

PLAN YEAR 2027

Start here for a healthier you.

Individual and Family Plans

Jefferson Health Plans

1-888-311-7193
(TTY 711)

JeffersonHealthPlans.com/Individuals-Families

Budget-friendly plans for your best health.

With Jefferson Health Plans, you get high-quality care at an affordable price.

Keep reading to find the right plan for you!

Plans available in the following counties: Bucks, Carbon, Delaware, Lehigh, Monroe, Montgomery, Northampton, Philadelphia, Schuylkill



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 plans to fit every budget.

Access to thousands of providers
Choose from our large provider network including Jefferson Health and other providers near you.

Referral-free visits
Need a specialist? Choose the one who fits your needs — no referral required.

Quality coverage
Our plans provide you with access to high-quality care:

- **$0** first primary care provider (PCP) visit!*
- **$0** virtual care 24/7 with JeffConnect, and virtual primary care visits available with Jefferson providers
- **Low-cost** prescription drug coverage for brand name and generic medications

**When seeing a Tier 1 provider for HMO plans and an in-network provider for PPO plans. One $0 visit per plan year.*

Questions?
Ready to enroll?

- Call **1-888-311-7193 (TTY 711)**
- Visit **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.*

HMO or PPO: How Do I Choose?

Deciding between a health maintenance organization (HMO) and preferred provider organization (PPO) plan can feel overwhelming, but we're here to help! Look at the chart below for a breakdown of the differences between HMO and PPO plans to help you choose the right type of plan. No matter which plan you choose, you get affordable, quality coverage.

HMO:

- **Primary Care Provider (PCP):** Choose your PCP (or we'll assign you one) to help coordinate your care
- **Monthly premiums and out-of-pocket costs: LOWER $**
- ✗ **Out-of-network coverage:** You'll need to see a doctor in our network for most services, except in the case of a medical emergency

BEST IF:
You care more about affordability or prefer using a PCP to manage your care

PPO:

- **Primary Care Provider (PCP):** Choosing a PCP is suggested, but not required
- **Monthly premiums and out-of-pocket costs: HIGHER $$**
- ✓ **Out-of-network coverage:** You have the flexibility to see out-of-network doctors, but it will cost more

BEST IF:
You care more about flexibility and more choice of both in- and out-of-network providers

Find a Doctor Near You

Explore our network of over 10,000 doctors and 45+ hospitals.* To see if your doctor is covered, visit our provider directory: **JeffersonHealthPlans.com/findproviders**.

**Based on Jefferson Health Plans reported network data as of July 2025*

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[1]:

- Advance Premium Tax Credits
- Cost-Sharing Reductions

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 **1-888-311-7193**, or by visiting **www.pennie.com**.



Understanding costs — we've got you covered.

Premiums

Monthly payments to maintain your coverage.

Deductible

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

Copay

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

Advanced Premium Tax Credit (APTC)

Tax credit that lowers your monthly premium if you qualify.[2]

Cost-Sharing Reductions (CSR)

Lowers the amount you pay for deductibles and co-payments.[2]

1. Learn more at **www.pennie.com** or call **1-844-844-8040** for assistance.
2. 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
Medical Deductible - Individual/Family		$0/$0	$8,000/$16,000
Drug Deductible		$5,000/$10,000	$5,000/$10,000
Out-of-Pocket Maximum - Individual/Family		$12,000/$24,000	$12,000/$24,000
No Cost Share PCP Visit		1/Benefit Year	0
PCP Visit		$95	$150
Specialist Visit		$150	$175
Virtual Care - Urgent Care (JeffConnect)		No Charge	N/A
Virtual Care - Primary Care Visit		$95	$150
Virtual Care - Specialist Visit		$150	$175
Inpatient Hospital Services	Acute stays	$2,000 Per Day (Max 5 copays per admit)	$3,000 Per Day After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/ Substance Use Disorder	$2,000 Per Day (Max 5 copays per admit)	$2,000 Per Day After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	$2,000 Per Day (Max 5 copays per admit)	$3,000 Per Day After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50%	50% After Deductible
Lab Services		$150	$250
Emergency Room Services		$1,250	$1,250
X-rays and Diagnostic Imaging		$200	$350
Imaging (CT/PET Scans, MRIs)		$600	$750 After Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		$150	$250
Urgent Care Centers or Facilities		$150	$175
Pharmacy Services	Preventive Drugs	No Charge	No Charge
	Generic Drugs Tier 1	$35	$35
	Generic Drugs Tier 2	$35	$35
	Preferred Brand Drugs	$150 After Deductible	$150 After Deductible
	Non-Preferred Brand Drugs	$250 After Deductible	$250 After Deductible
	Specialty Drugs	50% After Deductible	50% After Deductible

