

# Individual & Family Plans

## 2025 MEMBER HANDBOOK



Get to know  
your health plan



# Welcome to Jefferson Health Plans



## Discover affordable care you can count on.

Thank you for choosing an Individual & Family Plan from Jefferson Health Plans. Ready to live your best life? We're here to support you and your family's health goals while helping you save money.

We created this handbook to help you understand the many benefits and health services available to you and to show you how to make the best use of your plan.

**Read on!**

## Who we are

Built on a foundation spanning nearly 40 years, Jefferson Health Plans is 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.

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# Have questions? We're here to help!

Our secure member portal is full of information about your plan, like benefits, claims history, and more.

**Create an account or log in at**

**[JeffersonHealthPlans.com/Account](https://JeffersonHealthPlans.com/Account)**

If you need more information, our friendly Member Relations team is ready to assist.

**Call: 1-833-422-4690 (TTY 1-877-454-8477)**

**We are available:**

**Oct 1 – Mar 31**  
**8 a.m. to 8 p.m.**  
**7 days/week**

**Apr 1 – Sep 30**  
**8 a.m. to 8 p.m.**  
**Monday – Friday**

**Email: [contactACA@jeffersonhealthplans.com](mailto:contactACA@jeffersonhealthplans.com)**

**To report suspected fraud or abuse:**

Call our Special Investigations Unit at **1-866-477-4848**,  
or file a report at **[MyComplianceReport.com](https://MyComplianceReport.com)**.

**Corporate Headquarters**

1101 Market Street, Suite 3000, Philadelphia, PA 19107  
**1-215-849-9606**

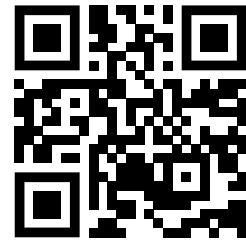




**Get started with Jefferson Health Plans! Follow these simple steps to make the most of your Individual & Family Plan.**

- 1. Sign up for our member portal**  
Access all your plan info in one place. **Scan the QR code** or visit [JeffersonHealthPlans.com/Account](https://JeffersonHealthPlans.com/Account) to get started.
- 2. Enroll in automatic bill pay**  
Save time and never miss a premium payment. Log in to the member portal to sign up. Or, call us toll free at **1-866-206-1349** if you have an HMO plan or **1-855-734-2943** if you have a PPO plan.
- 3. Schedule your first FREE PCP visit**  
Take advantage of this free benefit! Your primary care provider (PCP) can help you manage all aspects of your health.
- 4. Complete your health survey**  
After your coverage effective date, take a survey to tell us more about your health. We'll provide you with helpful information, resources, and tools to meet your needs. Complete it by logging into the member portal, or go to [JeffersonHealthPlans.com/HealthSurvey](https://JeffersonHealthPlans.com/HealthSurvey).
- 5. Sign up for virtual care through JeffConnect**  
Get connected to Jefferson providers 24/7. Register now for virtual visits when you need them for non-emergency care. Visit [JeffConnect.org](https://JeffConnect.org) to set up your account.

**SCAN TO  
LOG IN OR CREATE  
AN ACCOUNT**



## How to pay your monthly premium

For your convenience, you can pay your health plan premium in a number of different ways. Choose the one that works best for you.



### Pay online

After you create your member account, you can make a one-time payment online or set up recurring payments through automatic bill pay (see *previous page*).



### Pay by phone

Call **1-866-206-1349** if you have an HMO plan or **1-855-734-2943** if you have a PPO plan.



### Pay by mail

Send a check or money order to the address below. Please include your member ID on the check.

