Plan Comparison Chart

PLANS	Johns Hopkins US Family Health Plan				TRICARE Select®					
Coverage	**Active-duty Family Members**		**Retirees up to age 65**		**Active-duty Family Members**				**Retirees up to age 65**	
			Group A*	**Group B****	**Group A***		**Group B****		**Group A***	**Group B****
Annual Premium Fee	None		$300 / ind. $600 / fam.	$366 / ind. $732 / fam.	E1-E4 $0	E5+ $0	E1-E4 $0	E5+ $0	$0 / ind. $0 / fam.	$471 / ind. $942 / fam.
Annual Deductible	None		None		$50 ind. $100 fam.	$150 ind. $300 fam.	$52 ind. $104 fam.	$156 ind. $313 fam.	$150 / ind. $300 / fam.	$156 / ind. $313 / fam.
Routine Physical Exam [1]	$0		$0		$0				$0	
Office Visit *(Primary Care)* Network Provider	$0		$20		$22		$15		$30	$26
Specialty Care Network Provider	$0		$31		$33		$26		$45	
Emergency Room Visit	$0		$62		$89		$41		$118	$83
Hospital Admission	$0		$156 per admission		$19.55/day ($25 min.)		$62		$250/day up to 25% of Hospital charges	$182 per admission
Prescription Drugs – Retail	**Walgreens Retail** (up to a 30-day supply)				**Retail Network Pharmacy**					
Generic	$13		$13		$13				$13	
Preferred	$33		$33		$33				$33	
Non-Preferred (unless est. as med. necessity)	$60		$60		$60				$60	
Prescription Drugs – Home Delivery	**Home Delivery & Walgreens Retail** [2] (up to a 90-day supply for maintenance medications)				**Home Delivery Only**					
Generic	$10		$10		$10				$10	
Preferred	$29		$29		$29				$29	
Non-Preferred (unless est. as med. necessity)	$60		$60		$60				$60	
Durable Medical Equipment	$0		20% of negotiated fee		15% of negotiated fee		10% of negotiated fee		20% of negotiated fee	
Mental Health Outpatient Visit	$0		$31		$33		$26		$45	
Catastrophic Cap	Group A* $1,000 per fam. per plan year	Group B** $1,044 per fam. per plan year	Group A* $3,000 per fam. per plan year	Group B** $3,655 per fam. per plan year	$1,000 per family per plan year		$1,044 per family per plan year		$3,000 per family per plan year	$3,655 per family per plan year

2020 costs shown, subject to change January 1, 2021. Visit HopkinsUSFHP.org for current costs and benefits.

*For enlistment or appointment prior to January 1, 2018

**For enlistment or appointment after January 1, 2018

1. Includes screening mammogram, blood pressure, immunizations and counseling services.
2. Johns Hopkins has elected to extend the same lower home delivery copay to medications used for management of chronic conditions and filled at a community Walgreens pharmacy.

For more information, go to HopkinsUSFHP.org