



Start here for  
a healthier you.

**Individual and Family Plans**

 **Jefferson**  
Health Plans

1-866-598-7139  
(TTY 711)

[JeffersonHealthPlans.com/Individuals-Families](https://www.JeffersonHealthPlans.com/Individuals-Families)

# Budget-friendly plans for your best health.

## Looking for low-cost health coverage?

With Jefferson Health Plans, you can choose from a range of plans that offer quality coverage and big savings.

We offer plans in your area, including **Bucks, Montgomery, Philadelphia, and Delaware** counties.

Keep reading to learn more!



## Why Choose Jefferson Health Plans?

Built on a foundation spanning nearly 40 years, we are committed to providing you with quality, affordable coverage. We connect you with top doctors and specialists — and provide you with benefits that go beyond the basics.

### Count on us for:

#### Affordable plans

We offer a range of Bronze, Silver, and Gold Individual and Family Plans to fit every budget, including \$0 medical deductible plans at all metal levels.

#### Access to hundreds of trusted providers

Choose from our large provider network to visit Jefferson doctors and hospitals, plus other trusted providers located close to where you live.

#### Referral-free visits

Skip the hassle and find a specialist who meets your needs — no referral required.

#### Comprehensive care

Our plans cover the essentials: doctor's appointments, hospital visits, lab services — plus more:

- **Virtual care through JeffConnect**, so you have 24/7 access to virtual visits with a Jefferson provider.
- **Prescription drug coverage** for low-cost generic and brand name medications.
- **FREE** first primary care provider (PCP) visit!\*

*\*When seeing a Tier 1 provider*

## Questions? Ready to enroll?

Call **1-866-598-7139** (TTY 711)

Visit [JeffersonHealthPlans.com/Individuals-Families](https://JeffersonHealthPlans.com/Individuals-Families)

Work with a licensed broker for help choosing and enrolling in a plan.

# Which Plan is Right for You?

We offer plans in three metal tiers: Bronze, Silver, and Gold. Choose a plan in a metal tier that best suits your healthcare needs and budget. No matter which plan and tier you choose, you can count on the same quality of coverage.

## BRONZE

PREMIUM COSTS: \$

OUT-OF-POCKET: \$\$\$

- ✓ Advanced premium tax credits\*
- ✗ Cost-sharing reductions\*

★ **BEST IF:** You don't go to the doctor often and want lower premiums

## SILVER

PREMIUM COSTS: \$\$

OUT-OF-POCKET: \$\$

- ✓ Advanced premium tax credits\*
- ✓ Cost-sharing reductions\*

★ **BEST IF:** You want to pay a lower premium and keep out-of-pocket costs lower

## GOLD

PREMIUM COSTS: \$\$\$

OUT-OF-POCKET: \$

- ✓ Advanced premium tax credits\*
- ✗ Cost-sharing reductions\*

★ **BEST IF:** You go to the doctor often and want lower out-of-pocket costs

*\*If you are eligible for premium tax credits and/or cost-sharing reductions. See **page 4** for details.*

## More Providers. More Choice.

With our plans, you get access to providers and hospitals within the acclaimed Jefferson Health System, plus many others.

Our providers are grouped into two Tiers to give you more choice.

**Tier 1 = \$**

Lower costs if you see a Tier 1 provider

**Tier 2 = \$\$**

Higher out-of-pocket costs, but you'll get access to more providers



- **No referrals required!**
- **See leading Jefferson doctors and other trusted providers!**



# Ways to Save

## Need help paying for health insurance? We have good news!

Two types of financial assistance are available for those who qualify when you buy one of our plans through Pennie®, Pennsylvania's Official Health Insurance Marketplace<sup>1</sup>:

- Advance Premium Tax Credits
- Cost-Sharing Reductions.

Even better, **9 out of 10 people qualify for savings.**<sup>2</sup>

### See if you qualify

Your household income and size determine if you are eligible to save on your health insurance. Check your eligibility by calling us at **1-866-598-7139**, or by visiting [www.pennie.com](http://www.pennie.com).