#### Jefferson Health Plans ACA

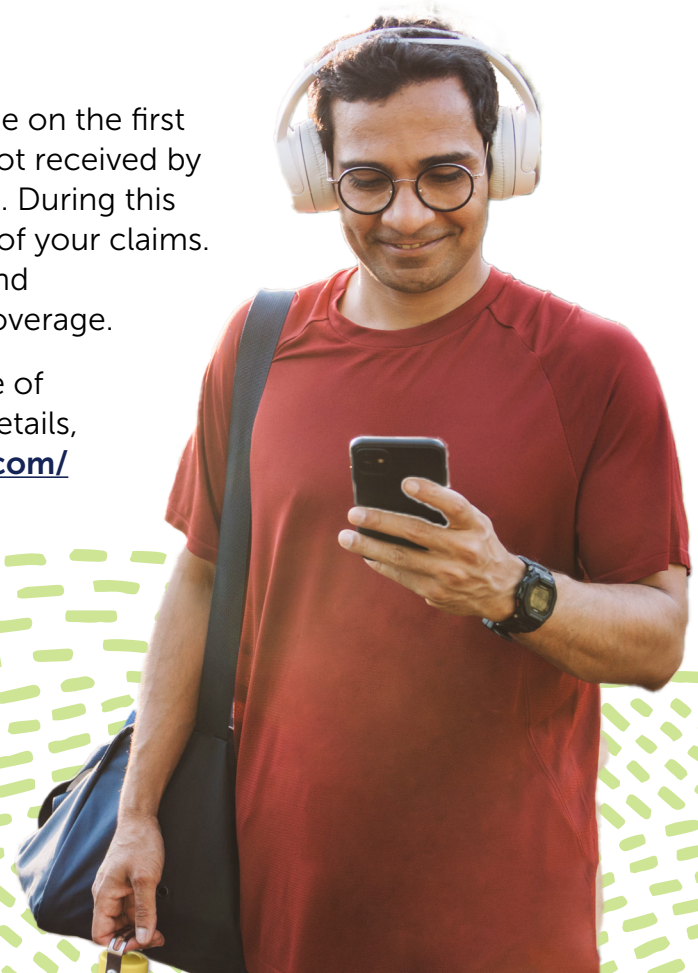
P.O. Box 411665  
Boston, MA 02241-1665



### About late payments

Monthly premium payments are due on the first day of each month. If payment is not received by then, you may enter a grace period. During this period, we may withhold payment of your claims. If payment is not received by the end of a grace period, you risk losing coverage.

Please refer to your plan's Evidence of Coverage (EOC) for grace period details, available at [JeffersonHealthPlans.com/Individuals-Families](https://www.jeffersonhealthplans.com/Individuals-Families).



### All of our Individual & Family Plans offer the 10 Essential Health Benefits (EHBs) established by the Affordable Care Act.

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#### Outpatient services

Your plan covers a wide range of treatments, tests, and procedures you may receive when you aren't admitted to a hospital, such as in a clinic, outpatient center, or even your doctor's office. This is also known as ambulatory care.

#### Emergency services

When the unexpected happens, rest assured you'll be covered. And you won't be penalized if the hospital is out of network.

#### Hospitalization

Our plans provide coverage for inpatient hospital stays, including for surgery and overnight stays.

#### Pregnancy, maternity, and newborn care

If your family is growing, you'll be glad to know our Individual & Family Plans cover these all-important phases of your life.

#### Mental health services

Our mental health benefits include services to treat substance use disorders and behavioral health issues, and provide counseling and psychotherapy.

#### Prescription drugs

Our Individual & Family Plans cover all the most important, federally required prescription drugs doctors prescribe to maintain their patients' health and manage diseases.

#### Rehabilitative and habilitative services

We offer the services and devices used for physical therapy, occupational therapy, or speech therapy to help you recover if you're injured or have a disability or a chronic condition.



## Laboratory services

Our plans cover things such as blood tests and some preventive screenings your doctor may order to diagnose or gauge the effectiveness of treatments.

## Preventive and wellness services and chronic disease management

Take advantage of diet counseling, colorectal cancer and Type 2 diabetes screenings, and important immunizations.

## Pediatric services

Our plans include coverage for well-child visits, vaccinations, and immunizations. We also offer vision care to children through age 18.

