Stay healthy. Save money.

2024 Individual and Family Plans

Jefferson Health Plans

Discover—
More affordable care you can count on

Affordable health coverage is one of life's essentials. Thank you for considering Jefferson Health Plans for you and your family!

As you'll see in this book, we offer a range of Bronze, Silver and Gold Individual and Family Plans with the benefits and cost-savings you're looking for.

Count on:

- $0 medical deductible plans available at all metal tiers
- A broad choice of doctors near you
- No referrals required to see a specialist
- A FREE initial primary care visit

  —and much more

What's inside:

Questions?
We're always here to help you.

Call 1-833-973-5805 TTY 1-844-222-2070
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., M–F

Visit JeffersonHealthPlans.com/Individuals-Families

What you should know about costs

Different health plans come with different costs. Here are some important terms to remember as you decide on which plan is right for you—and your budget.

Premiums

These are monthly payments you make to maintain your health coverage.

Deductibles

These are fixed annual amounts you pay out of pocket for covered medical services before your health insurance kicks in.

Coinsurance

Once you've met your annual deductible, you pay for a percentage of covered medical expenses and your health plan pays the rest.

Copays

This is the fixed amount you pay for doctor visits, prescriptions or other medical services.

In-Network Providers

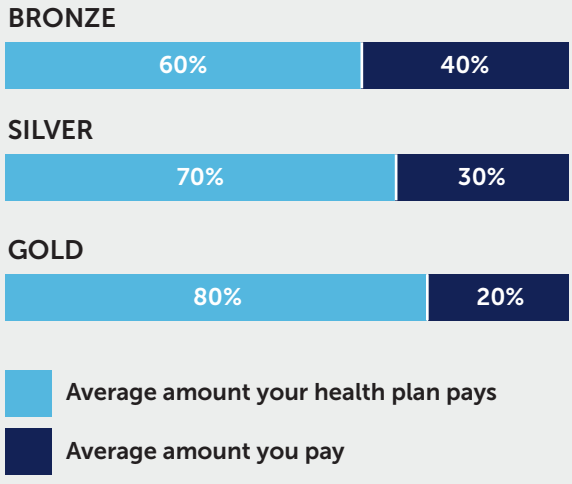
These are doctors and facilities that have contracted with your plan and have agreed to accept a discounted rate for their services. This means that you will save more when you choose an in-network provider or facility.

Out-of-Network Providers

These are doctors and facilities that have not contracted with your plan and charge the full price for their services. You will pay more if you choose an out-of-network provider or facility.

Choose from different metal tiers

Our Individual and Family Plans are available in three metal tiers through Pennie, Pennsylvania's health insurance marketplace. Each pays different amounts of the total cost of an average person's care. The higher the metal tier, the more your plan covers.



Get help paying for health insurance

Need help paying for health insurance? The good news is that two types of federal financial assistance are available when buying one of our plans through Pennie.

Premium Tax Credits

Premium tax credits can reduce your monthly payment when you enroll in a Qualified Health Plan (QHP).[1]

Cost-Sharing Reductions

If you have a Silver Plan, these can lower the amount you pay out of pocket. The size of your household and income determine how much. These reductions can be combined with a Premium Tax Credit.

To learn more about plan options financial assistance, and eligibility, visit **Pennie.com**.

Good to know:

9 out of 10 people qualify for financial assistance[2]

Native Americans and Alaska Natives may qualify for tax credits and special cost-sharing reductions if they meet specific requirements.