		Jefferson Health Plans + Total + Bronze + HMO	
		Tier 1	Tier 2
Medical Deductible - Individual/Family		$8,500/$17,000	$9,500/$19,000
Drug Deductible		Combined Medical and Drug	Combined Medical and Drug
Out-of-Pocket Maximum - Individual/Family		$12,000/$24,000	$12,000/$24,000
No Cost Share PCP Visit		1/Benefit Year	0
PCP Visit		$60	$95
Specialist Visit		$95	$150
Virtual Care - Urgent Care (JeffConnect)		No Charge	N/A
Virtual Care (other) - Primary Care Visit		$60	$95
Virtual Care (other) - Specialist Visit		$95	$150
Inpatient Hospital Services	Acute stays	$850 Per Day After Deductible (Max 5 copays per admit)	$1,000 Per Day After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/ Substance Use Disorder	$850 Per Day After Deductible (Max 5 copays per admit)	$850 Per Day After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	$850 Per Day After Deductible (Max 5 copays per admit)	$1,000 Per Day After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50% After Deductible	50% After Deductible
Lab Services		$75	$150
Emergency Room Services		50% After Deductible	50% After Deductible
X-rays and Diagnostic Imaging		$200	$250
Imaging (CT/PET Scans, MRIs)		$400 After Deductible	$450 After Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		$135 After Deductible	$150 After Deductible
Urgent Care Centers or Facilities		$95	$150
Pharmacy Services	Preventive Drugs	No Charge	No Charge
	Generic Drugs Tier 1	$35	$35
	Generic Drugs Tier 2	$35	$35
	Preferred Brand Drugs	$150	$150
	Non-Preferred Brand Drugs	50% After Deductible	50% After Deductible
	Specialty Drugs	50% After Deductible	50% After Deductible

		Jefferson Health Plans + Value + Bronze + HMO	
		Tier 1	Tier 2
Medical Deductible - Individual/Family		$10,000/$20,000	$10,000/$20,000
Drug Deductible		Combined Medical and Drug	Combined Medical and Drug
Out-of-Pocket Maximum - Individual/Family		$12,000/$24,000	$12,000/$24,000
No Cost Share PCP Visit		1/Benefit Year	0
PCP Visit		50%	0% After Deductible
Specialist Visit		0% After Deductible	0% After Deductible
Virtual Care - Urgent Care (JeffConnect)		No Charge	N/A
Virtual Care (other) - Primary Care Visit		50%	0% After Deductible
Virtual Care (other) - Specialist Visit		0% After Deductible	0% After Deductible
Inpatient Hospital Services	Acute stays	0% After Deductible	0% After Deductible
	Mental/Behavioral Health/ Substance Use Disorder	0% After Deductible	0% After Deductible
	Delivery and All Inpatient Services for Maternity Care	0% After Deductible	0% After Deductible
Durable Medical Equipment		0% After Deductible	0% After Deductible
Lab Services		0% After Deductible	0% After Deductible
Emergency Room Services		0% After Deductible	0% After Deductible
X-rays and Diagnostic Imaging		0% After Deductible	0% After Deductible
Imaging (CT/PET Scans, MRIs)		0% After Deductible	0% After Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		0% After Deductible	0% After Deductible
Urgent Care Centers or Facilities		0% After Deductible	0% After Deductible
Pharmacy Services	Preventive Drugs	No Charge	No Charge
	Generic Drugs Tier 1	$35	$35
	Generic Drugs Tier 2	$35	$35
	Preferred Brand Drugs	0% After Deductible	0% After Deductible
	Non-Preferred Brand Drugs	0% After Deductible	0% After Deductible
	Specialty Drugs	0% After Deductible	0% After Deductible

		Jefferson Health Plans + Balanced + Silver + HMO	
		Tier 1	Tier 2
Medical Deductible - Individual/Family		$3,000/$6,000	$7,500/$15,000
Drug Deductible		$500/$1,000	$500/$1,000
Out-of-Pocket Maximum - Individual/Family		$12,000/$24,000	$12,000/$24,000
No Cost Share PCP Visit		1/Benefit Year	0
PCP Visit		$45	$85
Specialist Visit		$85	$125
Virtual Care - Urgent Care (JeffConnect)		No Charge	N/A
Virtual Care - Primary Care Visit		$45	$75
Virtual Care - Specialist Visit		$85	$125
Inpatient Hospital Services	Acute stays	$600 Per Day After Deductible (Max 5 copays per admit)	$850 Per Day After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/ Substance Use Disorder	$600 Per Day After Deductible (Max 5 copays per admit)	$600 Per Day After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	$600 Per Day After Deductible (Max 5 copays per admit)	$850 Per Day After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50% After Deductible	50% After Deductible
Lab Services		$50	$125
Emergency Room Services		$975	$975
X-rays and Diagnostic Imaging		$125	$300
Imaging (CT/PET Scans, MRIs)		$300	$500
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		$100	$150
Urgent Care Centers or Facilities		$85	$125
Pharmacy Services	Preventive Drugs	No Charge	No Charge
	Generic Drugs Tier 1	$5	$5
	Generic Drugs Tier 2	$25	$25
	Preferred Brand Drugs	50% After Deductible	50% After Deductible
	Non-Preferred Brand Drugs	50% After Deductible	50% After Deductible
	Specialty Drugs	50% After Deductible	50% After Deductible