## Understanding costs – we've got you covered.



### Premiums

Monthly payments to maintain your coverage.



### Deductibles

Fixed amount you pay for covered medical services before your insurance kicks in.



### Coinsurance

Percentage of covered medical expenses you pay once you've met your deductible.



### Copays

Fixed amount you pay for doctor visits, prescriptions, or other medical services.



### Advanced Premium Tax Credits

Tax credit that lowers your monthly premium if you qualify.<sup>3</sup>



### Cost-Sharing Reductions

Lower your out-of-pocket costs and can be combined with an Advance Premium Tax credit to save more.<sup>3</sup>

1. Learn more at [www.pennie.com](http://www.pennie.com) or call **1-844-844-8040** for assistance.

2. [www.cms.gov](http://www.cms.gov) press release 'Historic 21.3 Million People Choose ACA Coverage'; January 24, 2024

3. Federal financial assistance can only be applied to the purchase of a Qualified Health Plan (QHP), which is an insurance plan that's certified by the Health Insurance Marketplace®, provides essential health benefits, follows established limits on cost-sharing (like deductibles, copayments, and out-of-pocket maximum amounts), and meets other requirements under the Affordable Care Act.

		Jefferson Health Plans + \$0 Deductible + Bronze + HMO	
		Tier 1	Tier 2
<b>Medical Deductible - Individual/Family</b>		\$0/\$0	\$2,000/\$4,000
<b>Drug Deductible</b>		\$5,000/\$10,000	\$5,000/\$10,000
<b>Out-of-Pocket Maximum - Individual/Family</b>		\$9,200/\$18,400	\$9,200/\$18,400
<b>No Cost Share PCP Visit</b>		1/Benefit Year	0
<b>PCP Visit</b>		\$95 No Deductible	\$150 No Deductible
<b>Specialist Visit</b>		\$150 No Deductible	\$175 No Deductible
<b>Virtual Care (JeffConnect)</b>		No Charge	N/A
<b>Virtual Care - Primary Care Visit</b>		\$95 No Deductible	\$150 No Deductible
<b>Virtual Care - Specialist Visit</b>		\$150 No Deductible	\$175 No Deductible
<b>Inpatient Hospital Services</b>	<b>Acute stays</b>	\$2,000 Per Day No Deductible (Max 5 copays per admit)	\$3,000 Per Day After Deductible (Max 5 copays per admit)
	<b>Mental/Behavioral Health/SUD</b>	\$2,000 Per Day No Deductible (Max 5 copays per admit)	\$2,000 Per Day After Deductible (Max 5 copays per admit)
	<b>Delivery and All Inpatient Services for Maternity Care</b>	\$2,000 Per Day No Deductible (Max 5 copays per admit)	\$3,000 Per Day After Deductible (Max 5 copays per admit)
<b>Durable Medical Equipment</b>		50% Coinsurance No Deductible	50% Coinsurance After Deductible
<b>Lab Services</b>		\$150 No Deductible	\$250 No Deductible
<b>Emergency Room Services</b>		\$1,250 No Deductible	\$1,250 After Deductible
<b>Imaging (CT/PET Scans, MRIs)</b>		\$600 No Deductible	\$750 After Deductible
<b>Occupational and Rehabilitative Physical Therapy (30 visits combined per year)</b>		\$150 No Deductible	\$250 No Deductible
<b>Urgent Care Centers or Facilities</b>		\$150 No Deductible	\$175 No Deductible
<b>Gender Affirming Care</b>		\$2,000 No Deductible	\$3,000 After Deductible
<b>Pharmacy Services</b>	<b>Preventive Drugs</b>	No Charge	No Charge
	<b>Generic Drugs Tier 1</b>	\$35 No Deductible	\$35 No Deductible
	<b>Generic Drugs Tier 2</b>	\$35 No Deductible	\$35 No Deductible
	<b>Preferred Brand Drugs</b>	\$150 No Deductible	\$150 No Deductible
	<b>Non-Preferred Brand Drugs</b>	\$250 After Deductible	\$250 After Deductible
	<b>Specialty Drugs</b>	50% Coinsurance After Deductible	50% Coinsurance After Deductible

