

Advantage MD

SUMMARY OF BENEFITS

2024 Advantage MD Health Plans

JOHNS HOPKINS ADVANTAGE MD D-SNP (HMO-DSNP)

Summary of Benefits

January 1, 2024 – December 31, 2024

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us or go online to view the Evidence of Coverage.

You have choices about how to get your Medicare benefits

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government. Another choice is to get your Medicare benefits by joining a Medicare health plan (such as Johns Hopkins Advantage MD D-SNP (HMO)).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what Johns Hopkins Advantage MD D-SNP (HMO) covers and what you pay. If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on www.medicare.gov. If you want to know more about the coverage and costs of Original Medicare, look in your current Medicare & You handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

- Things to Know About Johns Hopkins Advantage MD D-SNP (HMO)
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits

This material is also available in alternate formats (e.g., braille, large print, audio). For additional information, call us at 1-877-293-4998 (TTY: 711).

Things to Know About Johns Hopkins Advantage MD D-SNP (HMO)

Hours of Operation

From October 1 to March 31, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.

From April 1 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Johns Hopkins Advantage MD D-SNP (HMO)

Phone Numbers and Website

If you are a member of this plan, call toll-free 1-877-293-4998(TTY: 711).

If you are not a member of this plan, call toll-free 1-888-403-7662 (TTY: 711).

Our website: www.hopkinsmedicare.com

Who can join?

To join Johns Hopkins Advantage MD D-SNP (HMO), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in the plan's service area. Our service area includes the following counties in Maryland:

Anne Arundel County, Baltimore County, Carroll County, Frederick County, Howard County, Montgomery County, Somerset County, Washington County, Wicomico County, and Worcester County.

This plan is a Dual Eligible Special Needs Plan (D-SNP) for people who have both Medicare and Medicaid and don't pay anything for covered medical services. How much Medicaid covers depends on your income, resources and other factors. Some people get full Medicaid benefits.

Your eligibility to enroll in this plan depends on your type of Medicaid.

If your category of Medicaid eligibility changes, your cost share may also increase or decrease. You must recertify your Medicaid enrollment to continue to receive your Medicare coverage.

Which doctors, hospitals, and pharmacies can I use?

Johns Hopkins Advantage MD D-SNP (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services. You can see our plan's provider and pharmacy directory at our website (www.hopkinsmedicare.com). Or, call us and we will send you a copy of the provider and pharmacy directories.

Benefits & Coverage	Johns Hopkins Advantage MD D-SNP (HMO)
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
Monthly Plan Premium (Part C and Part D premium, combined)	\$0 per month. In addition, you must keep paying your Medicare Part B premium. Your costs may be as low \$0 depending on your level of Medicaid eligibility.
Deductibles, including plan level and category level deductible	\$0 per year. \$0 per year for Part D prescription drugs.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	Your yearly limit(s) in this plan: \$8,850 for services you receive from in-network providers. In this plan, you might pay nothing for Medicare-covered services, depending on your level of (Medicaid) eligibility.
Inpatient Hospital Coverage (Services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> for more information.)	Our plan covers 90 days for each Medicare-covered inpatient hospital stay. (Our plan also covers 60 lifetime reserve days.) You pay nothing for a Medicare-covered inpatient hospital stay for up to 90 days.
Outpatient Hospital Coverage (Services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> for more information.)	You pay nothing

Benefits & Coverage	Johns Hopkins Advantage MD D-SNP (HMO)
<p>Ambulatory Surgical Center (ASC) Services (Services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> for more information.)</p>	<p>You pay nothing</p>
<p>Doctor Visits</p> <ul style="list-style-type: none"> • Primary Care Providers • Specialists 	<p>You pay nothing</p> <p>You pay nothing</p>
<p>Preventive Care (e.g., flu vaccine, diabetic screenings)</p>	<p>You pay nothing</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> Abdominal aortic aneurysm screening Annual routine physical exam Annual wellness visit Barium enemas Bone mass measurement (bone density) Breast cancer screening (mammogram) Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) Cardiovascular disease testing Cervical and vaginal cancer screening Colorectal cancer screenings (colonoscopy, FOBT and FIT kit) Depression screening Diabetes screenings Diabetes self-management training, diabetic services, and supplies Digital rectal exams EKG following a Welcome Visit Health and wellness education programs HIV screening Immunizations Medical nutrition therapy services Medicare diabetes prevention program (MDPP) Obesity screening and therapy to promote sustained weight loss Prostate cancer screening exams Screening and counseling to reduce alcohol misuse

