

Prescription Schedule of Benefits (Effective July 01, 2017 - August 31, 2017)
 Johns Hopkins Student Health Program



		In-Network Retail Pharmacy (30-day supply)	In-Network Retail Pharmacy (90-day supply)	Mail Order (90-day supply)
Plan Year Deductible	Individual	\$0	\$0	\$0
	Family	\$0	\$0	\$0
Out-of-Pocket Maximum	Individual	\$3350	\$3350	\$3350
	Family	\$3700	\$3700	\$3700
Lifetime Maximum	Unlimited			

Services & 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 Brand	\$20	\$60	\$40
	Non-Preferred Brand	\$35	\$105	\$70
Prescription Drugs	Generic	\$10	\$30	\$20
	Preferred Brand	\$20	\$60	\$40
	Non-Preferred Brand	\$35	\$105	\$70