First Look
PPO | PENNSYLVANIA

- **NEW**: Two PPO plans with in/out-of-network parity for most covered services
- **NEW**: Select Care Drugs (Tier 6 in formulary) with $0 copay, including gap coverage for top selling diabetic brand drugs[1]
- **NEW**: Flex Card benefit – dental, hearing, vision – on both plans
- **NEW**: Oral exams and cleanings covered 3x each year on both plans
- $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 both plans
- Wellness Rewards, our incentive program, is available to all enrolled members

[1]Trulicity, Januvia and Jardiance

Jefferson Health Plans

Medicare Advantage
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	NEW FOR 2024			
	Flex H1619-001		**Flex Plus** H1619-002	
	In Network	**Out of Network**	**In Network**	**Out of Network**
Monthly Premium	$0		$49	
PCP Visits	$0 copay	$0 copay	$0 copay	$0 copay
Specialist Visits	$35 copay	$35 copay	$20 copay	$20 copay
Referrals	Not required		Not required	
Urgent Care	$55 copay	$55 copay	$55 copay	$55 copay
Emergency Room	$100 copay	$100 copay	$100 copay	$100 copay
Inpatient Hospital	$250 copay, days 1-7	$250 copay, days 1-7	$450 copay, unlimited days	$450 copay, unlimited days
Outpatient Surgery	$245 copay for ASC; $375 copay for outpatient hospital	$245 copay for ASC; $375 copay for outpatient hospital	$150 copay for ASC; $250 copay for outpatient hospital	$150 copay for ASC; $250 copay for outpatient hospital
Lab Services	$0 copay	$0 copay	$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 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	$7,550 (in network)	$11,300 (combined)	$6,500 (in network)	$10,000 (combined)

* Part D Senior Savings program

Medicare Advantage
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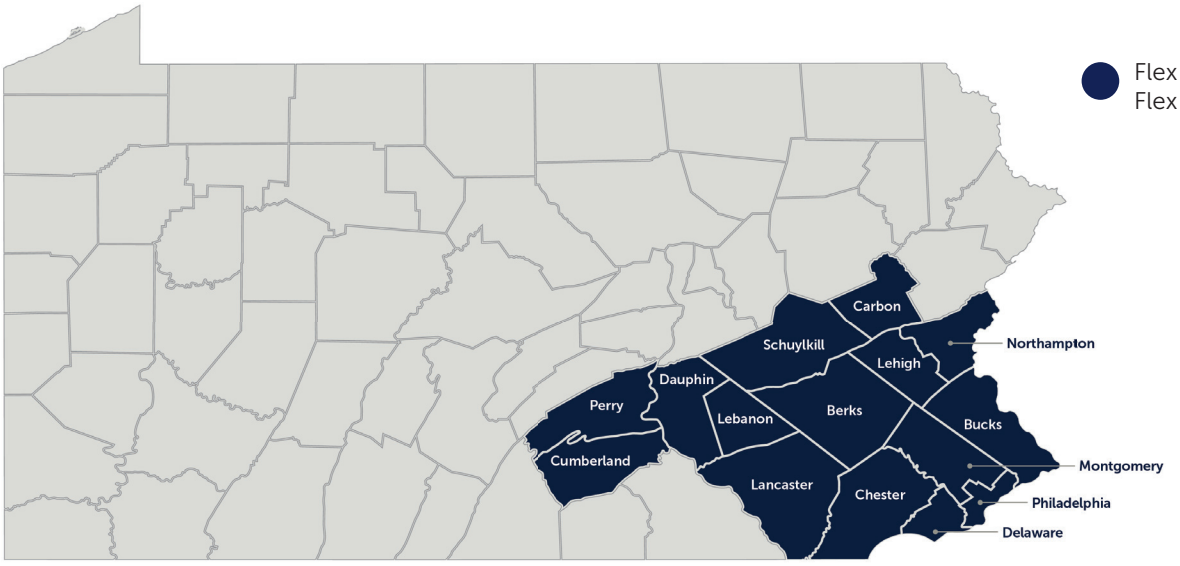
Additional Benefits

	NEW FOR 2024	
	Flex H1619-001	**Flex Plus** H1619-002
Flexcard	$200 for additional vision, dental, hearing spend	$500 for additional vision, dental, hearing spend
OTC Allowance	$70 per quarter	$125 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	$100	$200
Annual Hearing Exam	$0 copay	$0 copay
Hearing Aid Allowance	$1,000; every two years	$1,000; every two years
SilverSneakers® / Kroc Center Membership	$0 copay	$0 copay
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.

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