## Jefferson Health Plans + Total + Bronze + HMO

		Tier 1	Tier 2
<b>Medical Deductible - Individual/Family</b>		\$7,900/\$15,800	\$19,200/\$18,400
<b>Drug Deductible</b>		Combined	Combined
<b>Out-of-Pocket Maximum - Individual/Family</b>		\$9,200/\$18,400	\$9,200/\$18,400
<b>No Cost Share PCP Visit</b>		1/Benefit Year	0
<b>PCP Visit</b>		\$60 No Deductible	\$95 No Deductible
<b>Specialist Visit</b>		\$95 No Deductible	\$150 No Deductible
<b>Virtual Care (JeffConnect)</b>		No Charge	N/A
<b>Virtual Care (other) - Primary Care Visit</b>		\$60 No Deductible	\$95 No Deductible
<b>Virtual Care (other) - Specialist Visit</b>		\$95 No Deductible	\$150 No Deductible
<b>Inpatient Hospital Services</b>	<b>Acute stays</b>	\$850 Per Day After Deductible (Max 5 copays per admit)	\$1,000 Per Day After Deductible (Max 5 copays per admit)
	<b>Mental/Behavioral Health/SUD</b>	\$850 Per Day After Deductible (Max 5 copays per admit)	\$850 Per Day After Deductible (Max 5 copays per admit)
	<b>Delivery and All Inpatient Services for Maternity Care</b>	\$850 Per Day After Deductible (Max 5 copays per admit)	\$1,000 Per Day After Deductible (Max 5 copays per admit)
<b>Durable Medical Equipment</b>		50% Coinsurance After Deductible	0% Coinsurance After Deductible
<b>Lab Services</b>		\$75 No Deductible	\$150 No Deductible
<b>Emergency Room Services</b>		50% Coinsurance After Deductible	50% Coinsurance After Deductible
<b>Imaging (CT/PET Scans, MRIs)</b>		\$300 No Deductible	\$350 No Deductible
<b>Occupational and Rehabilitative Physical Therapy (30 visits combined per year)</b>		\$135 No Deductible	\$150 No Deductible
<b>Urgent Care Centers or Facilities</b>		\$95 No Deductible	\$150 No Deductible
<b>Gender Affirming Care</b>		\$850 After Deductible	\$1,000 After Deductible
<b>Pharmacy Services</b>	<b>Preventive Drugs</b>	No Charge	No Charge
	<b>Generic Drugs Tier 1</b>	\$35 No Deductible	\$35 No Deductible
	<b>Generic Drugs Tier 2</b>	\$35 No Deductible	\$35 No Deductible
	<b>Preferred Brand Drugs</b>	\$150 No Deductible	\$150 No Deductible
	<b>Non-Preferred Brand Drugs</b>	50% Coinsurance After Deductible	50% Coinsurance After Deductible
	<b>Specialty Drugs</b>	50% Coinsurance After Deductible	50% Coinsurance After Deductible

