

EHP Exclusive Provider Organization (EPO) Plan

2026 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

EPO Benefits Overview

EHP Exclusive Provider Organization (EPO) Plan

Allows you to access care through **in-network providers only**.

- **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

The EHP EPO plan is designed to help lower your monthly health care costs while providing a wide choice of providers. If you only use in-network providers, the EHP EPO plan may be a cost-effective option for you.

EPO Benefits Overview

| | | EHP EPO Plan <i>(in-network only)</i> | |
|----------------------------------|--|--|---------------|
| Coverage Details | | EHP Preferred Network** | EHP Network** |
| Annual Deductible | | | |
| Per Person | | \$500 | |
| Per Family | | \$1,000 | |
| Annual Out-of-Pocket Max. | | | |
| Per Person | | \$3,000 | |
| Per Family | | \$6,000 | |
| Co-insurance | | pay 10% | pay 20% |

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

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

EPO Benefits Overview

| Office Visits | EHP EPO Plan | |
|--------------------------------|-------------------------|---------------|
| | EHP Preferred Network** | EHP Network** |
| Primary Care Office Visit | \$20 copay | \$20 copay |
| Specialist Office Visit | pay 10%* | pay 20%* |
| Mental Health Visit | \$20 copay | \$20 copay |
| Wellness Visit | \$0 copay | \$0 copay |
| EHP's 24/7 Telehealth Platform | \$0 copay; 100% covered | |

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

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EPO Benefits Overview

| Facility Services | EHP EPO Plan | |
|---------------------|----------------------------|----------------------------|
| | EHP Preferred Network** | EHP Network** |
| Hospital Inpatient | \$250 copay, then pay 10%* | \$250 copay, then pay 20%* |
| Hospital Outpatient | pay 10%* | pay 20%* |
| Lab Services | pay 10%* | pay 20%* |
| Emergency Room | \$250 copay* | \$250 copay* |
| Urgent Care | \$40 copay | \$40 copay |

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

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EPO Benefits Overview

- **Primary Care office visits for treatment of illness or injury**
 - EHP Preferred or an EHP Network PCP: covered with a \$20 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 \$40 copay, deductible waived

EPO 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 \$20 copay, deductible waived

▪ **Inpatient Facility care**

- EHP Preferred facility: covered at 90% of allowed amount, after a \$250 copay and deductible
- EHP Network facility: covered at 80% of allowed amount, after a \$250 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

EPO Benefits Overview

Telehealth

▪ EHP's 24/7 Telehealth Platform

- 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

- Telehealth virtual care visits with a provider 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.

EPO 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 | 25%; \$40 min; \$60 max | 25%; \$120 min; \$180 max | 25%; \$120 min; \$180 max |
| | Non-Preferred | 50%; \$65 min; \$105 max | 50%; \$195 min; \$315 max | 50%; \$195 min; \$315 max |
| Prescriptions | Generic | \$10 | \$30 | \$30 |
| | Preferred | 25%; \$40 min; \$60 max | 25%; \$120 min; \$180 max | 25%; \$120 min; \$180 max |
| | Non-preferred | 50%; \$65 min; \$105 max | 50%; \$195 min; \$315 max | 50%; \$195 min; \$315 max |
| | Brand with Generic Equivalent | 50%; \$65 min; \$105 max, plus the cost differential between generic and brand | 50%; \$195 min; \$315 max, plus the cost differential between generic and brand | 50%; \$195 min; \$315 max, 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