



# First Look

## HMO-POS | NEW JERSEY

- **NEW:** Select Care Drugs (Tier 6 in formulary) with \$0 copay, including gap coverage for top selling diabetic brand drugs<sup>1</sup>
- **NEW:** Flex Card benefit – dental, hearing, vision – on both plans
- **NEW:** Oral exams and cleanings covered **3x** each year
- Expanding to Atlantic and Mercer counties; our coverage area is now Atlantic, Burlington, Camden, Gloucester and Mercer counties
- High-quality care from Jefferson Health and an extensive network of providers across south NJ, including Capital Health, AtlantiCare and Penn Medicine
- \$0 PCP copay, \$0 specialist copay on Platinum plan
- Insulin – Preferred Brands covered at \$10/\$20 (30 day/100 day)
- Competitive copays for the services members use most frequently: specialist visits, inpatient hospital stays, lab services, X-rays and more
- Generous comprehensive dental and eyewear allowances on both plans
- Wellness Rewards, our incentive program, is available to all enrolled members
- Rated 5 stars by our members

<sup>1</sup>Trulicity, Januvia and Jardiance

	Silver (HMO-POS) H9207-013	Platinum (HMO-POS) H9207-014
Monthly Premium	\$0	\$20
PCP Visits	\$0 copay	\$0 copay
Specialist Visits	\$30 copay; 20% for out-of-network providers	\$0 copay; 20% for out-of-network providers
Referrals	Not required	Not required
Urgent Care	\$55 copay	\$55 copay
Emergency Room	\$100 copay (waived if admitted within 24 hours)	\$100 copay (waived if admitted within 24 hours)
Inpatient Hospital	\$290 copay per day, days 1-5; \$0 copay per day, days 6-90	\$275 copay per day, days 1-5; \$0 copay per day, days 6-90
Outpatient Surgery	\$200 copay for ASC; \$300 copay for outpatient hospital	\$200 copay for ASC; \$300 copay for outpatient hospital
Lab Services	\$0 copay	\$0 copay
Prescription Drugs (30-day retail and mail order)	Preferred Generic: \$0 Generic: \$10 Preferred Brand: \$47 Non-Preferred Brand: \$100 Specialty: 33% Select Care Drugs: \$0; includes gap coverage	Preferred Generic: \$0 Generic: \$10 Preferred Brand: \$47 Non-Preferred Brand: \$100 Specialty: 33% Select Care Drugs: \$0; includes gap coverage
Prescription Drugs (100-day retail and mail order)	Preferred Generic: \$0 Generic: \$20 Preferred Brand: \$94 Non-Preferred Brand: \$200 Specialty: N/A Select Care Drugs: \$0; includes gap coverage	Preferred Generic: \$0 Generic: \$20 Preferred Brand: \$94 Non-Preferred Brand: \$200 Specialty: N/A Select Care Drugs: \$0; includes gap coverage
Preferred Insulin* (Retail and mail order)	\$10 copay (30 day); \$20 copay (100 day)	\$10 copay (30 day); \$20 copay (100 day)
Maximum Annual Out-of-Pocket	\$6,000	\$6,000

\* Part D Senior Savings program

## Meet the Jefferson Health Plans Team

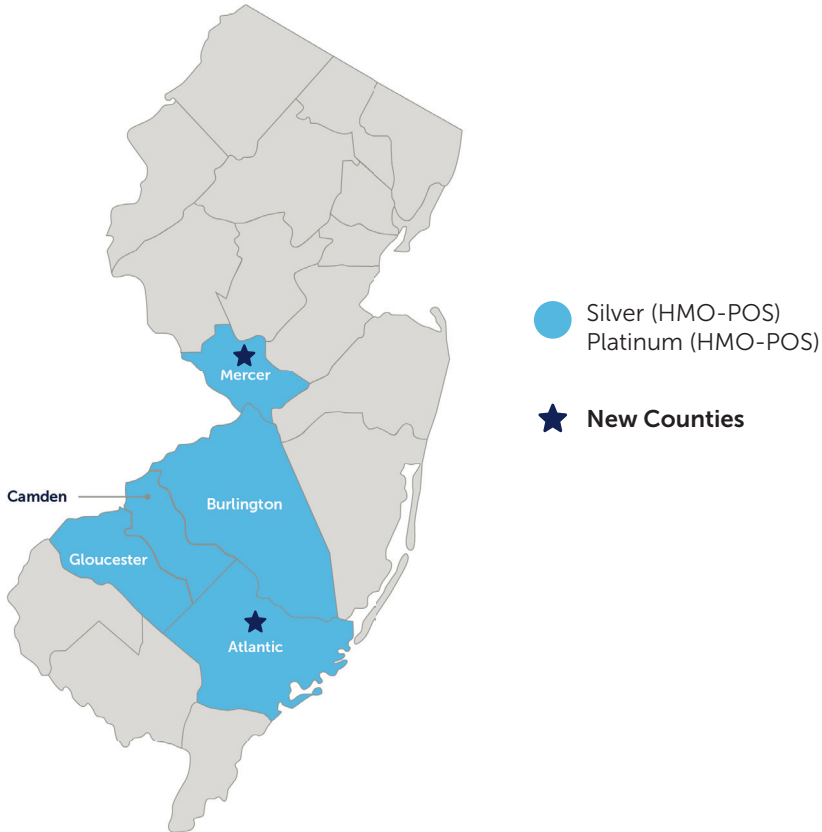
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# Additional Benefits

	Silver (HMO-POS) H9207-013	Platinum (HMO-POS) H9207-014
Flexcard	\$1,000 for additional vision, dental, hearing spend	\$1,000 for additional vision, dental, hearing spend
OTC Allowance	\$75 per quarter	\$75 per quarter
Dental Exams & Cleanings	\$0 copay; three visits per year	\$0 copay; three visits per year
Dental Allowance	\$1,000	\$2,000
Annual Vision Exam	\$0 copay	\$0 copay
Vision Allowance	\$200	\$200
Annual Hearing Exam	\$0 copay	\$0 copay
Hearing Aid Allowance	Not covered	Not covered
SilverSneakers® / Kroc Center Membership	Included	Included
JeffConnect	Included	Included
Worldwide Emergency Coverage	\$50,000	\$50,000



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For broker use only. Benefits pending CMS approval. This is not a complete description of benefits; benefits vary by plan.