## Jefferson Health Plans + Value + Bronze + HMO

		Tier 1	Tier 2
<b>Medical Deductible - Individual/Family</b>		\$8,500/\$17,000	\$9,200/\$18,400
<b>Drug Deductible</b>		Combined	Combined
<b>Out-of-Pocket Maximum - Individual/Family</b>		\$9,200/\$18,400	\$9,200/\$18,400
<b>No Cost Share PCP Visit</b>		1/Benefit Year	0
<b>PCP Visit</b>		0% After Deductible	0% After Deductible
<b>Specialist Visit</b>		0% After Deductible	0% After Deductible
<b>Virtual Care (JeffConnect)</b>		No Charge	N/A
<b>Virtual Care (other) - Primary Care Visit</b>		0% After Deductible	0% After Deductible
<b>Virtual Care (other) - Specialist Visit</b>		0% After Deductible	0% After Deductible
<b>Inpatient Hospital Services</b>	<b>Acute stays</b>	0% After Deductible (Max 5 copays per admit)	0% After Deductible (Max 5 copays per admit)
	<b>Mental/Behavioral Health/SUD</b>	0% After Deductible (Max 5 copays per admit)	0% After Deductible (Max 5 copays per admit)
	<b>Delivery and All Inpatient Services for Maternity Care</b>	0% After Deductible (Max 5 copays per admit)	0% After Deductible (Max 5 copays per admit)
<b>Durable Medical Equipment</b>		0% After Deductible	0% After Deductible
<b>Lab Services</b>		0% Coinsurance After Deductible	0% Coinsurance After Deductible
<b>Emergency Room Services</b>		0% After Deductible	0% After Deductible
<b>Imaging (CT/PET Scans, MRIs)</b>		0% After Deductible	0% After Deductible
<b>Occupational and Rehabilitative Physical Therapy (30 visits combined per year)</b>		0% After Deductible	0% After Deductible
<b>Urgent Care Centers or Facilities</b>		0% After Deductible	0% After Deductible
<b>Gender Affirming Care</b>		0% After Deductible	0% After Deductible
<b>Pharmacy Services</b>	<b>Preventive Drugs</b>	No Charge	No Charge
	<b>Generic Drugs Tier 1</b>	\$35 No Deductible	\$35 No Deductible
	<b>Generic Drugs Tier 2</b>	\$35 No Deductible	\$35 No Deductible
	<b>Preferred Brand Drugs</b>	0% After Deductible	0% After Deductible
	<b>Non-Preferred Brand Drugs</b>	0% After Deductible	0% After Deductible
	<b>Specialty Drugs</b>	0% After Deductible	0% After Deductible

## Jefferson Health Plans + \$0 Deductible + Silver + HMO

		Tier 1	Tier 2
<b>Medical Deductible - Individual/Family</b>		\$0/\$0	\$2,000/\$4,000
<b>Drug Deductible</b>		\$5,000/\$10,000	\$5,000/\$10,000
<b>Out-of-Pocket Maximum - Individual/Family</b>		\$9,200/\$18,400	\$9,200/\$18,400
<b>No Cost Share PCP Visit</b>		1/Benefit Year	0
<b>PCP Visit</b>		\$50 No Deductible	\$95 No Deductible
<b>Specialist Visit</b>		\$95 No Deductible	\$130 No Deductible
<b>Virtual Care (JeffConnect)</b>		No Charge	N/A
<b>Virtual Care - Primary Care Visit</b>		\$50 No Deductible	\$95 No Deductible
<b>Virtual Care - Specialist Visit</b>		\$95 No Deductible	\$130 No Deductible
<b>Inpatient Hospital Services</b>	<b>Acute stays</b>	\$595 Per Day No Deductible (Max 5 copays per admit)	\$1,000 Per Day After Deductible (Max 5 copays per admit)
	<b>Mental/Behavioral Health/SUD</b>	\$595 Per Day No Deductible (Max 5 copays per admit)	\$595 Per Day After Deductible (Max 5 copays per admit)
	<b>Delivery and All Inpatient Services for Maternity Care</b>	\$595 Per Day No Deductible (Max 5 copays per admit)	\$1,000 Per Day After Deductible (Max 5 copays per admit)
<b>Durable Medical Equipment</b>		50% Coinsurance No Deductible	50% Coinsurance After Deductible
<b>Lab Services</b>		\$60 No Deductible	\$100 No Deductible
<b>Emergency Room Services</b>		\$975 No Deductible	\$975 No Deductible
<b>Imaging (CT/PET Scans, MRIs)</b>		\$350 No Deductible	\$500 No Deductible
<b>Occupational and Rehabilitative Physical Therapy (30 visits combined per year)</b>		\$100 No Deductible	\$130 No Deductible
<b>Urgent Care Centers or Facilities</b>		\$95 No Deductible	\$130 No Deductible
<b>Gender Affirming Care</b>		\$595 No Deductible	\$1,000 After Deductible
<b>Pharmacy Services</b>	<b>Preventive Drugs</b>	No Charge	No Charge
	<b>Generic Drugs Tier 1</b>	\$5 No Deductible	\$5 No Deductible
	<b>Generic Drugs Tier 2</b>	\$20 No Deductible	\$20 No Deductible
	<b>Preferred Brand Drugs</b>	\$100 No Deductible	\$100 No Deductible
	<b>Non-Preferred Brand Drugs</b>	50% Coinsurance After Deductible	50% Coinsurance After Deductible
	<b>Specialty Drugs</b>	50% Coinsurance After Deductible	50% Coinsurance After Deductible



