

Medical Schedule of Benefits (Effective July 01, 2021 - June 30, 2022)
 Johns Hopkins Student Health Program



		EHP Network Provider	Out of Network Provider
Plan Year Deductible	Individual	\$150	\$150
	Family	\$450	\$450
Out-of-Pocket Maximum	Individual	\$3000	\$3000
	Family	\$9000	\$9000
Lifetime Maximum	Unlimited		

Services & Supplies (In Alphabetical Order)		EHP Network Provider	Out of Network Provider
Acupuncture	Medically necessary services for anesthesia, pain control, and therapeutic purposes	80% of allowed amount; deductible applies (\$300 annual maximum for all networks combined; pre-authorization required)	70% of allowed benefit; deductible applies (\$300 annual maximum for all networks combined; pre-authorization required)
Allergy Tests & Procedures	Allergy tests	90% of allowed amount; deductible applies	90% of allowed benefit; deductible applies
	Desensitization materials and serum	80% of allowed amount; deductible applies	80% of allowed benefit; deductible applies
Ambulance Transportation	Medically necessary transport	100% of allowed amount; deductible applies	100% of allowed benefit; deductible applies
Biofeedback	Biofeedback	Not Covered	Not Covered
Chemo & Radiation Therapy	Physician visit	100% of allowed amount; deductible applies	80% of allowed benefit; deductible applies
	Materials and treatment	80% of allowed amount; deductible applies	80% of allowed benefit; deductible applies
Chiropractic Care	Chiropractor with PT privileges (physical therapy services)	Refer to Therapy section	Refer to Therapy section
	Chiropractic services	80% of allowed amount; deductible applies (20 visit per condition per plan year maximum for all networks combined)	80% of allowed benefit; deductible applies (20 visit per condition per plan year maximum for all networks combined)
Dialysis	Medically necessary services	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
Durable Medical Equipment	Breast pumps (standard) and related supplies	100% of allowed amount; deductible waived	70% of allowed benefit; deductible applies (pre-authorization required)
	Contraceptive devices	100% of allowed amount; deductible waived	80% of allowed benefit; deductible applies
	Custom DME, including custom wheelchairs	80% of allowed amount; deductible applies (pre-authorization required)	80% of allowed benefit; deductible applies (pre-authorization required)
	Custom-molded orthotics	80% of allowed amount; deductible applies (pre-authorization required)	80% of allowed benefit; deductible applies (pre-authorization required)
	Insulin pumps, Continuous Glucose Monitor and related supplies	80% of allowed amount; deductible applies	80% of allowed benefit; deductible applies
	Hearing aids	80% of allowed amount; deductible applies (pre-authorization required) replacement aids once every 36 months all networks combined	80% of allowed amount; deductible applies (pre-authorization required) replacement aids once every 36 months all networks combined
	Non-custom medical equipment and supplies	80% of allowed amount; deductible applies	80% of allowed benefit; deductible applies
	Prosthetic devices	80% of allowed amount; deductible applies (pre-authorization required)	80% of allowed benefit; deductible applies (pre-authorization required)
Blood Pressure Cuff	80% of allowed amount; deductible applies	80% of allowed benefit; deductible applies	

Services & Supplies (In Alphabetical Order)		EHP Network Provider	Out of Network Provider
Emergency Services	Emergency care (facility fees)	\$50 co-pay, then 100% of allowed amount; deductible applies (if admitted, ER co-pay waived); see Inpatient Facility Care for coverage	\$50 co-pay, then 100% of allowed amount; deductible applies (if admitted, ER co-pay waived); see Inpatient Facility Care for coverage
	Emergency care (professional fees)	100% of allowed amount; deductible applies	100% of allowed benefit; deductible applies
Home Health Services	Medically necessary services	100% of allowed amount for first 90 visits per plan year, then 80% of allowed amount; deductible applies (pre-authorization required)	90% of allowed benefit for first 90 visits per plan year, then 80% of allowed benefit; deductible applies (pre-authorization required)
	Home infusion therapy	90% of allowed amount; deductible applies (pre-authorization required)	90% of allowed benefit; deductible applies (pre-authorization required)
Hospice Care	Inpatient and home hospice	100% of allowed amount (pre-authorization required)	100% of allowed benefit (pre-authorization required)
Hospital Care	Inpatient care including newborn nursery care; NICU (facility fees)	100% of allowed amount for first 30 days, then 80% of allowed amount; deductible applies (semi-private, unless private room is medically necessary; pre-authorization required)	100% of allowed benefit for first 30 days, then 80% of allowed benefit; deductible applies (semi-private, unless private room is medically necessary; pre-authorization required)
	Inpatient care (professional fees)	80% of allowed amount; deductible applies	80% of allowed benefit; deductible applies
	Skilled nursing/rehabilitation facility	100% of allowed amount for first 30 days, then 80% of allowed amount; deductible applies (pre-authorization required)	100% of allowed benefit for first 30 days, then 80% of allowed benefit; deductible applies (pre-authorization required)
	Short-term acute rehabilitation	100% of allowed amount for first 30 days, then 80% of allowed amount; deductible applies (semi-private, unless private room is medically necessary; pre-authorization required)	100% of allowed benefit for first 30 days, then 80% of allowed benefit; deductible applies (semi-private, unless private room is medically necessary; pre-authorization required)
	Observation care (facility fees)	\$50 co-pay, then 100% of allowed amount; deductible applies (if admitted, ER co-pay waived); see Inpatient Facility Care for coverage	\$50 co-pay, then 100% of allowed amount; deductible applies (if admitted, ER co-pay waived); see Inpatient Facility Care for coverage
	Observation care (professional fees)	100% of allowed amount; deductible applies	100% of allowed benefit; deductible applies
	Outpatient surgery & ambulatory surgical center (facility fees)	90% of allowed amount; deductible applies (includes freestanding surgical centers)	90% of allowed benefit; deductible applies (includes freestanding surgical centers)
	Outpatient surgery & ambulatory surgical center (professional fees)	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
Hyperbaric Oxygen Therapy	Medically necessary services	90% of allowed amount; deductible applies (pre-authorization required)	90% of allowed benefit; deductible applies (pre-authorization required)
Immunizations	Preventive immunizations for communicable diseases	100% of allowed amount; deductible waived	70% of allowed benefit; deductible applies
	Travel immunizations	Not Covered	Not Covered
Infusion Therapy	Home infusion therapy	90% of allowed amount; deductible applies (pre-authorization required)	90% of allowed benefit; deductible applies (pre-authorization required)
	Outpatient infusion therapy	90% of allowed amount; deductible applies	90% of allowed benefit; deductible applies

