

2027

SUMMARY OF BENEFITS

Johns Hopkins Advantage MD Tribute (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 Tribute (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 Tribute (HMO) is a Medicare Advantage Health Maintenance Organization (HMO) plan. The plan provides Medicare Part A and Part B benefits and **does not** include 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/

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.

Understanding Your Benefits and Costs

The following tables provide a summary of your 2027 benefits and what you pay for covered services. *This plan does not include Medicare Part D prescription drug coverage.* For complete information about your benefits, costs, limitations, exclusions, and coverage rules, refer to your Evidence of Coverage.

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

	Johns Hopkins Advantage MD Tribute (HMO)
Monthly Plan Premium	\$0
Deductible	\$0
Part B Premium Reduction	\$40 per month
Maximum Out-of-Pocket (does not include Part D prescription drugs)	\$7,200

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 Tribute (HMO)
Inpatient Hospital Care <i>Prior authorization may be required.</i>	Days 1 to 5: \$350 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>	\$250 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 \$50 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
Urgently Needed Services	\$40 copay for Medicare-covered urgent care services
Diagnostic Tests and Procedures <i>Prior authorization may be required</i>	\$50 copay for Medicare-covered X-rays \$0 copay for Medicare-covered Lab tests \$250 copay for Medicare-covered Diagnostic radiological services (e.g., MRIs, CT scans) \$0 copay for each Medicare-covered diagnostic mammogram 20% coinsurance for Medicare-covered Therapeutic radiology and diagnostic procedures and tests 20% coinsurance for Medicare-covered Supplies (e.g., casts, splints, surgical supplies)
Hearing Services	\$10 copay for each Medicare-covered service \$0 copay for routine hearing exams

Benefit	Johns Hopkins Advantage MD Tribute (HMO)
	\$0 copay for fitting and evaluation for hearing aids \$399 copay per hearing aid for Advanced hearing aids or \$699 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 \$0 copay for each Comprehensive Dental Service. Maximum coverage amount of \$2,000 every year for comprehensive dental services
Vision Care	\$0 copay for Medicare-covered diabetic eye exams \$0 copay for Medicare-covered glaucoma screening \$50 copay for all other Medicare-covered services \$0 copay for routine vision exam \$0 copay for non-Medicare covered/routine eyewear up to \$300 every year
Mental Health Services – Outpatient <i>Prior authorization may be required</i>	\$25 copay for Medicare-covered individual or group services
Acupuncture	\$0 copay in a Primary Care Provider setting \$50 copay in a Specialist provider setting
Ambulance Services <i>Prior Authorization is required for non-emergent Ambulance services</i>	\$290 copay for each one-way Medicare-covered Ground Ambulance service. 20% coinsurance for each one-way Medicare-covered Air Ambulance service.
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>	\$10 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

Benefit	Johns Hopkins Advantage MD Tribute (HMO)
Durable Medical Equipment (DME) <i>Prior authorization may be required</i>	20% coinsurance for each Medicare-covered item
Health and Wellness <i>(Silver&Fit® Healthy Aging and Exercise Program)</i>	\$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 <i>Prior authorization may be required</i>	Days 1 to 5: \$350 copay per day Days 6 to 90: \$0 copay per day
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>	\$10 copay for each Medicare-covered service
Outpatient Substance Use Disorder Services	\$40 copay for each Medicare-covered service
Over-the-Counter Items	\$0 copay for up to \$35 every three months
Podiatry (Foot Care) Services	\$50 copay for Medicare-covered services
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 copay per day

Benefit	Johns Hopkins Advantage MD Tribute (HMO)
Transportation <i>(Members must request transportation services prior to their use)</i>	\$0 copay for up to 24 one-way trips

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.



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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.