## Jefferson Health Plans + Balanced + Silver + HMO

		Tier 1	Tier 2
<b>Medical Deductible - Individual/Family</b>		\$2,500/\$5,000	\$6,900/\$13,800
<b>Drug Deductible</b>		\$600/\$1,200	\$600/\$1,200
<b>Out-of-Pocket Maximum - Individual/Family</b>		\$9,200/\$18,400	\$9,200/\$18,400
<b>No Cost Share PCP Visit</b>		1/Benefit Year	0
<b>PCP Visit</b>		\$45 No Deductible	\$90 No Deductible
<b>Specialist Visit</b>		\$90 No Deductible	\$130 No Deductible
<b>Virtual Care (JeffConnect)</b>		No Charge	N/A
<b>Virtual Care - Primary Care Visit</b>		\$45 No Deductible	\$90 No Deductible
<b>Virtual Care - Specialist Visit</b>		\$90 No Deductible	\$130 No Deductible
<b>Inpatient Hospital Services</b>	<b>Acute stays</b>	\$550 Per Day After Deductible (Max 5 copays per admit)	\$850 Per Day After Deductible (Max 5 copays per admit)
	<b>Mental/Behavioral Health/SUD</b>	\$550 Per Day After Deductible (Max 5 copays per admit)	\$550 Per Day After Deductible (Max 5 copays per admit)
	<b>Delivery and All Inpatient Services for Maternity Care</b>	\$550 Per Day After Deductible (Max 5 copays per admit)	\$850 Per Day After Deductible (Max 5 copays per admit)
<b>Durable Medical Equipment</b>		50% Coinsurance After Deductible	50% Coinsurance After Deductible
<b>Lab Services</b>		\$50 No Deductible	\$100 No Deductible
<b>Emergency Room Services</b>		\$950 No Deductible	\$950 No Deductible
<b>Imaging (CT/PET Scans, MRIs)</b>		\$300 No Deductible	\$450 No Deductible
<b>Occupational and Rehabilitative Physical Therapy (30 visits combined per year)</b>		\$100 No Deductible	\$100 No Deductible
<b>Urgent Care Centers or Facilities</b>		\$90 No Deductible	\$130 No Deductible
<b>Gender Affirming Care</b>		\$550 After Deductible	\$850 After Deductible
<b>Pharmacy Services</b>	<b>Preventive Drugs</b>	No Charge	No Charge
	<b>Generic Drugs Tier 1</b>	\$5 No Deductible	\$5 No Deductible
	<b>Generic Drugs Tier 2</b>	\$20 No Deductible	\$20 No Deductible
	<b>Preferred Brand Drugs</b>	50% Coinsurance After Deductible	50% Coinsurance After Deductible
	<b>Non-Preferred Brand Drugs</b>	50% Coinsurance After Deductible	50% Coinsurance After Deductible
	<b>Specialty Drugs</b>	50% Coinsurance After Deductible	50% Coinsurance After Deductible

