

## Medicare Advantage plans for Pennsylvania residents (HMO & PPO)



Our Medicare Advantage plans offer prescription drug coverage and additional benefits beyond Original Medicare. Our plans feature \$0 deductibles for medical services, plus dental and vision benefits. Check out all our Medicare Advantage plans have to offer!

	<b>NEW</b>					
	<b>Complete (HMO)</b>	<b>Giveback (HMO)</b>	<b>Prime (HMO)</b>	<b>Flex (PPO)*</b>	<b>Flex Pro (PPO)*</b>	<b>Flex Plus (PPO)*</b>
<b>Monthly Premium</b>	\$0	\$0/\$125 giveback	\$40.90	\$0	\$20	\$37
<b>Annual Medical Deductible</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>PCP Visits</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Specialist Visits</b>	\$25 copay	\$40 copay	\$20 copay	\$35 copay	\$20 copay	\$20 copay
<b>Referrals</b>	Not required	Not required	Not required	Not required	Not required	Not required
<b>Urgent Care</b>	\$10 copay	\$15 copay	\$5 copay	\$20 copay	\$15 copay	\$10 copay
<b>Emergency Room</b> (waived if admitted within 24 hours)	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
<b>Ambulance (Ground)</b>	\$250 copay	\$275 copay	\$250 copay	\$255 copay	\$225 copay	\$250 copay
<b>Inpatient Hospital</b>	\$250 copay per day, days 1-6; \$0 copay per day, days 7-90	\$310 copay per day, days 1-5; \$0 copay per day, days 6-90	\$235 copay per day, days 1-6; \$0 copay per day, days 7-90	\$250 copay per day, days 1-6; \$0 copay per day, days 7-90	\$425 copay per stay	\$400 copay per stay
<b>Outpatient Surgery</b> Ambulatory Surgical Center	\$200 copay	\$300 copay	\$300 copay	\$245 copay	\$150 copay	\$150 copay
Hospital Outpatient	\$300 copay	\$350 copay	\$350 copay	\$375 copay	\$250 copay	\$250 copay
<b>Physical/Occupational/Speech Therapy</b> Outpatient	\$25 copay	\$35 copay occupational therapy; \$40 copay physical and speech therapy	\$20 copay	\$35 copay	\$20 copay	\$20 copay
<b>Lab Services</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Radiology</b> X-ray	\$25 copay	\$30 copay	\$25 copay	\$35 copay	\$35 copay	\$35 copay
Diagnostic (such as MRI/CT/PET)	\$250 copay	\$250 copay	\$250 copay	\$250 copay	\$200 copay	\$250 copay
<b>Maximum Annual Out-of-Pocket</b>	\$5,700	\$8,300	\$6,400	\$7,000 (in-network) \$10,000 (combined)	\$6,000 (in-network) \$9,000 (combined)	\$6,900 (in-network) \$10,000 (combined)
<b>Prescription Drugs: Cost Sharing for 30-day retail<sup>+</sup></b>						
<b>Part D Deductible</b>	\$0	\$590 on tiers 3, 4 and 5	\$0	\$0	\$0	\$0
<b>Preferred Generic</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Generic</b>	\$10	\$10	\$10	\$5	\$5	\$5
<b>Preferred Brand</b>	25%	20%	25%	25%	25%	25%
<b>Non-Preferred Brand</b>	35%	35%	35%	40%	35%	35%
<b>Specialty</b>	33%	25%	33%	33%	33%	33%

\* Copays for many out-of-network services are equal to in-network copays.

<sup>+</sup> On most plans, 100-day fills are filled at 3x the cost of a 30-day fill. For more details, please call our team at **1-866-599-3104 (TTY 1-877-454-8477)**.

## Additional Benefits

	NEW					
	Complete (HMO)	Giveback (HMO)	Prime (HMO)	Flex (PPO)*	Flex Pro (PPO)*	Flex Plus (PPO)*
<b>Flex Card</b>	\$2,250; dental, vision, and hearing spending	\$2,250; dental, vision, and hearing spending	\$2,250; dental, vision, and hearing spending	\$2,250; dental, vision, and hearing spending	\$2,500; dental, vision, and hearing spending	\$2,500; dental, vision, and hearing spending
<b>OTC Benefit</b>	\$150 per quarter	\$30 per quarter	\$165 per quarter	\$150 per quarter	\$165 per quarter	\$125 per quarter
<b>Dental Exams &amp; Cleanings</b>	\$0 copay; three visits per year	\$0 copay; three visits per year	\$0 copay; three visits per year	\$0 copay; three visits per year	\$0 copay; three visits per year	\$0 copay; three visits per year
<b>Dental Allowance</b>	\$2,000	\$2,000; includes dental implant coverage	\$2,000	\$1,000 (in-network); 50% coinsurance (out-of-network)	\$2,000 (in-network); 50% coinsurance (out-of-network)	\$2,000 (in-network); 50% coinsurance (out-of-network)
<b>Annual Vision Exam</b>	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
<b>Vision Allowance</b>	\$400	\$200	\$300	\$100	\$100	\$200
<b>Hearing &amp; Hearing Aids (Both ears)</b>	Annual hearing exam: \$0 copay \$1,000, every two years	Annual hearing exam: \$0 copay \$1,000, every two years	Annual hearing exam: \$0 copay \$1,500, every two years	Annual hearing exam: \$0 copay \$1,000, every two years	Annual hearing exam: \$0 copay \$1,000, every two years	Annual hearing exam: \$0 copay \$1,000, every two years
<b>Transportation</b>	22 one-way trips	Not covered	50 one-way trips	Not covered	Not covered	Not covered
<b>Fitness Center Memberships</b>	\$0 copay for SilverSneakers® membership	\$0 copay for SilverSneakers® membership	\$0 copay for SilverSneakers® membership	\$0 copay for SilverSneakers® membership	\$0 copay for SilverSneakers® membership	\$0 copay for SilverSneakers® membership
<b>JeffConnect (Virtual care)</b>	Included	Included	Included	Included	Included	Included
<b>Worldwide Emergency Coverage</b>	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000

## Jefferson Health Plans Medicare Advantage plans are available in the following Pennsylvania counties:

- Adams
- Berks
- Bradford
- Bucks
- Carbon
- Chester
- Cumberland
- Dauphin
- Delaware
- Franklin
- Lancaster
- Lebanon
- Lehigh
- Monroe
- Montgomery
- Northampton
- Perry
- Philadelphia
- Schuylkill
- York

### Do you have questions about our plans?

Call 1-866-599-3104 (TTY 1-877-454-8477) to speak with a licensed benefit advisor.

We're available 8 a.m. – 8 p.m. seven days a week (October 1 through March 31) and 8 a.m. – 8 p.m., Monday through Friday (April 1 through September 30).

Jefferson Health Plans contracts with Medicare to offer HMO, HMO-DSNP, and PPO plans. Our HMO-DSNP also has a contract with the Pennsylvania State Medicaid program. Enrollment in our plans depends on contract renewal.