Benefits & Coverage	Johns Hopkins Advantage MD D-SNP (HMO)
<p>Preventive Care (e.g., flu vaccine, diabetic screenings) (continued)</p>	<p>Screening for lung cancer with low dose computed tomography (LDCT) Screening for Sexually transmitted infections (STIs) and counseling to prevent STIs Smoking and tobacco use cessation (Counseling to stop smoking or tobacco use) Vision care “Welcome to Medicare” preventive visit (one-time) Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<p>Emergency Care</p>	<p>You pay nothing</p>
<p>Urgently Needed Services</p>	<p>You pay nothing</p>
<p>Diagnostic Services/ Labs/Imaging (Services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> for more information.)</p>	<p>Lab services (e.g., Blood count, stool tests, creatinine, blood glucose): You pay nothing</p> <p>Diagnostic tests and procedures (e.g., Biopsies, Endoscopies, cat scans): You pay nothing</p> <p>Diagnostic X-rays (such as mammography and ultrasound): You pay nothing</p> <p>Diagnostic radiology services (such as MRIs and CT scans): You pay nothing</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): You pay nothing</p>
<p>Hearing Services</p> <ul style="list-style-type: none"> • Routine hearing exam • Hearing aids 	<p>Medicare-covered hearing exam to diagnose and treat hearing and balance issues: You pay nothing</p> <p>Routine hearing exam: You pay nothing</p> <p>Hearing aids: The plan pays a maximum benefit amount of \$1,500 towards the purchase of hearing aids every 24 months. You pay all costs after the \$1,500 maximum benefit amount for TruHearing-branded hearing aids.</p>

Benefits & Coverage	Johns Hopkins Advantage MD D-SNP (HMO)
<p>Dental Services (Non-Medicare covered comprehensive services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> booklet for more information.)</p>	<p>Medicare-covered dental services: You pay nothing</p> <p>Preventive dental services: Cleaning (2 cleanings per year): You pay nothing</p> <p>Dental X-ray(s) (<i>Frequency determined by type of X-ray</i>): You pay nothing</p> <p>Oral exam(s) (<i>Frequency determined by type of oral exam</i>): You pay nothing</p> <p>Comprehensive dental services: (<i>Frequency dependent on procedure.</i>) Restorative services (<i>such as inlays, onlays, crowns, resin restoration, etc.</i>): You pay nothing</p> <p>The plan has a maximum coverage amount of \$2,500 per year for in-network non-Medicare-covered comprehensive dental services.</p> <p>Endodontics (<i>such as root canals, retreatment, apicoectomy, etc.</i>): You pay nothing</p> <p>Periodontics (<i>such as periodontal maintenance, periodontal scaling, root planning, etc.</i>): You pay nothing</p> <p>Extractions (<i>such as extractions, coronectomy, surgical access of an unerupted tooth, etc.</i>): You pay nothing</p> <p>Prosthodontics/Other oral/Maxillofacial surgery/Other services (<i>such as removable complete and partial dentures, repair or replace teeth in dentures, removal of exostosis, anesthesia, etc.</i>): You pay nothing</p>

Benefits & Coverage	Johns Hopkins Advantage MD D-SNP (HMO)
<p>Vision Services</p>	<p>Medicare-covered exam to diagnose and treat diseases and conditions of the eye (<i>including yearly glaucoma screening and diabetic eye exams</i>): You pay nothing</p> <p>Routine eye exam (<i>1 every year</i>): You pay nothing</p> <p>Eyeglasses or contact lenses after cataract surgery: You pay nothing</p> <p>Routine eyewear: Our plan pays up to \$400 every year for supplemental eyewear (retail or online) from any provider.</p>
<p>Mental Health Services (Services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> for more information.)</p>	<p>Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. You pay nothing each day for days 1-5 of a Medicare-covered inpatient hospital stay. You pay nothing each day for days 6-90 of a Medicare-covered inpatient hospital stay.</p> <p>Outpatient mental health visits: Individual or Group therapy visit: You pay nothing</p> <p>Outpatient substance abuse therapy visit: Individual or Group therapy visit: You pay nothing</p>
<p>Skilled Nursing Facility (SNF) (Services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> for more information.)</p>	<p>Our plan covers up to 100 days in an SNF. You pay nothing</p>

