

EHP Preferred Provider Organization (PPO) Plan

2025 Plan Overview

Available to: Johns Hopkins Hospital, Johns Hopkins Health System Corporation, Johns Hopkins Medical Associates, Johns Hopkins Home and Community Based Services, Johns Hopkins Bayview Medical Center, Howard County Medical Center, Sibley Memorial Hospital, Suburban Hospital and Johns Hopkins All Children's Hospital

Employer Health Programs

PPO Benefits Overview

EHP Preferred Provider Organization (PPO) Plan

Allows you to access care through in-network **and** out-of-network providers.

- **EHP Preferred Network:** A provider or facility in the EHP network that is deemed a preferred provider that has a lower member co-insurance amount
- **EHP Network:** Direct access to any EHP or Cigna PPO network participating provider
- **Out-of-Network:** Direct access to any provider outside the EHP and Cigna PPO networks (costs may be higher)

Your bi-weekly premiums are higher in the EHP PPO plan, while out-of-pocket costs when you seek care may be lower.

PPO Benefits Overview

Coverage Details	EHP PPO Plan		
	EHP Preferred Network**	EHP Network**	Out-of-Network
Annual Deductible			
Per Person	Determined by Salary Tier \$150 (<\$50K) \$200 (\$50K-\$119K) \$300 (>=\$120K)		\$750
Per Family	Determined by Salary Tier \$300 (<\$50K) \$400 (\$50K-\$119K) \$600 (>\$120K)		\$1,500
Annual Out-of-Pocket Max.			
Per Person	Determined by Salary Tier \$1,500 (<\$50K) \$2,000 (\$50K-\$119K) \$3,000 (>=\$120K)		\$3,500
Per Family	Determined by Salary Tier \$3,000 (<\$50K) \$4,000 (\$50K-\$119K) \$6,000 (>=\$120K)		\$7,000
Co-insurance	pay 10%	pay 20%	pay 30%

** You can locate providers in the Preferred Network and the EHP/Cigna network at ehp.org.

Deductible: The amount you must pay within the plan year, before EHP begins to pay benefits

Co-insurance: A percentage of medical costs that you share with EHP

Copay: A flat fee you must pay to the provider at the time of service

PPO Benefits Overview

Office Visits	EHP PPO Plan		
	EHP Preferred Network**	EHP Network**	Out-of-Network
Primary Care Office Visit	\$10 copay		pay 30%*
Specialist Office Visit	pay 10%*	pay 20%*	pay 30%*
Mental Health Visit	\$10 copay	\$10 copay	pay 30%*
Wellness Visit	\$0	\$0	pay 30%*
Johns Hopkins OnDemand Virtual Care	\$0		
Facility Visits			
Hospital Inpatient	\$150 copay, then pay 10%*	\$150 copay, then pay 20%*	\$500 copay, then pay 30%*
Hospital Outpatient	pay 10%*	pay 20%*	pay 30%*
Lab Services	pay 10%*	pay 20%*	pay 30%*
Emergency Room	\$250 copay*	\$250 copay*	\$250 copay*
Urgent Care	\$25	\$25	pay 30%*

Deductible: The amount you must pay within the plan year, before EHP begins to pay benefits

Co-insurance: A percentage of medical costs that you share with EHP

Copay: A flat fee you must pay to the provider at the time of service

* For select services such as hospitalization, coverage begins once you have met the deductible for the year.

** You can locate providers in the Preferred Network and the EHP/Cigna network at ehp.org.

PPO Benefits Overview

- **Primary Care office visits for treatment of illness or injury**
 - EHP Preferred or an EHP Network PCP: covered with a \$10 copay, deductible waived
- **Preventive Care, such as annual exams/physicals/GYN**
 - EHP Preferred or EHP Network PCP: covered at 100% of allowed amount, deductible waived
- **Specialty Care (adult and pediatric)**
 - EHP Preferred provider: covered at 90% of allowed amount, after deductible
 - EHP Network provider: covered at 80% of allowed amount, after deductible
- **Urgent Care**
 - EHP Preferred or an EHP Network provider will be covered with a \$25 copay, deductible waived

PPO Benefits Overview

- **Emergency Room Facility care**

- EHP Preferred or an EHP Network facility: covered at 100% of allowed amount, after a \$250 copay and deductible

- **Emergency Room Professional care**

- EHP Preferred or an EHP Network facility: covered at 100% of allowed amount, after deductible

- **Outpatient care for mental health treatment**

- EHP Preferred or an EHP Network facility: covered at a \$10 copay, deductible waived

- **Inpatient Facility care**

- EHP Preferred facility: covered at 90% of allowed amount, after a \$150 copay and deductible
- EHP Network facility: covered at 80% of allowed amount, after a \$150 copay and deductible

- **Inpatient Professional care**

- EHP Preferred provider: covered at 90% of allowed amount, after deductible
- EHP Network provider: covered at 80% of allowed amount, after deductible

Johns Hopkins PPO Benefits Overview

Improved for 2025

Outpatient Surgery at Ambulatory Surgery Centers (ASC)

ASCs are a convenient, lower-cost alternative to hospitals for many outpatient procedures. EHP has **increased coverage** for outpatient surgeries performed at ASCs.

- Professional and facility fees
 - EHP Preferred provider: covered at 95% of allowed amount, after deductible
 - EHP Network provider: covered at 85% of allowed amount, after deductible

PPO Benefits Overview

Telemedicine

- **Johns Hopkins OnDemand Virtual Care**

- In minutes, you can connect to a health care provider for a video visit, using your mobile device or computer, 24 hours a day, seven days a week. No need to schedule an appointment—a health care provider will review your symptoms and prescribe medications, as necessary. Use this service if you or your family members experience minor, urgent care concerns such as, but not limited to:

- Cold, flu and sinus symptoms
- Respiratory infection
- Rashes
- Allergies
- Pinkeye

- Member cost-share: \$0 copay; 100% covered

- **Medical Advice Messaging**

- \$5 copay; deductible waived for billable email messaging with provider

- **Virtual Care**

- Telemedicine virtual care visits are covered the same as the in-person service

- **UpLift**

- Virtual behavioral health care practice that greatly expands EHP's network of providers. UpLift matches members with a provider and offers quick, easy scheduling in just a few days on average.

PPO Pharmacy Plan

Services and Supplies (In Alphabetical Order)		In-Network Retail Pharmacy (30-day supply)	In-Network Retail Pharmacy (90-day supply)	Mail Order (90-day supply)
Oral Contraceptives	Generic	\$0	\$0	\$0
	Preferred	\$40	\$120	\$80
	Non-Preferred	\$65	\$195	\$130
Prescriptions	Generic	\$10	\$30	\$20
	Preferred	\$40	\$120	\$80
	Non-preferred	\$65	\$195	\$130
	Brand with Generic Equivalent	\$65 plus the cost differential between generic and brand	\$195 plus the cost differential between generic and brand	\$130 plus the cost differential between generic and brand
	Specialty Medications for members enrolled in PrudentRx – medications listed at ehp.org	\$0	Restricted to Retail 30-day supply	
	Specialty Medications for members <u>not</u> enrolled in PrudentRx – medications listed at ehp.org	30%	Restricted to Retail 30-day supply	

Thank You

Questions?

Website

ehp.org

Customer Service

800-261-2393