### All plans offer:

-  Comprehensive medical and hospital coverage
-  Affordable prescription drug coverage
-  Large network of providers near you
-  No referrals required
-  **FREE** initial primary care visits
-  **FREE** 24/7 virtual visits via JeffConnect

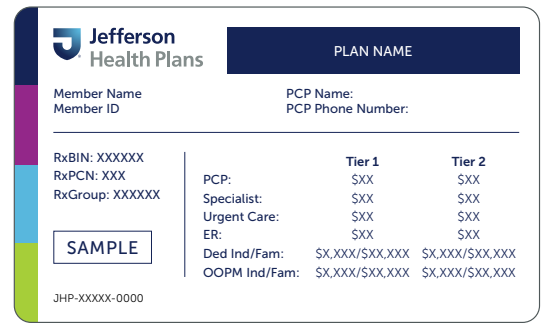


### About your member ID card

You'll receive your Jefferson Health Plans member ID card before your coverage begins. Carry it with you wherever you go to get care. It's proof that you have health insurance with us.

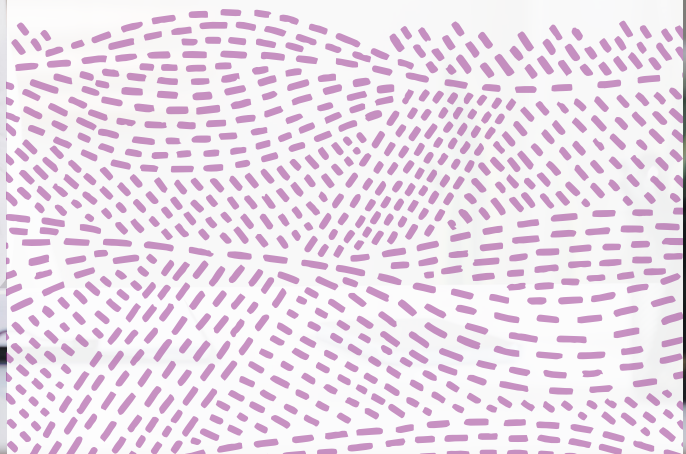
### Here are some things to keep in mind:

- Present your card whenever you receive health care
- To access a digital ID card, log onto your member account at [JeffersonHealthPlans.com/Individuals-Families](https://JeffersonHealthPlans.com/Individuals-Families).



### Understand your coverage and cost

Find details on your plan's coverage and costs in the Summary of Benefits and Coverage document on our website: [JeffersonHealthPlans.com/SBC](https://JeffersonHealthPlans.com/SBC).



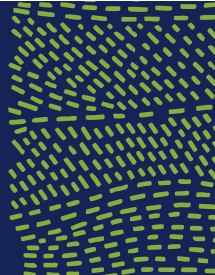
## Get the quality care you need

Jefferson Health Plans is proud to give you access to quality healthcare—including the acclaimed Jefferson Health System. Our network is made up of local providers, hospitals and other facilities close to where you live.



### Looking for a doctor, pharmacy, lab, hospital, or specialist?

Visit [JeffersonHealthPlans.com/FindProviders](https://JeffersonHealthPlans.com/FindProviders). Choose a Jefferson Health Plans network provider to save more with lower out-of-pocket costs.



## Your guide to getting care

Know where to go to get the care you need, when you need it.



### VIRTUAL CARE

You have 24/7 access to Jefferson providers without ever leaving your home through JeffConnect.

#### USE FOR:

Common medical concerns like colds, coughs, fevers, digestive issues.



### PRIMARY CARE PROVIDER

Your PCP knows you best, offering personalized care from routine checkups to more complex needs.

#### USE FOR:

Yearly well visits, vaccinations, non-life-threatening emergencies.



### URGENT CARE

Walk-in appointments and extended hours make it easy to get seen in-person quickly.

#### USE FOR:

Minor allergic reactions, asthma attacks, sprains, severe cuts.



### EMERGENCY ROOM

In a life-threatening emergency, visit the emergency room (ER) to receive care immediately.

#### USE FOR:

Signs of heart attack or stroke, major injury, and other medical emergencies.



### IMPORTANT REMINDER

Your health plan will always pay for emergency care, wherever you are. Other services are not covered out of network.