Benefits & Coverage	Johns Hopkins Advantage MD D-SNP (HMO)
<p>Physical Therapy (Services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> for more information.)</p>	<p>You pay nothing</p>
<p>Ambulance (Services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> for more information.)</p>	<p><i>In-network & Out-of-network:</i> You pay nothing</p> <p>Copay includes one-way trip for emergency ambulance services and non-emergency ambulance services. The ambulance copay is not waived if you are admitted to the hospital.</p> <p>In some cases, Medicare may pay for limited non-emergency ambulance transportation if a beneficiary has orders from the doctor saying that ambulance transportation is medically necessary.</p>
<p>Transportation</p>	<p>You pay nothing for up to 24 one-way non-emergent trips within the plan service area to any health-related location. Please contact Customer Service to arrange a ride. Arrangements should be made at least 48 hours in advance.</p>
<p>Medicare Part B Drugs Medicare-covered Part B Drug may be subject to prior authorization and step therapy requirements.</p>	<p>For Part B drugs such as chemotherapy/radiation drugs: You pay nothing</p> <p>Other Part B drugs: You pay nothing</p> <p>Other Part B insulin drugs: You pay nothing</p>

Benefits & Coverage	Johns Hopkins Advantage MD D-SNP (HMO)
Medicare Part D Prescription Drugs	
Deductible	\$0
Initial Coverage	<p>Depending on your income and institutional status, you pay the following:</p> <ul style="list-style-type: none"> • You pay 25% or <p>For generic drugs (including brand drugs treated as a generic), you pay either:</p> <ul style="list-style-type: none"> • \$0.00/\$1.55/\$4.50* <p>For all other drugs, you pay either:</p> <ul style="list-style-type: none"> • \$0.00/\$4.60/\$11.20* <p>You may get your drugs at network retail pharmacies and mail order pharmacies. If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p> <p>*Cost-sharing is based on your level of Extra Help.</p>
Coverage Gap	<p>Most Medicare drug plans have a coverage gap (<i>also called the “donut hole”</i>). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (<i>including what our plan has paid and what you have paid</i>) reaches \$5,030. After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand name drugs and 25% of the plan’s cost for covered generic drugs until your costs total \$8,000, which is the end of the coverage gap. *Cost-sharing is based on your level of Extra Help.</p>
Catastrophic Coverage	<p>After your yearly out-of-pocket drug costs (<i>including drugs purchased through your retail pharmacy and through mail order</i>) reach \$8,000, you will stay in this payment stage until the end of the calendar year. During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.</p>

Additional Covered Medical and Hospital Benefits

Benefits & Coverage	Johns Hopkins Advantage MD D-SNP (HMO)
<p>Acupuncture</p>	<p>Medicare-covered acupuncture: You pay nothing</p> <p>Non-Medicare covered acupuncture: Not covered</p>
<p>Chiropractic Care (Services may require that your provider get prior authorization (approval in advance). Please see the <i>Evidence of Coverage</i> for more information.)</p>	<p>Medicare-covered chiropractic care: You pay nothing</p> <p>Non-Medicare covered chiropractic care (12 routine chiropractic visits per year): You pay nothing</p>
<p>Fitness (The Silver&Fit[®] Healthy Aging and Exercise Program)</p>	<p>You pay nothing at participating fitness centers.</p>
<p>Over-the-Counter Items</p>	<p>Plan covers up to \$200 every three months. Any unused amount does not carry over to the next period.</p>
<p>Podiatry services</p>	<p>Medicare-covered chiropractic care: You pay nothing</p> <p>Non-Medicare covered chiropractic care (12 routine podiatry visits per year): You pay nothing</p>
<p>Post Discharge Meals</p>	<p>You pay nothing for post discharge meals. After your inpatient stay (in either a hospital or skilled nursing facility) you are eligible to receive three (3) meals a day for five (5) days.</p> <p>Our Care Management team will work with eligible members to coordinate the delivery of meals provided by our vendor. Meal program is limited to four times per calendar year.</p>

