coverage Stage	After your yearly out-of-pocket drug costs reach \$2,400, you pay nothing for your covered Part D drugs.		

Johns Hopkins Advantage MD (PPO), Johns Hopkins Advantage MD Plus (PPO), Johns Hopkins Advantage MD Access (PPO)

Disclaimers

Johns Hopkins Advantage MD is a Medicare Advantage Plan with a Medicare contract offering HMO and PPO products. Enrollment in Johns Hopkins Advantage MD HMO, or PPO 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.

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

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.