## Member grievances and appeals

Your health, wellbeing, and continued satisfaction are very important to us at Jefferson Health Plans. We're always ready to actively address any of your concerns, and you have the right to file a grievance or appeal, or request an external review, at any time.



**Grievance** — a complaint by a member or member’s authorized representative concerning any aspect of the operations, activities, or behavior of the health plan, or its providers, regardless of whether remedial action is requested.

Here are a few instances in which You would submit a Grievance:

- Quality of Your medical care
- Respecting Your privacy
- Waiting times
- Customer Service of Jefferson Health Plans’ staff or Provider staff
- Cleanliness of a Provider’s office
- Dissatisfaction with contractual benefits
- Timeliness of Our actions related to coverage decisions and appeals

**Adverse Benefit Determination** — an Adverse Benefit Determination may be any of the following:

- (1) A decision by the Plan or someone on behalf of Plan to deny a service or payment for a service. This decision is based on a review of the information provided and the request does not meet [Insurer’s] requirements for:
  - medical necessity
  - appropriateness
  - the type of health care setting
  - the level of care
  - effectiveness of the service

Or the service is considered to be experimental or investigational.

- (2) The service is not covered by this policy.
- (3) A cancellation of coverage determination by Jefferson Health Plans.

**Internal Appeal** — an Internal Appeal is a request by a member, a member’s authorized representative, or a health care provider, with the written consent of the Member, to have the Plan reconsider a decision concerning an Adverse Benefit Determination, or the Plan’s compliance with the surprise billing and cost-sharing protections under the No Surprises Act.

**Final Adverse Benefit Determination** — happens when Jefferson Health Plans’ decision to deny an initial request is partially or fully upheld by Jefferson Health Plans’ internal appeal process.

**External Review** — an External Review is a review by an Independent Review Organization of the Plan’s decision to deny coverage for or payment of a service. You can request an External Review by contacting the Pennsylvania Insurance Department.

#### **If you want to file a Grievance**

Call Jefferson Health Plans’ Member Services at:

- **1-833-422-4690 (TTY: 1-877-454-8477)** and tell Jefferson Health Plans your Grievance, or
- Write down your Grievance and send it to Jefferson Health Plans by mail or fax, to:  
Jefferson Health Plans  
Member Appeals Department/CGA Unit  
1101 Market Street, Suite 3000  
Philadelphia, PA 19107  
1-215-991-4105 (fax)

You can also have someone else request a Grievance for you if you give that person your consent in writing to do so.

You can submit a Grievance to Jefferson Health Plans if it has been one year or less from the incident or action leading to the dissatisfaction. We will acknowledge receipt of your Grievance within 5 business days of receipt of your request. Your Grievance will be reviewed by a 1st Level Grievance Review Committee

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consisting of one Plan employee who had no previous involvement with your case. If your Grievance is concerning a clinical issue, a Plan Medical Director will make the decision on your Grievance. Jefferson Health Plans will send you a decision concerning your Grievance within 30 calendar days of receipt of your Grievance. The letter will also include information regarding how to file a 2nd Level Grievance with Jefferson Health Plans if you do not agree with our decision.

### **2nd Level Grievance**

If you are not happy with the outcome of your 1st Level Grievance, you can request a 2nd Level Grievance from Jefferson Health Plans. You have 60 days from receipt of the 1st Level Grievance decision letter to request a 2nd Level Grievance. We will acknowledge receipt of your 2nd Level Grievance within 5 business days of receipt of your request. Your 2nd Level Grievance will be reviewed by a 2nd Level Grievance Review Committee consisting of 3 or more persons who have had no previous involvement with your case and who are not subordinates of the person who made the 1st Level Grievance decision. The 2nd Level Grievance Committee members will include Jefferson Health Plans' staff, with one third of the committee being Members or other persons who are not employed by Jefferson Health Plans. If your Grievance is concerning a clinical issue, a Plan Medical Director will serve on the committee. You have the right to present your Grievance appeal to the committee. Jefferson Health Plans will send you a decision concerning your 2nd Level Grievance within 45 calendar days of receipt of your 2nd Level Grievance request. The decision is final unless you choose to appeal to the Pennsylvania Insurance Department as described in the decision letter.

