



# First Look D-SNP | PENNSYLVANIA

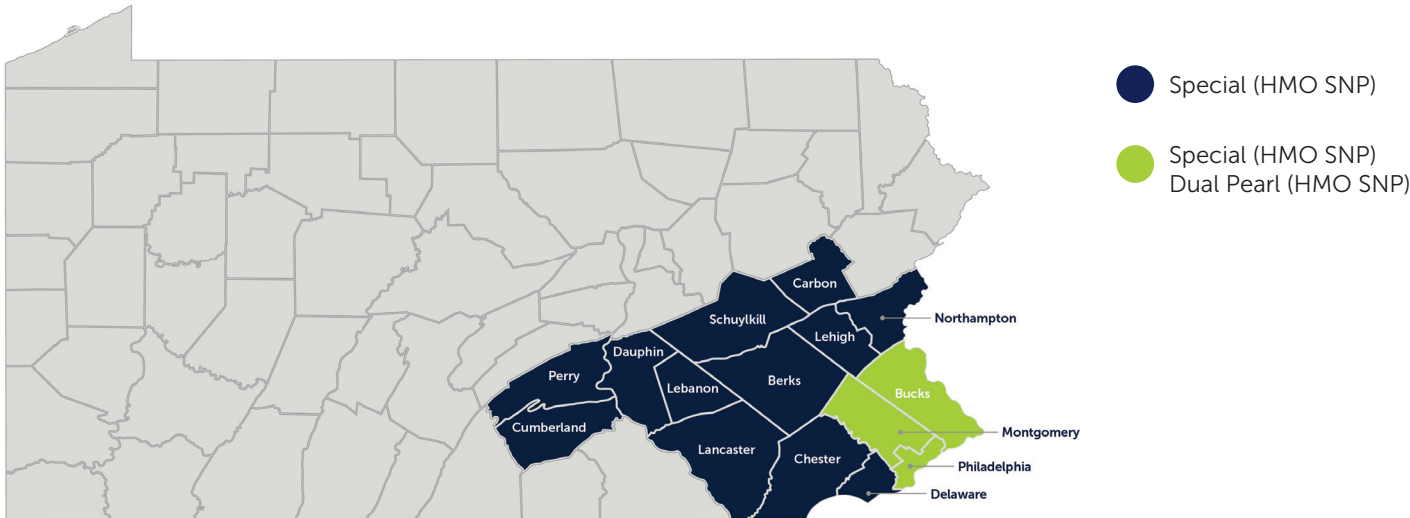
- **NEW:** Dual Pearl plan with \$10,000 annual comprehensive benefit with dental implant coverage
- **NEW:** Flex Card benefit that includes generous quarterly credit for food and utilities
- **NEW:** Oral exams and cleanings covered **3x** each year
- Dual Pearl plan will be available in Bucks, Montgomery and Philadelphia counties
- \$0 copay on all prescription drugs
- \$0 copay for covered services
- Generous OTC benefit (separate from Flex Card)
- Generous comprehensive dental, eyewear and hearing aid allowances on both plans
- Wellness Rewards, our incentive program, is available to all enrolled members
- Rated 5 stars by our members

	NEW FOR 2024	
	Special (HMO SNP) H9207-004	Dual Pearl (HMO SNP) H9207-016
Monthly Premium	\$0	\$0
PCP Visits	\$0 copay	\$0 copay
Specialist Visits	\$0 copay	\$0 copay
Referrals	Not required	Not required
Urgent Care	\$0 copay	\$0 copay
Emergency Room	\$0 copay	\$0 copay
Inpatient Hospital	\$0 copay	\$0 copay
Outpatient Surgery	\$0 copay	\$0 copay
Lab Services	\$0 copay	\$0 copay
Prescription Drugs (30-day retail and mail order)	\$0 copay on all prescription drugs	\$0 copay on all prescription drugs
Prescription Drugs (100-day retail and mail order)	\$0 copay on all prescription drugs	\$0 copay on all prescription drugs
Preferred Insulin* (Retail and mail order)	\$0 copay on all preferred insulin drugs	\$0 copay on all preferred insulin drugs
Maximum Annual Out-of-Pocket	\$8,850	\$8,850

\* Part D Senior Savings program

# Additional Benefits

	NEW FOR 2024	
	Special (HMO SNP) H9207-004	Dual Pearl (HMO SNP) H9207-016
Flexcard	\$305 per quarter; food and produce and utilities	\$200 per quarter; food and produce and utilities
OTC Allowance	\$305 per quarter	\$200 per quarter
Dental Exams & Cleanings	\$0 copay; three visits per year	\$0 copay; three visits per year
Dental Allowance	\$5,000	\$10,000; includes dental implant coverage
Annual Vision Exam	\$0 copay	\$0 copay
Vision Allowance	\$500	\$200
Annual Hearing Exam	\$0 copay	\$0 copay
Hearing Aid Allowance	\$1,500; every year	\$1,500; every year
Transportation	Unlimited one-way trips	Unlimited one-way trips
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.

## Meet the Jefferson Health Plans Team

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