

BlueChoice Medical Benefits Summary

Note: The following is a summary and subject to all of the limitations and provisions of the plan as described previously. If there are any discrepancies between the content of this matrix and the Plan document, the document will govern.

Benefits	BlueChoice (HMO) 1-877-691-5856 www.carefirst.com
Annual deductible (does not apply to out-of-pocket maximum)	None
Annual out-of-pocket maximum	None
Annual maximum benefit	None
Dependent eligibility	Legally married spouse or same-sex domestic partner (if qualified for coverage under Johns Hopkins University Same-sex Domestic Partnership Benefits Policy) may be covered Unmarried dependent child(ren) may be covered up until their 25th birthday; coverage may continue for unmarried dependent child(ren) up to any age if they cannot support themselves because of a mental or physical disability that occurred before they reached the age limit when coverage would normally end
Preventive Care	
Preventive care including physical exams and well baby	\$10 PCP copay
Immunizations (adult) and mammograms	100% covered
Physician Services	
Physician services (office visit)	\$10 PCP copay per visit \$20 specialist copay per visit
Physician services (medical and surgical)	Inpatient 100% covered; outpatient \$10 PCP copay may apply \$20 specialist copay
Hospital Services	
Hospital copay per inpatient admission (not subject to deductible)	\$250 per inpatient admission
Hospital service benefits (inpatient)	100% covered after \$250 hospital copay
Emergency care (sudden and serious and accidental injury)	\$75 copay for Emergency Room, (waived if admitted)
Outpatient surgery	\$10 PCP copay per visit \$20 specialist copay per visit

Mental Health/Substance Abuse	
Mental and nervous (inpatient)	100% covered (subject to authorization from Magellan); \$250 copay
Mental and nervous (outpatient)	\$10 PCP copay/\$20 specialist copay (subject to authorization from Magellan)
Alcohol and drug addiction (inpatient)	100% covered; after \$250 inpatient copay
Alcohol and drug addiction (outpatient)	\$10 PCP copay/\$20 specialist copay; partial hospitalization at \$10 per day; (combined with outpatient mental or nervous)
Reproductive Health	
Pre- and post-natal care	\$20 specialist copay (not more than \$200 per pregnancy)
Family planning & fertility testing	\$10 PCP copay per visit \$20 specialist copay per visit
Artificial insemination	50% of allowable charges
In vitro fertilization	50% of allowable charges; \$100,000 lifetime maximum or 3 attempts per live birth
Prescription Drugs (Administered by Medco)	
Retail (up to a 30-day supply)	\$10 Generic \$20 Formulary brand \$35 Non-formulary brand
Mail order	Up to a 90-day supply for maintenance drugs: \$20 Generic \$40 Formulary brand \$70 Non-formulary brand