### **If you want to file an Internal Appeal:**

Call Jefferson Health Plans' Member Services at:

- **1-833-422-4690 (TTY: 1-877-454-8477)** and tell Jefferson Health Plans that you want to request an Appeal, or
- Write down your Appeal request and send it to Jefferson Health Plans by mail or fax, or
- If you received a notice from Jefferson Health Plans telling you Jefferson Health Plans' decision and the notice included an Internal Appeal Request Form, fill out the form and send it to Jefferson Health Plans by mail or fax.

Jefferson Health Plans

Member Appeals Department/CGA Unit

1101 Market Street, Suite 3000

Philadelphia, PA 19107

215-991-4105 (fax)

Your provider can file an Internal Appeal for you if you give the provider your consent in writing to do so.

You can submit an Internal Appeal to Jefferson Health Plans if it has been 180 calendar days or less from your receipt of the denial letter from Jefferson Health Plans. We will acknowledge receipt of your Internal Appeal within 5 business days of receipt of your request. If you are currently receiving services, we are required to provide continued coverage pending the outcome of the Appeal. To continue receiving services, you must file your request for an Internal Appeal within 10 days of the date on the denial letter. Your Appeal will be reviewed by an Internal Appeal Review Committee consisting of 3 or more persons who have had no previous involvement with your case and who are not subordinates of the person who made the original determination.

The Internal Appeal Review Committee members will include Jefferson Health Plans' staff, including a Plan medical director who is a matched specialist or a consultant who is a matched specialist who holds an active unrestricted license to practice medicine. A matched specialist or "same or similar specialty Physician" is a licensed Physician, Dentist or Psychologist who: is in the same or similar specialty as typically manages the care under review. One third of the Committee will be Members or other persons who are not employed by Jefferson Health Plans. You will have an opportunity to submit supporting materials and testimony for your Appeal. In addition, if Jefferson Health Plans receives new or additional information after the initial adverse determination, we will provide this information to you for your review prior to the Committee Review. Jefferson Health Plans will send you a decision concerning your Internal Appeal within 30 calendar days of receipt of your Internal Appeal request. The letter will also include information regarding how to file an External Review with an Independent Review Organization if you do not agree with our decision.

If Jefferson Health Plans fails to issue a written decision concerning your Internal Appeal within 30 days following the date the Plan receives your request, and you or your authorized representative have not requested or agreed to an extension on your Internal Appeal, you may proceed to an external review.

### **Expedited Internal Appeal**

If you or your doctor believe that your life, health, or ability to regain maximum function would be placed in jeopardy by waiting 30 days to get your decision on your Internal Appeal, you or your doctor can request an Expedited

Internal Appeal. You may also request an Expedited External Review with an Independent Review Organization at the same time that you request an Expedited Internal Appeal. Upon receipt of your request, we will promptly inform you whether your request qualifies for expedited review or instead will be processed as a standard Internal Appeal. Jefferson Health Plans will notify you of its decision concerning your Expedited Internal Appeal both orally and in writing within 48 hours of receipt of your Expedited Internal Appeal request. If you are not satisfied with outcome of your Expedited Internal Appeal you can request an Expedited External Review with an Independent Review Organization as outlined below.

### **External Review**

If your request for a service was denied, you may have the right to file a request for independent external review of an Adverse Benefit Determination or a Final Adverse Benefit Determination. This independent external review would be done at no cost to you.

### **What other rights do I have?**

You also have the right to a review of whether we have complied with the surprise billing and cost-sharing protections under the No Surprises Act.

For example, if you receive a covered health care service at an in-network facility, you may not be charged a bill for other than your in-network cost-sharing.

For more information on this, you can visit the Pennsylvania Insurance Department's website dedicated to this topic:

[www.insurance.pa.gov/nosurprises](http://www.insurance.pa.gov/nosurprises).

