

Johns Hopkins University Pharmacy Benefit Plan Design

Formulary: Liberty

Customer Care: 1-844-306-4674



Please see below for Johns Hopkins University plan design offerings. For questions about what plan you are in, please contact Capital Rx at 1-844-306-4674.

Core PPO Plan Bargaining Unit						
Plan Detail	Benefit		Detail			
Deductible:	N/A		N/A			
Annual Out of Pocket Max (Individual/Family)	\$2,000/\$6,000		Your maximum out of pocket is combined with your medical plan.			
Retail & In-House Copays (1-30 Days)						
	% Amount		\$ Min/Max Copay Amount			
Tier 1 (Generic)	N/A		\$10			
Tier 2 (Preferred Brands)	20%		\$30/\$45			
Tier 3 (Non-Preferred Brands)	25%		\$60/100			
Specialty Copay (1-30 Days)						
	% Amount		\$Min/Max Copay Amount			
Specialty Drugs (Generic)	N/A		\$10			
Specialty Drugs (Preferred Brand)	20%		\$30/\$45			
Specialty Drugs (Non-Preferred Brand)	25%		\$60/100			
Mail Order Copay						
	1-30 Days			31-90 Days		
	% Amount	\$ Min/Max Copay Amount		\$ Max Copay Amount		
Tier 1 (Generic)	N/A	\$10		\$25		
Tier 2 (Preferred Brands)	20%	\$30/\$45		\$75		
Tier 3 (Non-Preferred Brands)	25%	\$60/\$100		\$150		
Prepackaged Drugs (% Amount / \$ Max Copay Amount)						
	1-30 Days		31-60 Days		61-999 Days	
	% Copay	\$ Min/\$ Max	% Copay	\$ Min/\$ Max	% Copay	\$ Min/\$ Max
Tier 1 (Generic)	N/A	\$10	N/A	\$20	N/A	\$30
Tier 2 (Preferred Brands)	20%	\$30/\$45	20%	\$60/\$90	20%	\$90/\$135
Tier 3 (Non-Preferred Brands)	25%	\$60/\$100	25%	\$120/\$200	25%	\$180/\$300
Special Coverage Rules						
<ul style="list-style-type: none"> Migraine preventative medications are included at tier copay and bypass the deductible if applicable. Vaccines are to be covered at \$0 copay for all plans and bypass deductible if applicable. Select Healthcare Administered medications are covered and will adjudicate at Tier determined by the plan. Members can fill specialty medications through Johns Hopkins pharmacies or through Optum Specialty Pharmacy. ACA preventative drugs are free for all plans. 						

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Johns Hopkins University - Inclusions and Exclusions

ACA Preventative Categories

Inclusions

ACA Breast Cancer Prevention ACA HIV PrEP	ACA Medical Contraceptives ACA OTC Contraceptives	ACA Prescription Contraceptives ACA Preventive Medications (Rx and OTC)	ACA Tobacco Cessation ACA Vaccines
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Preventative Therapeutic Categories

Inclusions

Antimicrobials Anticonvulsants Antipsychotics Antivirals Asthma/COPD Cardiovascular	Chemical Dependency Colonoscopy Preparations Contraceptives Dental Health/Prevention Depression	Diabetic Medications Diabetic Supplies Immunizations Immunosuppressants Osteoporosis	Respiratory Supplies Tobacco Cessation Vitamins Weight Loss Women's
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General Therapeutic Categories

Inclusions

Exclusions

Acne ADHD Anabolic Steroids Anaphylactic Kits Fertility non-oral and oral Narcolepsy Sexual Dysfunction - Hypoactive Sexual Desire Disorder Sexual Dysfunction non-oral and oral	Spacers Syringes other than insulin Tobacco Cessation OTC and Rx Vaccines (Vaccines be covered at \$0 copay) Vitamins: Multivitamins (requires a prescription) Vitamins: Prenatal Vitamins (requires a prescription) Weight Loss	Abortifacients Allergen Extracts non-oral and oral Cell and Gene Therapy Cosmetic Durable Medical Equipment (DME)	Immune Serums IV Injectables Nutrition OTC Other Blood Products
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Special Therapeutic Categories

Inclusions

Chemotherapy oral and injectable Compounds (OTC) Continuous Glucose Monitors Contraceptives	Diabetic Medications & Supplies Glucagon Glucometers Hemophilia Agents	Injectable Diabetic Medications Injectables Insulin Insulin Pumps & Supplies	Insulin Syringes Ketone Strips Lancets & Lancing Devices Test Strips
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