## Jefferson Health Plans + Total + Silver + HMO

		Tier 1	Tier 2
<b>Medical Deductible - Individual/Family</b>		\$4,900/\$9,800	\$8,000/\$16,000
<b>Drug Deductible</b>		\$600/\$1,200	\$600/\$1,200
<b>Out-of-Pocket Maximum - Individual/Family</b>		\$9,200/\$18,400	\$9,200/\$18,400
<b>No Cost Share PCP Visit</b>		1/Benefit Year	0
<b>PCP Visit</b>		\$40 No Deductible	\$85 No Deductible
<b>Specialist Visit</b>		\$85 No Deductible	\$125 No Deductible
<b>Virtual Care (JeffConnect)</b>		No Charge	N/A
<b>Virtual Care - Primary Care Visit</b>		\$40 No Deductible	\$85 No Deductible
<b>Virtual Care - Specialist Visit</b>		\$85 No Deductible	\$125 No Deductible
<b>Inpatient Hospital Services</b>	<b>Acute stays</b>	\$500 Per Day After Deductible (Max 5 copays per admit)	\$800 Per Day After Deductible (Max 5 copays per admit)
	<b>Mental/Behavioral Health/SUD</b>	\$500 Per Day After Deductible (Max 5 copays per admit)	\$500 Per Day After Deductible (Max 5 copays per admit)
	<b>Delivery and All Inpatient Services for Maternity Care</b>	\$500 Per Day After Deductible (Max 5 copays per admit)	\$800 Per Day After Deductible (Max 5 copays per admit)
<b>Durable Medical Equipment</b>		50% Coinsurance After Deductible	50% Coinsurance After Deductible
<b>Lab Services</b>		\$50 No Deductible	\$100 No Deductible
<b>Emergency Room Services</b>		\$950 No Deductible	\$950 No Deductible
<b>Imaging (CT/PET Scans, MRIs)</b>		\$300 No Deductible	\$450 No Deductible
<b>Occupational and Rehabilitative Physical Therapy (30 visits combined per year)</b>		\$100 No Deductible	\$100 No Deductible
<b>Urgent Care Centers or Facilities</b>		\$85 No Deductible	\$125 No Deductible
<b>Gender Affirming Care</b>		\$500 After Deductible	\$800 After Deductible
<b>Pharmacy Services</b>	<b>Preventive Drugs</b>	No Charge	No Charge
	<b>Generic Drugs Tier 1</b>	\$5 No Deductible	\$5 No Deductible
	<b>Generic Drugs Tier 2</b>	\$20 No Deductible	\$20 No Deductible
	<b>Preferred Brand Drugs</b>	50% Coinsurance After Deductible	50% Coinsurance After Deductible
	<b>Non-Preferred Brand Drugs</b>	50% Coinsurance After Deductible	50% Coinsurance After Deductible
	<b>Specialty Drugs</b>	50% Coinsurance After Deductible	50% Coinsurance After Deductible

**Jefferson Health Plans + \$0 Deductible + Gold + HMO**

		<b>Tier 1</b>	<b>Tier 2</b>
<b>Medical Deductible - Individual/Family</b>		\$0/\$0	\$500/\$1,000
<b>Drug Deductible</b>		Combined	Combined
<b>Out-of-Pocket Maximum - Individual/Family</b>		\$9,200/\$18,400	\$9,200/\$18,400
<b>No Cost Share PCP Visit</b>		2/Benefit Year	0
<b>PCP Visit</b>		\$25 No Deductible	\$75 No Deductible
<b>Specialist Visit</b>		\$75 No Deductible	\$100 No Deductible
<b>Virtual Care (JeffConnect)</b>		No Charge	N/A
<b>Virtual Care - Primary Care Visit</b>		\$25 No Deductible	\$75 No Deductible
<b>Virtual Care - Specialist Visit</b>		\$75 No Deductible	\$100 No Deductible
<b>Inpatient Hospital Services</b>	<b>Acute stays</b>	\$350 Per Day No Deductible (Max 5 copays per admit)	\$550 Per Day After Deductible (Max 5 copays per admit)
	<b>Mental/Behavioral Health/SUD</b>	\$350 Per Day No Deductible (Max 5 copays per admit)	\$350 Per Day After Deductible (Max 5 copays per admit)
	<b>Delivery and All Inpatient Services for Maternity Care</b>	\$350 Per Day No Deductible (Max 5 copays per admit)	\$550 Per Day After Deductible (Max 5 copays per admit)
<b>Durable Medical Equipment</b>		50% Coinsurance No Deductible	50% Coinsurance After Deductible
<b>Lab Services</b>		\$5 No Deductible	\$65 No Deductible
<b>Emergency Room Services</b>		\$450 No Deductible	\$450 No Deductible
<b>Imaging (CT/PET Scans, MRIs)</b>		\$120 No Deductible	\$150 No Deductible
<b>Occupational and Rehabilitative Physical Therapy (30 visits combined per year)</b>		\$75 No Deductible	\$100 No Deductible
<b>Urgent Care Centers or Facilities</b>		\$75 No Deductible	\$100 No Deductible
<b>Gender Affirming Care</b>		\$350 After Deductible	\$550 After Deductible
<b>Pharmacy Services</b>	<b>Preventive Drugs</b>	No Charge	No Charge
	<b>Generic Drugs Tier 1</b>	\$5 No Deductible	\$5 No Deductible
	<b>Generic Drugs Tier 2</b>	\$20 No Deductible	\$20 No Deductible
	<b>Preferred Brand Drugs</b>	\$100 No Deductible	\$100 No Deductible
	<b>Non-Preferred Brand Drugs</b>	50% Coinsurance After Deductible	50% Coinsurance After Deductible
	<b>Specialty Drugs</b>	50% Coinsurance After Deductible	50% Coinsurance After Deductible