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### **How do I ask for an independent external review?**

For more information on the independent external review process, you can visit the Pennsylvania Insurance Department's website at:

**[www.insurance.pa.gov/externalreview](http://www.insurance.pa.gov/externalreview)**

To submit a request for either standard or expedited independent external review, you must submit a copy of your adverse benefit determination or final adverse benefit determination notice and a completed independent external review request form to:

**Mail:** Pennsylvania Insurance Department  
Attn: Bureau of Health Coverage  
Access, Administration, and Appeals  
1311 Strawberry Square  
Harrisburg, PA 17120

**Fax:** 1-717-231-7960

**Email:** **[RA-IN-ExternalReview@pa.gov](mailto:RA-IN-ExternalReview@pa.gov)**

**Phone:** Consumer Services  
1-877-881-6388

### **What happens next?**

Once the Insurance Department receives your request, your eligibility for independent external review will be confirmed with Jefferson Health Plans.

If your adverse benefit determination or final adverse benefit determination is eligible for independent external review, the Insurance Department will assign an Independent Review Organization and provide you with notice of the assignment and information on how you may submit information to support your position. The Independent Review Organization will issue a decision to uphold, partially uphold, or overturn Jefferson Health Plans' decision based on the information provided by you and Jefferson Health Plans.





## Rights and responsibilities

### As a health insurer, we at Jefferson Health Plans must:

- Provide information in a way that works for you (such as in languages other than English, in Braille, in large print or in other alternate formats)
- Treat you with fairness and respect at all times
- Ensure that you get timely access to your covered services and drugs
- Protect the privacy of your personal health information
- Give you information about the plan, its network of providers and your covered services. This includes:
  - Information about your coverage and the rules you must follow when using your coverage
  - Information about why something is not covered and what you can do about it
  - The right to make recommendations regarding member rights and responsibilities.
- We must support your right to make decisions about your care, including:
  - The right to know your treatment options and participate in decisions about your healthcare
  - The right to instruct us about what to do if you are not able to make medical decisions for yourself
- You have the right to make complaints and ask us to reconsider decisions we have made

### If you think you're being treated unfairly or your rights are not being respected:

- If it is about discrimination, call the U.S. Department of Health and Human Services Office of Civil Rights at **1-800-368-1019** or **TTY 1-800-537-7697**, or call your local Office for Civil Rights
- If you believe you've been treated unfairly or your rights have not been respected, and it's not about discrimination, you can get help dealing with the problem:
  - Call our Member Relations Team at **1-833-422-4690** (**TTY 1-877-454-8477**)

### As a member, you also have some responsibilities:

- Become familiar with your covered services and the rules you must follow to get them
- Tell us if you have any other health insurance or prescription drug coverage in addition to our plan
- Inform your doctor and other providers that you are enrolled in our plan
- Help providers help you by giving them information, asking questions and following through on your care
- Understand your health and participate in developing mutually agreed-upon treatment goals
- Be considerate to your providers and respect the rights of other patients
- Pay what you owe for the services you receive
- Tell us if you move

## Important notes

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## Affordable Care Act information

All our Individual & Family Plans were developed in accordance with the Affordable Care Act (ACA), which was established in 2010 to help many more people get the health coverage they need.

Learn more about the Affordable Care Act at [HealthCare.gov](https://www.healthcare.gov).







At Jefferson Health Plans,  
we've got you covered.

# Welcome to affordable coverage from the name you trust.



## Count on:

-  **Wide choice of doctors near you**
-  **No referrals required**
-  **FREE initial primary care visits**
-  **FREE 24/7 virtual visits via JeffConnect**

## Questions about your health coverage?

If you need more information about your plan or help finding an in-network provider, call to speak with one of our friendly Member Relations representatives.

Call: 1-833-422-4690 (TTY 1-877-454-8477)

### We are available:

**Oct 1 – Mar 31**  
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**7 days/week**

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



Jefferson Health Plans is underwritten by Health Partners Plans, Inc., and Partners Insurance Company, Inc., which hold Pennsylvania Licenses as a(an) Health Maintenance Organization, Insurer, and Preferred Provider Organization, Insurer, respectively and Qualified Health Plan Issuers in the Pennsylvania Health Insurance Marketplace.

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