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Injections	Injections	90% of allowed amount; deductible applies	90% of allowed benefit; deductible applies
	Materials and serum	90% of allowed amount; deductible applies	90% of allowed benefit; deductible applies
Laboratory	Laboratory tests including pathology	90% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
Mental Health & Substance Use Disorder Services	Outpatient mental health care (facility fees)	90% of allowed amount; deductible applies	90% of allowed benefit; deductible applies
	Outpatient mental health care (professional fees)	90% of allowed amount; deductible applies	90% of allowed benefit; deductible applies
	Inpatient mental health care (facility fees)	100% of allowed amount for first 30 days, then 80% of allowed amount; deductible applies (pre-authorization required)	100% of allowed benefit for first 30 days, then 80% of allowed benefit; deductible applies (pre-authorization required)
	Inpatient mental health care (professional fees)	80% of allowed amount; deductible applies	80% of allowed benefit; deductible applies
	Outpatient substance use disorder care (facility fees)	90% of allowed amount; deductible applies	90% of allowed benefit; deductible applies
	Outpatient substance use disorder care (professional fees)	100% of allowed amount; deductible applies	80% of allowed benefit; deductible applies
	Inpatient substance use disorder care (facility fees)	100% of allowed amount for first 30 days, then 80% of allowed amount; deductible applies (pre-authorization required)	100% of allowed benefit for first 30 days, then 80% of allowed benefit; deductible applies (pre-authorization required)
	Inpatient substance use disorder care (professional fees)	80% of allowed amount; deductible applies	80% of allowed benefit; deductible applies
	Intensive outpatient program	90% of allowed amount; deductible applies	90% of allowed benefit; deductible applies
	Partial hospital facility services	90% of allowed amount; deductible applies	90% of allowed benefit; deductible applies
	Medication management	90% of allowed amount; deductible applies	90% of allowed benefit; deductible applies
	Mental health testing and procedures	90% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
Methodone Treatment	Medically necessary outpatient care	90% of allowed amount; deductible applies	90% of allowed benefit; deductible applies
Nutritional Counseling	Medically necessary services	90% of allowed amount; deductible applies (limited to one initial consultation and one follow-up visit for all networks combined; additional visits must be pre-authorized)	70% of allowed benefit; deductible applies (limited to one initial consultation and one follow-up visit for all networks combined; additional visits must be pre-authorized)

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Office Visits for Treatment of Illness or Injury	Primary care office visit only (Adult)	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Primary care office visit (Pediatric: age 19 and under)	100% of allowed amount; deductible applies	90% of allowed benefit; deductible applies
	Primary care office visit only (GYN)	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Specialty care office visit only (Adult & Pediatric)	90% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Treatment and diagnostic services in the office	90% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
Preventive Services	Preventive exam (PCP, GYN and Well Child care)	100% of allowed amount; deductible waived (well child care limited to office visit, immunizations and PKU, flu vaccine, urinalysis and lead testing)	70% of allowed benefit; deductible applies (well child care 90% of allowed benefit, deductible applies limited to office visit, immunizations and PKU, flu vaccine, urinalysis and lead testing)
	Diagnostic services for preventive exam	100% of allowed amount; deductible waived (well child care limited to office visit, immunizations and PKU, flu vaccine, urinalysis and lead testing)	70% of allowed benefit; deductible applies (well child care 90% of allowed benefit, deductible applies, limited to office visit, immunizations and PKU, flu vaccine, urinalysis and lead testing)
	Routine preventive screenings: mammogram, colonoscopy, PAP test, etc.	100% of allowed amount; deductible waived (one PAP per 12-month period)	70% of allowed benefit; deductible applies (one PAP per 12-month period) 90% of allowed benefit mammograms only
	Routine hearing exams	100% of allowed amount; deductible waived (Pediatric: age 19 and under)	70% of allowed benefit; deductible applies (Pediatric: age 19 and under)
Private Duty Nursing	Private Duty Nursing	Not Covered	Not Covered
Radiology Procedures	Advance imaging including MRI, CT and PET scans	90% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	All other imaging studies; including X-Ray and Ultrasound	90% of allowed amount; deductible applies	70% of allowed benefit; deductible applies