Summary of Maryland Department of Health (Medicaid) Covered Services

Your services are paid first by Medicare and then by Medicaid. The benefits described below are covered by Medicaid. If a benefit is used up or not covered by Medicare, then Medicaid may provide coverage. This depends on your type of Medicaid coverage. Coverage of the benefits described below depends upon your level of Medicaid eligibility. This list of benefits is not a comprehensive list. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Maryland Department of Health, at 1-877-463-3464.

Benefits	Medicaid	Johns Hopkins Advantage MD D-SNP (HMO)
Ambulance Services	Emergency only	Covered
Ambulatory Surgical Center	Covered	Covered
Dental Services	Covered with limits	Covered
Diagnostic Tests, Lab and Radiology Services, and X-rays	Covered	Covered
Doctor Visits	Covered	Covered
Home Health Services	Covered	Covered
Hospice Services	Covered	Covered
Inpatient Hospital Coverage	Covered	Covered
Durable Medical Equipment	Covered	Covered
Mental Health Services	Covered	Covered
Outpatient Hospital Coverage	Covered	Covered
Podiatry Services (Foot Care)	Covered with limits	Covered
Prescription Drugs	Covered	Covered
Skilled Nursing Facility (SNF)	Covered	Covered
Transportation	Covered with limits	Covered
Vision Services	Covered	Covered
Health and Wellness Program	Not Covered	Covered
Post Discharge Meals	Not Covered	Covered

Notice of Nondiscrimination



Johns Hopkins Advantage MD (HMO) and Johns Hopkins Advantage MD (PPO) comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Johns Hopkins Advantage MD does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Johns Hopkins Advantage MD:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, and other formats).
- Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, please contact our Customer Service Department at 1-877-293-5325 (TTY: 711).

If you believe Johns Hopkins Advantage MD has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Johns Hopkins Grievance Compliance Coordinator at 7231 Parkway Dr., Suite 100, Hanover, MD 21076, phone: 1-844-422-6957 (TTY: 711) Monday – Friday 8 a.m. to 5 p.m. or 1-844-SPEAK2US (1-844-773-2528, available 24/7), fax: 1-410-762-1527 or by email: compliance@jhhp.org.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Johns Hopkins Advantage MD Compliance Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-293-5325 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-293-5325 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-293-5325 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-293-5325 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-877-293-5325 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-293-5325 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin

gọi 1-877-293-5325 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-293-5325 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-293-5325 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-293-5325 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (TTY: 711) 1-877-293-5325. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-293-5325 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-293-5325 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-293-5325 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis

rele nou nan 1-877-293-5325 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-293-5325 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-293-5325 (TTY: 711)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Form CMS-10802
(Expires 12/31/25)

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Johns Hopkins Advantage MD is a Medicare Advantage plan with a Medicare contract offering HMO and PPO products. Enrollment in Johns Hopkins Advantage MD depends on contract renewal.

ADVANTAGE MD

Johns Hopkins Medicine Medicare Plan



7231 Parkway Dr. Suite 100

Hanover, MD 21076

HopkinsMedicare.com

For updated information regarding plan providers, please visit our website at HopkinsMedicare.com, or call Advantage MD Member Service at:

1-888-403-7662 (TTY: 711)

NOT YET A MEMBER? HAVE QUESTIONS?

Please call us at: 1-888-403-7662 (TTY: 711)

8 a.m. – 8 p.m., 7 days a week

8 a.m. to 8 p.m., Monday – Friday between February 15 and September 30

Johns Hopkins Advantage MD D-SNP is an HMO D-SNP plan with a Medicare contract and a State of Maryland Medicaid contract. Enrollment in Johns Hopkins Advantage MD, D-SNP (HMO) depends on contract renewal.

Out-of-network/non-contracted providers are under no obligation to treat Johns Hopkins Advantage MD members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.