



First Look

HMO-POS | PENNSYLVANIA

- **NEW:** Introduction of Part B Giveback plan (\$105/month) in Bucks, Montgomery and Philadelphia counties
- **NEW:** Part B giveback plan with \$2,000 annual comprehensive benefit with dental implant coverage
- **NEW:** Select Care Drugs (Tier 6 in formulary) with \$0 copay, including gap coverage for top selling diabetic brand drugs¹
- **NEW:** Flex Card benefit - \$500 for dental, hearing and vision - on Complete plan
- **NEW:** Oral exams and cleanings covered **3x** each year
- \$0 PCP copay
- 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, eyewear and hearing aid allowances on all plans
- Wellness Rewards, our incentive program, is available to all enrolled members
- Rated 5 stars by our members

¹Trulicity, Januvia and Jardiance

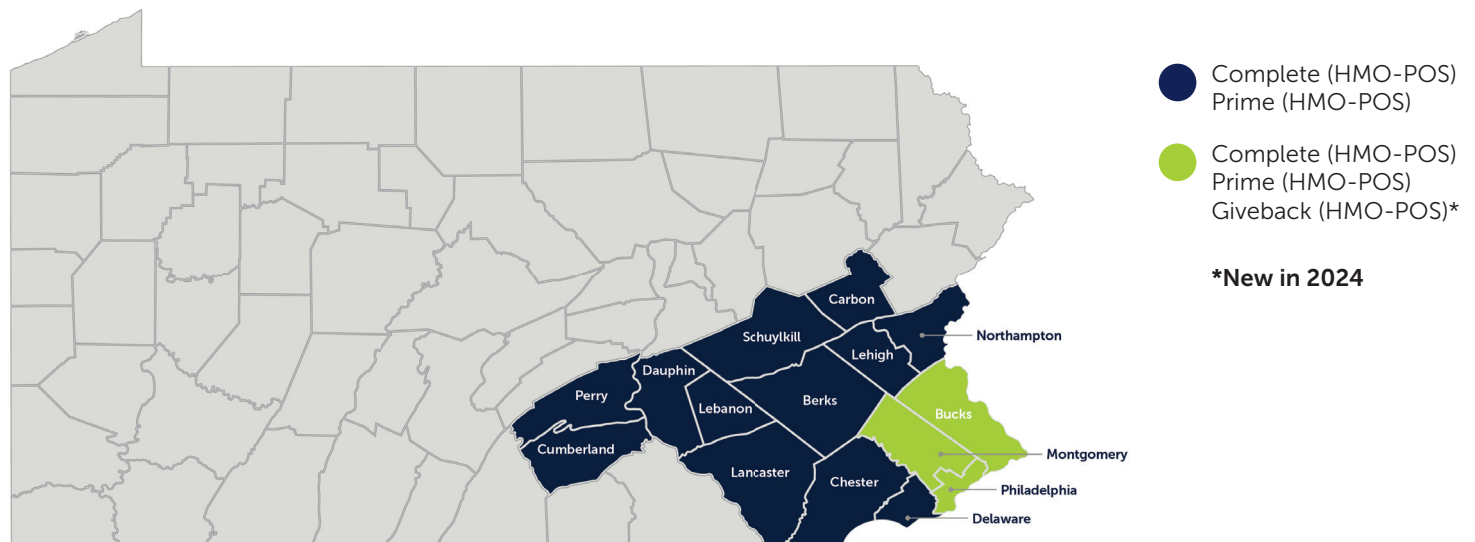
	NEW FOR 2024		
	Complete (HMO-POS) H9207-012	Prime (HMO-POS) H9207-002	Giveback (HMO-POS) H9207-015
Monthly Premium	\$0	\$41.10	\$0 / \$105 giveback
PCP Visits	\$0 copay	\$0 copay	\$0 copay
Specialist Visits	\$25 copay; 20% for out-of-network providers	\$20 copay; 20% for out-of-network providers	\$40 copay; 20% for out-of-network providers
Referrals	Not required	Not required	Not required
Urgent Care	\$55 copay	\$55 copay	\$55 copay
Emergency Room	\$100 copay (waived if admitted within 24 hours)	\$100 copay (waived if admitted within 24 hours)	\$100 copay (waived if admitted within 24 hours)
Inpatient Hospital	\$250 copay per day, days 1-6; \$0 copay per day, days 7-90	\$235 copay per day, days 1-5; \$0 copay per day, days 6-90	\$290 copay per day, days 1-6; \$0 copay per day, days 7-90
Outpatient Surgery	\$200 copay for ASC; \$300 copay for outpatient hospital	\$200 copay for ASC; \$300 copay for outpatient hospital	\$300 copay for ASC; \$350 copay for outpatient hospital
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	Preferred Generic: \$0 Generic: \$10 Preferred Brand ² : \$47 Non-Preferred Brand ² : \$100 Specialty ² : 30% 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 Generic: \$0 Generic: \$20 Preferred Brand ² : \$94 Non-Preferred Brand ² : \$200 Specialty ² : N/A Select Care Drugs: \$0; includes gap coverage
Preferred Insulin ³ (Retail and mail order)	\$10 copay (30 day); \$20 copay (100 day)	\$10 copay (30 day); \$20 copay (100 day)	\$10 copay (30 day); \$20 copay (100 day)
Maximum Annual Out-of-Pocket	\$4,500	\$7,900	\$7,900

²\$200 deductible on Tier 3, 4, and 5

³ Part D Senior Savings program

Additional Benefits

	NEW FOR 2024		
	Complete (HMO-POS) H9207-012	Prime (HMO-POS) H9207-002	Giveback (HMO-POS) H9207-015
Flexcard	\$500 for additional vision, dental, hearing spend	Not included	Not included
OTC Allowance	\$150 per quarter	\$165 per quarter	\$30 per quarter
Dental Exams & Cleanings	\$0 copay; three visits per year	\$0 copay; three visits per year	\$0 copay; three visits per year
Dental Allowance	\$2,000	\$2,000	\$2,000; includes dental implant coverage
Annual Vision Exam	\$0 copay	\$0 copay	\$0 copay
Vision Allowance	\$400	\$300	\$200
Annual Hearing Exam	\$0 copay	\$0 copay	\$0 copay
Hearing Aid Allowance	\$1,000; every two years	\$1,500; every two years	\$1,000; every two years
Transportation	22 one-way trips	50 one-way trips	Not included
SilverSneakers® / Kroc Center Membership	Included	Included	Included
JeffConnect	Included	Included	Included
Worldwide Emergency Coverage	\$50,000	\$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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