**Jefferson Health Plans + Total + Gold + HMO**

		<b>Tier 1</b>	<b>Tier 2</b>
<b>Medical Deductible - Individual/Family</b>		\$100/\$500	\$1,000/\$2,000
<b>Drug Deductible</b>		\$1,000/\$2,000	\$1,000/\$2,000
<b>Out-of-Pocket Maximum - Individual/Family</b>		\$9,200/\$18,400	\$9,200/\$18,400
<b>No Cost Share PCP Visit</b>		2/Benefit Year	0
<b>PCP Visit</b>		\$20 No Deductible	\$60 No Deductible
<b>Specialist Visit</b>		\$65 No Deductible	\$100 No Deductible
<b>Virtual Care (JeffConnect)</b>		No Charge	N/A
<b>Virtual Care - Primary Care Visit</b>		\$20 No Deductible	\$60 No Deductible
<b>Virtual Care - Specialist Visit</b>		\$65 No Deductible	\$100 No Deductible
<b>Inpatient Hospital Services</b>	<b>Acute stays</b>	\$300 Per Day After Deductible (Max 5 copays per admit)	\$500 Per Day After Deductible (Max 5 copays per admit)
	<b>Mental/Behavioral Health/SUD</b>	\$300 Per Day After Deductible (Max 5 copays per admit)	\$300 Per Day After Deductible (Max 5 copays per admit)
	<b>Delivery and All Inpatient Services for Maternity Care</b>	\$300 Per Day After Deductible (Max 5 copays per admit)	\$500 Per Day After Deductible (Max 5 copays per admit)
<b>Durable Medical Equipment</b>		50% Coinsurance After Deductible	50% Coinsurance After Deductible
<b>Lab Services</b>		0%	20% Coinsurance After Deductible
<b>Emergency Room Services</b>		\$400 No Deductible	\$400 No Deductible
<b>Imaging (CT/PET Scans, MRIs)</b>		\$110 No Deductible	\$150 No Deductible
<b>Occupational and Rehabilitative Physical Therapy (30 visits combined per year)</b>		\$65 No Deductible	\$100 No Deductible
<b>Urgent Care Centers or Facilities</b>		\$65 No Deductible	\$100 No Deductible
<b>Gender Affirming Care</b>		\$300 After Deductible	\$500 After Deductible
<b>Pharmacy Services</b>	<b>Preventive Drugs</b>	No Charge	No Charge
	<b>Generic Drugs Tier 1</b>	\$0 No Deductible	\$0 No Deductible
	<b>Generic Drugs Tier 2</b>	\$20 No Deductible	\$20 No Deductible
	<b>Preferred Brand Drugs</b>	\$100 No Deductible	\$100 No Deductible
	<b>Non-Preferred Brand Drugs</b>	50% Coinsurance After Deductible	50% Coinsurance After Deductible
	<b>Specialty Drugs</b>	50% Coinsurance After Deductible	50% Coinsurance After Deductible