		Jefferson Health Plans + Total + Silver + HMO	
		Tier 1	Tier 2
Medical Deductible - Individual/Family		$5,500/$11,000	$8,000/$16,000
Drug Deductible		$500/$1,000	$500/$1,000
Out-of-Pocket Maximum - Individual/Family		$12,000/$24,000	$12,000/$24,000
No Cost Share PCP Visit		1/Benefit Year	0
PCP Visit		$40	$75
Specialist Visit		$75	$125
Virtual Care - Urgent Care (JeffConnect)		No Charge	N/A
Virtual Care - Primary Care Visit		$40	$75
Virtual Care - Specialist Visit		$75	$125
Inpatient Hospital Services	Acute stays	$500 Per Day After Deductible (Max 5 copays per admit)	$800 Per Day After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/ Substance Use Disorder	$500 Per Day After Deductible (Max 5 copays per admit)	$500 Per Day After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	$500 Per Day After Deductible (Max 5 copays per admit)	$800 Per Day After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50% After Deductible	50% After Deductible
Lab Services		$40	$100
Emergency Room Services		$950	$950
X-rays and Diagnostic Imaging		$100	$300
Imaging (CT/PET Scans, MRIs)		$300 After Deductible	$450 After Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		$100 After Deductible	$125 After Deductible
Urgent Care Centers or Facilities		$75	$125
Pharmacy Services	Preventive Drugs	No Charge	No Charge
	Generic Drugs Tier 1	$5	$5
	Generic Drugs Tier 2	$25	$25
	Preferred Brand Drugs	50% After Deductible	50% After Deductible
	Non-Preferred Brand Drugs	50% After Deductible	50% After Deductible
	Specialty Drugs	50% After Deductible	50% After Deductible

		Jefferson Health Plans + $0 Deductible + Gold + HMO	
		Tier 1	Tier 2
Medical Deductible - Individual/Family		$0/$0	$1,000/$2,000
Drug Deductible		Combined Medical and Drug	Combined Medical and Drug
Out-of-Pocket Maximum - Individual/Family		$12,000/$24,000	$12,000/$24,000
No Cost Share PCP Visit		1/Benefit Year	0
PCP Visit		$35	$75
Specialist Visit		$75	$100
Virtual Care - Urgent Care (JeffConnect)		No Charge	N/A
Virtual Care - Primary Care Visit		$35	$75
Virtual Care - Specialist Visit		$75	$100
Inpatient Hospital Services	Acute stays	$350 Per Day (Max 5 copays per admit)	$550 Per Day After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/ Substance Use Disorder	$350 Per Day (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 (Max 5 copays per admit)	$550 Per Day After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50%	50% After Deductible
Lab Services		$5	$65
Emergency Room Services		$450	$450
X-rays and Diagnostic Imaging		$75	$120
Imaging (CT/PET Scans, MRIs)		$165	$250
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		$85	$150
Urgent Care Centers or Facilities		$75	$100
Pharmacy Services	Preventive Drugs	No Charge	No Charge
	Generic Drugs Tier 1	$5	$5
	Generic Drugs Tier 2	$20	$20
	Preferred Brand Drugs	50%	50%
	Non-Preferred Brand Drugs	50%	50% After Deductible
	Specialty Drugs	50%	50% After Deductible