Services & Supplies (In Alphabetical Order)		EHP Network Provider	Out of Network Provider
Reproductive Health	Physician office visits (prenatal care only)	Routine prenatal visits covered at 100%; all other pre-natal visits at 90% of allowed amount; deductible applies	70% of allowed amount; deductible applies
	Infertility treatment	Covered at EHP network providers only: 50% of allowed amount, deductible applies, plus a separate \$1,500 lifetime ART treatment deductible, \$20,000 lifetime ART treatment maximum combined including prescription drugs. No lifetime maximum benefit applied to AI/IUI (pre-authorization required for all services and prescriptions)	Covered at EHP network providers only
	Birth centers (facility fees)	90% of allowed amount; deductible applies (pre-authorization required)	90% of allowed benefit; deductible applies (pre-authorization required)
	Birth centers (professional fees)	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Inpatient maternity care and delivery; newborn nursery care; NICU (facility fees)	100% of allowed amount for first 30 days, then 80% of allowed amount; deductible applies (semi-private, unless private room is medically necessary; pre-authorization required)	100% of allowed benefit for first 30 days, then 80% of allowed benefit; deductible applies (semi-private, unless private room is medically necessary; pre-authorization required)
	Inpatient maternity care and delivery; newborn nursery care; NICU (professional fees)	80% of allowed amount; deductible applies (maternity care - delivery and anesthesia 90% of allowed amount; deductible applies) (newborn care - initial and discharge visits 90% of allowed amount; deductible applies) (newborn care - all other inpatient visits - 80% of allowed amount, deductible applies)	70% of allowed benefit; deductible applies (maternity care - delivery and anesthesia 70% of allowed benefit; deductible applies) (newborn care - initial and discharge visits 90% of allowed benefit; deductible applies) (newborn care - all other inpatient visits - 80% of allowed benefit, deductible applies)
	Interruption of pregnancy	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Female sterilization (professional services for surgery, anesthesia and related pathology)	100% of allowed amount; deductible waived	80% of allowed benefit; deductible applies (pre-authorization required)
	Male sterilization (professional services for surgery, anesthesia and related pathology)	100% of allowed amount; deductible waived	80% of allowed benefit; deductible applies (pre-authorization required)
Surgical Procedures	Surgical treatment for morbid obesity	80% of allowed amount; deductible applies (pre-authorization required)	70% of allowed benefit; deductible applies (pre-authorization required)
	Primary care office surgical procedures	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Specialist care office surgical procedures	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Outpatient surgery (including freestanding surgical centers) (facility fees)	90% of allowed amount; deductible applies (includes freestanding surgical centers)	90% of allowed benefit; deductible applies (includes freestanding surgical centers)
	Outpatient surgery (including freestanding surgical centers) (professional fees)	80% of allowed amount; deductible applies	70% of allowed benefit; deductible applies
	Inpatient surgery (facility fees)	100% of allowed amount for first 30 days, then 80% of allowed amount; deductible applies (semi-private, unless private room is medically necessary; pre-authorization required)	100% of allowed benefit for first 30 days, then 80% of allowed benefit; deductible applies (semi-private, unless private room is medically necessary; pre-authorization required)
	Inpatient surgery (professional fees)	80% of allowed amount; deductible applies (pre-authorization required)	70% of allowed benefit; deductible applies (pre-authorization required)

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Telemedicine	Telemedicine		
Therapy	Physical therapy/occupational therapy medically necessary services	80% of allowed amount; deductible applies (excludes maintenance therapy)	80% of allowed benefit; deductible applies (excludes maintenance therapy)
	Speech therapy (non-developmental medically necessary services)	80% of allowed amount; deductible applies (pre-authorization required)	80% of allowed benefit; deductible applies (pre-authorization required)
	Pulmonary rehabilitation	90% of allowed amount; deductible applies (pre-authorization required)	90% of allowed benefit; deductible applies (pre-authorization required)
	Cardiac rehabilitation	90% of allowed amount; deductible applies (pre-authorization required)	90% of allowed benefit; deductible applies (pre-authorization required)
	Vision therapy	Not Covered	Not Covered
	Habilitative Services	80% of allowed amount; deductible applies	80% of allowed benefit; deductible applies
Urgent Care Center	Physician visit	100% of allowed amount; deductible applies	100% of allowed benefit; deductible applies
	Diagnostic services and treatment	100% of allowed amount; deductible applies	100% of allowed benefit; deductible applies