**Jefferson Health Plans + Value + Gold + HMO**

		<b>Tier 1</b>	<b>Tier 2</b>
<b>Medical Deductible - Individual/Family</b>		\$1,500/\$3,000	\$2,000/\$4,000
<b>Drug Deductible</b>		\$500/\$1,000	\$1,000/\$2,000
<b>Out-of-Pocket Maximum - Individual/Family</b>		\$9,200/\$18,400	\$9,200/\$18,400
<b>No Cost Share PCP Visit</b>		2/Benefit Year	0
<b>PCP Visit</b>		\$15 No Deductible	\$60 No Deductible
<b>Specialist Visit</b>		\$60 No Deductible	\$100 No Deductible
<b>Virtual Care (JeffConnect)</b>		No Charge	N/A
<b>Virtual Care - Primary Care Visit</b>		\$15 No Deductible	\$60 No Deductible
<b>Virtual Care - Specialist Visit</b>		\$60 No Deductible	\$100 No Deductible
<b>Inpatient Hospital Services</b>	<b>Acute stays</b>	\$250 Per Day After Deductible (Max 5 copays per admit)	\$500 Per Day After Deductible (Max 5 copays per admit)
	<b>Mental/Behavioral Health/SUD</b>	\$250 Per Day After Deductible (Max 5 copays per admit)	\$250 Per Day After Deductible (Max 5 copays per admit)
	<b>Delivery and All Inpatient Services for Maternity Care</b>	\$250 Per Day After Deductible (Max 5 copays per admit)	\$500 Per Day After Deductible (Max 5 copays per admit)
<b>Durable Medical Equipment</b>		50% Coinsurance After Deductible	50% Coinsurance After Deductible
<b>Lab Services</b>		\$0	\$50 No Deductible
<b>Emergency Room Services</b>		\$300 No Deductible	\$300 No Deductible
<b>Imaging (CT/PET Scans, MRIs)</b>		\$100 No Deductible	\$150 No Deductible
<b>Occupational and Rehabilitative Physical Therapy (30 visits combined per year)</b>		\$60 No Deductible	\$100 No Deductible
<b>Urgent Care Centers or Facilities</b>		\$60 No Deductible	\$100 No Deductible
<b>Gender Affirming Care</b>		\$250 After Deductible	\$500 After Deductible
<b>Pharmacy Services</b>	<b>Preventive Drugs</b>	No Charge	No Charge
	<b>Generic Drugs Tier 1</b>	\$0 No Deductible	\$0 No Deductible
	<b>Generic Drugs Tier 2</b>	\$20 No Deductible	\$20 No Deductible
	<b>Preferred Brand Drugs</b>	\$100 No Deductible	\$100 No Deductible
	<b>Non-Preferred Brand Drugs</b>	50% Coinsurance After Deductible	50% Coinsurance After Deductible
	<b>Specialty Drugs</b>	50% Coinsurance After Deductible	50% Coinsurance After Deductible







## How to Enroll

**Enrolling is easy! We're here to help you every step of the way. Here's how to get in touch:**



**Call 1-866-598-7139  
(TTY 711)**

to speak with our friendly, experienced team of licensed representatives

**We're available:**

**Nov 1 – Jan 31**  
**8 a.m. to 8 p.m.**  
**7 days/week**

**Feb 1 – Oct 31**  
**8 a.m. to 6 p.m.**  
**Monday – Friday**



Or contact your local broker.



Visit [JeffersonHealthPlans.com/Individuals-Families](https://JeffersonHealthPlans.com/Individuals-Families)

Jefferson Health Plans is underwritten by Health Partners Plans, Inc., which is a Pennsylvania Licensed Health Maintenance Organization and Qualified Health Plan Issuer in the Pennsylvania Health Insurance Marketplace.