		NEW FOR 2024	
		Jefferson Health Plans + $0 Deductible + Bronze + HMO[3]	
		Enhanced Tier	Standard Tier
Medical Deductible - Individual/Family		$0/$0	$2,000/$4,000
Drug Deductible		$5,000/$10,000	$5,000/$10,000
Out-of-Pocket Maximum - Individual/Family		$9,450/$18,900	$9,450/$18,900
No Cost Share PCP Visit		1/Benefit Year	0
PCP Visit		$55 No Deductible	$100 No Deductible
Specialist Visit		$100 No Deductible	$150 No Deductible
Virtual Care (JeffConnect)		No Charge	N/A
Virtual Care - Primary Care Visit		$55 No Deductible	$100 No Deductible
Virtual Care - Specialist Visit		$100 No Deductible	$150 No Deductible
Inpatient Hospital Services	Acute stays	$1,800 Per Day After Deductible (Max 5 copays per admit)	$3,000 Per Day After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/SUD	$1,800 Per Day After Deductible (Max 5 copays per admit)	$1,800 Per Day After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	$1,800 Per Day After Deductible (Max 5 copays per admit)	$3,000 Per Day After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50% Coinsurance After Deductible	50% Coinsurance After Deductible
Emergency Room Services		$1,200 After Deductible	$1,200 After Deductible
Imaging (CT/PET Scans, MRIs)		$250 After Deductible	$250 After Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		$150 No Deductible	$200 No Deductible
Urgent Care Centers or Facilities		$100 No Deductible	$150 No Deductible
Pharmacy Services	Preventive Drugs	No Charge	No Charge
	Generic Drugs Tier 1	$35 No Deductible	$35 No Deductible
	Generic Drugs Tier 2	$35 No Deductible	$35 No Deductible
	Preferred Brand Drugs	$200 No Deductible	$200 No Deductible
	Non-Preferred Brand Drugs	$250 Copay After Deductible	$250 Copay After Deductible
	Specialty Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible

		NEW FOR 2024	
		Jefferson Health Plans + Total + Bronze + HMO[3]	
		Enhanced Tier	Standard Tier
Medical Deductible - Individual/Family		$7,900/$15,800	$9,450/$18,900
Drug Deductible		Combined	Combined
Out-of-Pocket Maximum - Individual/Family		$9,450/$18,900	$9,450/$18,900
No Cost Share PCP Visit		1/Benefit Year	0
PCP Visit		$45 No Deductible	$95 No Deductible
Specialist Visit		$95 No Deductible	$150 No Deductible
Virtual Care (JeffConnect)		No Charge	N/A
Virtual Care (other) - Primary Care Visit		$45 No Deductible	$95 No Deductible
Virtual Care (other) - Specialist Visit		$95 No Deductible	$150 No Deductible
Inpatient Hospital Services	Acute stays	$650 Per Day After Deductible (Max 5 copays per admit)	$900 Per Day After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/SUD	$650 Per Day After Deductible (Max 5 copays per admit)	$650 Per Day After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	$650 Per Day After Deductible (Max 5 copays per admit)	$900 Per Day After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50% Coinsurance After Deductible	50% Coinsurance After Deductible
Emergency Room Services		50% Coinsurance After Deductible	50% Coinsurance After Deductible
Imaging (CT/PET Scans, MRIs)		$250 No Deductible	$250 No Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		$150 No Deductible	$150 No Deductible
Urgent Care Centers or Facilities		$95 No Deductible	$150 No Deductible
Pharmacy Services	Preventive Drugs	No Charge	No Charge
	Generic Drugs Tier 1	$30 No Deductible	$30 No Deductible
	Generic Drugs Tier 2	$30 No Deductible	$30 No Deductible
	Preferred Brand Drugs	$150 No Deductible	$150 No Deductible
	Non-Preferred Brand Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible
	Specialty Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible

		NEW FOR 2024	
		Jefferson Health Plans + $0 Deductible + Silver + HMO[3]	
		Enhanced Tier	Standard Tier
Medical Deductible - Individual/Family		$0/$0	$2,000/$4,000
Drug Deductible		$5,000/$10,000	$5,000/$10,000
Out-of-Pocket Maximum - Individual/Family		$9,450/$18,900	$9,450/$18,900
No Cost Share PCP Visit		2/Benefit Year	0
PCP Visit		$45 No Deductible	$100 No Deductible
Specialist Visit		$95 No Deductible	$130 No Deductible
Virtual Care (JeffConnect)		No Charge	N/A
Virtual Care - Primary Care Visit		$45 No Deductible	$100 No Deductible
Virtual Care - Specialist Visit		$95 No Deductible	$130 No Deductible
Inpatient Hospital Services	Acute stays	$595 Per Day After Deductible (Max 5 copays per admit)	$1,200 Per Day After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/SUD	$595 Per Day After Deductible (Max 5 copays per admit)	$595 Per Day After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	$595 Per Day After Deductible (Max 5 copays per admit)	$1,200 Per Day After Deductible (Max 5 copays per admit)
Durable Medical Equipment		40% Coinsurance After Deductible	40% Coinsurance After Deductible
Emergency Room Services		$975 No Deductible	$975 No Deductible
Imaging (CT/PET Scans, MRIs)		$150 No Deductible	$150 No Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		$100 No Deductible	$100 No Deductible
Urgent Care Centers or Facilities		$95 No Deductible	$130 No Deductible
Pharmacy Services	Preventive Drugs	No Charge	No Charge
	Generic Drugs Tier 1	$5 No Deductible	$5 No Deductible
	Generic Drugs Tier 2	$20 No Deductible	$20 No Deductible
	Preferred Brand Drugs	$100 No Deductible	$100 No Deductible
	Non-Preferred Brand Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible
	Specialty Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible

		NEW FOR 2024	
		Jefferson Health Plans + Balanced + Silver + HMO[3]	
		Enhanced Tier	Standard Tier
Medical Deductible - Individual/Family		$2,400/$4,800	$6,900/$13,800
Drug Deductible		$500/$1,000	$500/$1,000
Out-of-Pocket Maximum - Individual/Family		$9,450/$18,900	$9,450/$18,900
No Cost Share PCP Visit		2/Benefit Year	0
PCP Visit		$45 No Deductible	$95 No Deductible
Specialist Visit		$95 No Deductible	$130 No Deductible
Virtual Care (JeffConnect)		No Charge	N/A
Virtual Care - Primary Care Visit		$45 No Deductible	$95 No Deductible
Virtual Care - Specialist Visit		$95 No Deductible	$130 No Deductible
Inpatient Hospital Services	Acute stays	$550 Per Day After Deductible (Max 5 copays per admit)	$850 Per Day After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/SUD	$550 Per Day After Deductible (Max 5 copays per admit)	$550 Per Day After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	$550 Per Day After Deductible (Max 5 copays per admit)	$850 Per Day After Deductible (Max 5 copays per admit)
Durable Medical Equipment		40% Coinsurance After Deductible	40% Coinsurance After Deductible
Emergency Room Services		$950 No Deductible	$950 No Deductible
Imaging (CT/PET Scans, MRIs)		$150 No Deductible	$150 No Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		$100 No Deductible	$100 No Deductible
Urgent Care Centers or Facilities		$95 No Deductible	$130 No Deductible
Pharmacy Services	Preventive Drugs	No Charge	No Charge
	Generic Drugs Tier 1	$5 No Deductible	$5 No Deductible
	Generic Drugs Tier 2	$20 No Deductible	$20 No Deductible
	Preferred Brand Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible
	Non-Preferred Brand Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible
	Specialty Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible

		NEW FOR 2024	
		Jefferson Health Plans + Total + Silver + HMO[3]	
		Enhanced Tier	Standard Tier
Medical Deductible - Individual/Family		$4,900/$9,800	$8,000/$16,000
Drug Deductible		$600/$1,200	$600/$1,200
Out-of-Pocket Maximum - Individual/Family		$9,450/$18,900	$9,450/$18,900
No Cost Share PCP Visit		2/Benefit Year	0
PCP Visit		$35 No Deductible	$90 No Deductible
Specialist Visit		$85 No Deductible	$125 No Deductible
Virtual Care (JeffConnect)		No Charge	N/A
Virtual Care - Primary Care Visit		$35 No Deductible	$90 No Deductible
Virtual Care - Specialist Visit		$85 No Deductible	$125 No Deductible
Inpatient Hospital Services	Acute stays	$450 Per Day After Deductible (Max 5 copays per admit)	$800 Per Day After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/SUD	$450 Per Day After Deductible (Max 5 copays per admit)	$450 Per Day After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	$450 Per Day After Deductible (Max 5 copays per admit)	$800 Per Day After Deductible (Max 5 copays per admit)
Durable Medical Equipment		40% Coinsurance After Deductible	40% Coinsurance After Deductible
Emergency Room Services		$950 No Deductible	$950 No Deductible
Imaging (CT/PET Scans, MRIs)		$150 No Deductible	$150 No Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		$100 No Deductible	$100 No Deductible
Urgent Care Centers or Facilities		$85 No Deductible	$125 No Deductible
Pharmacy Services	Preventive Drugs	No Charge	No Charge
	Generic Drugs Tier 1	$5 No Deductible	$5 No Deductible
	Generic Drugs Tier 2	$20 No Deductible	$20 No Deductible
	Preferred Brand Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible
	Non-Preferred Brand Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible
	Specialty Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible

		NEW FOR 2024	
		Jefferson Health Plans + $0 Deductible + Gold + HMO[3]	
		Enhanced Tier	Standard Tier
Medical Deductible - Individual/Family		$0/$0	$500/$1,000
Drug Deductible		Combined	Combined
Out-of-Pocket Maximum - Individual/Family		$9,450/$18,900	$9,450/$18,900
No Cost Share PCP Visit		2/Benefit Year	0
PCP Visit		$25 No Deductible	$60 No Deductible
Specialist Visit		$70 No Deductible	$100 No Deductible
Virtual Care (JeffConnect)		No Charge	N/A
Virtual Care - Primary Care Visit		$25 No Deductible	$60 No Deductible
Virtual Care - Specialist Visit		$70 No Deductible	$100 No Deductible
Inpatient Hospital Services	Acute stays	$350 Per Day After Deductible (Max 5 copays per admit)	$550 Per Day After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/SUD	$350 Per Day After Deductible (Max 5 copays per admit)	$350 Per Day After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	$350 Per Day After Deductible (Max 5 copays per admit)	$550 Per Day After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50% Coinsurance After Deductible	50% Coinsurance After Deductible
Emergency Room Services		$450 No Deductible	$450 No Deductible
Imaging (CT/PET Scans, MRIs)		$80 No Deductible	$80 No Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		$70 No Deductible	$80 No Deductible
Urgent Care Centers or Facilities		$70 No Deductible	$100 No Deductible
Pharmacy Services	Preventive Drugs	No Charge	No Charge
	Generic Drugs Tier 1	$5 No Deductible	$5 No Deductible
	Generic Drugs Tier 2	$20 No Deductible	$20 No Deductible
	Preferred Brand Drugs	$100 No Deductible	$100 No Deductible
	Non-Preferred Brand Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible
	Specialty Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible

		NEW FOR 2024	
		Jefferson Health Plans + Total + Gold + HMO[3]	
		Enhanced Tier	Standard Tier
Medical Deductible - Individual/Family		$500/$1,000	$1,000/$2,000
Drug Deductible		$1,000/$2,000	$1,000/$2,000
Out-of-Pocket Maximum - Individual/Family		$9,450/$18,900	$9,450/$18,900
No Cost Share PCP Visit		2/Benefit Year	0
PCP Visit		$20 No Deductible	$60 No Deductible
Specialist Visit		$65 No Deductible	$100 No Deductible
Virtual Care (JeffConnect)		No Charge	N/A
Virtual Care - Primary Care Visit		$20 No Deductible	$60 No Deductible
Virtual Care - Specialist Visit		$65 No Deductible	$100 No Deductible
Inpatient Hospital Services	Acute stays	$300 Per Day After Deductible (Max 5 copays per admit)	$500 Per Day After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/SUD	$300 Per Day After Deductible (Max 5 copays per admit)	$300 Per Day After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	$300 Per Day After Deductible (Max 5 copays per admit)	$500 Per Day After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50% Coinsurance After Deductible	50% Coinsurance After Deductible
Emergency Room Services		$400 No Deductible	$400 No Deductible
Imaging (CT/PET Scans, MRIs)		$100 No Deductible	$100 No Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		$65 No Deductible	$75 No Deductible
Urgent Care Centers or Facilities		$65 No Deductible	$100 No Deductible
Pharmacy Services	Preventive Drugs	No Charge	No Charge
	Generic Drugs Tier 1	$0 No Deductible	$0 No Deductible
	Generic Drugs Tier 2	$10 No Deductible	$10 No Deductible
	Preferred Brand Drugs	$100 No Deductible	$100 No Deductible
	Non-Preferred Brand Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible
	Specialty Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible

You can always count on Jefferson Health Plans

We're committed to providing you with the highest level of health coverage and service. Our experienced team is always ready to help you maximize your benefits, answer your questions and make your life easier.

Call **1-833-973-5805** TTY **1-844-222-2070**
or visit **JeffersonHealthPlans.com/Individuals-Families**,
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We also offer live chat if you prefer.

AFFORDABILITY

COVERAGE

CHOICE

QUALITY

SERVICE

Jefferson Health Plans is an award-winning, not-for-profit health organization serving your state. We believe everyone deserves to live life to the fullest with access to affordable, high-quality healthcare.

Founded more than 35 years ago, we continually develop new ways to drive better health outcomes and have received national recognition for our innovations in managed care. We're also committed to boosting the health of our community through outreach, education and events.

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.
1 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.
2 Source: https://pennie.com/shop/financial-assistance/
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. Deductibles, copayments and coinsurance for Jefferson Health Plans purchased through the Marketplace may be lower if you qualify for cost-sharing reductions.

JHP-810MG-5115.B

Jefferson Health Plans