		Jefferson Health Plans + Total + Gold + HMO	
		Tier 1	Tier 2
Medical Deductible - Individual/Family		$1,000/$2,000	$2,000/$4,000
Drug Deductible		$500/$1,000	$500/$1,000
Out-of-Pocket Maximum - Individual/Family		$12,000/$24,000	$12,000/$24,000
No Cost Share PCP Visit		1/Benefit Year	0
PCP Visit		$25	$60
Specialist Visit		$65	$100
Virtual Care - Urgent Care (JeffConnect)		No Charge	N/A
Virtual Care - Primary Care Visit		$25	$60
Virtual Care - Specialist Visit		$65	$100
Inpatient Hospital Services	Acute stays	$325 Per Day After Deductible (Max 5 copays per admit)	$500 Per Day After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/ Substance Use Disorder	$325 Per Day After Deductible (Max 5 copays per admit)	$325 Per Day After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	$325 Per Day After Deductible (Max 5 copays per admit)	$500 Per Day After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50% After Deductible	50% After Deductible
Lab Services		$0	$60
Emergency Room Services		$400	$400
X-rays and Diagnostic Imaging		$60	$100
Imaging (CT/PET Scans, MRIs)		$150	$250
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		$75	$125
Urgent Care Centers or Facilities		$65	$100
Pharmacy Services	Preventive Drugs	No Charge	No Charge
	Generic Drugs Tier 1	$0	$0
	Generic Drugs Tier 2	$15	$15
	Preferred Brand Drugs	$75	$75
	Non-Preferred Brand Drugs	50% After Deductible	50% After Deductible
	Specialty Drugs	50% After Deductible	50% After Deductible

		Jefferson Health Plans + Value + Gold + HMO	
		Tier 1	Tier 2
Medical Deductible - Individual/Family		$2,000/$4,000	$2,500/$5,000
Drug Deductible		$500/$1,000	$500/$1,000
Out-of-Pocket Maximum - Individual/Family		$12,000/$24,000	$12,000/$24,000
No Cost Share PCP Visit		1/Benefit Year	0
PCP Visit		$20	$60
Specialist Visit		$55	$100
Virtual Care - Urgent Care (JeffConnect)		No Charge	N/A
Virtual Care - Primary Care Visit		$20	$60
Virtual Care - Specialist Visit		$55	$100
Inpatient Hospital Services	Acute stays	$275 Per Day After Deductible (Max 5 copays per admit)	$500 Per Day After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/ Substance Use Disorder	$275 Per Day After Deductible (Max 5 copays per admit)	$275 Per Day After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	$275 Per Day After Deductible (Max 5 copays per admit)	$500 Per Day After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50% After Deductible	50% After Deductible
Lab Services		$0	$50
Emergency Room Services		$350	$350
X-rays and Diagnostic Imaging		$50	$100
Imaging (CT/PET Scans, MRIs)		$125	$200
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		$65	$100
Urgent Care Centers or Facilities		$55	$100
Pharmacy Services	Preventive Drugs	No Charge	No Charge
	Generic Drugs Tier 1	$0	$0
	Generic Drugs Tier 2	$15	$15
	Preferred Brand Drugs	$75	$75
	Non-Preferred Brand Drugs	50% After Deductible	50% After Deductible
	Specialty Drugs	50% After Deductible	50% After Deductible

		Jefferson Health Plans + $0 Deductible + Bronze + PPO	
		In-Network	Out-of-Network
Medical Deductible - Individual/Family		$0/$0	$15,000/$30,000
Drug Deductible		$5,000/$10,000	N/A
Out-of-Pocket Maximum - Individual/Family		$12,000/$24,000	$24,000/$48,000
No Cost Share PCP Visit		1/Benefit Year	Not Covered
PCP Visit		$95	50% After Deductible
Specialist Visit		$125	50% After Deductible
Virtual Care - Urgent Care (JeffConnect)		No Charge	Not Covered
Virtual Care - Primary Care Visit		$95	50% After Deductible
Virtual Care - Specialist Visit		$125	50% After Deductible
Inpatient Hospital Services	Acute Stays	$2,000 Per Day (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/ Substance Use Disorder	$2,000 Per Day (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	$2,000 Per Day (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50%	50% After Deductible
Lab Services		$100	50% After Deductible
Emergency Room Services		$1,500	$1,500
X-rays and Diagnostic Imaging		$250	50% After Deductible
Imaging (CT/PET Scans, MRIs)		$600	50% After Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		$150	50% After Deductible
Urgent Care Centers or Facilities		$125	50% After Deductible
Pharmacy Services	Preventive Drugs	No Charge	Not Covered
	Generic Drugs Tier 1	$35	Not Covered
	Generic Drugs Tier 2	$35	Not Covered
	Preferred Brand Drugs	50% After Deductible	Not Covered
	Non-Preferred Brand Drugs	50% After Deductible	Not Covered
	Specialty Drugs	50% After Deductible	Not Covered

		Jefferson Health Plans + Total + Bronze + PPO	
		In-Network	Out-of-Network
Medical Deductible - Individual/Family		$9,000/$18,000	$20,000/$40,000
Drug Deductible		Combined Medical and Drug	N/A
Out-of-Pocket Maximum - Individual/Family		$12,000/$24,000	$24,000/$48,000
No Cost Share PCP Visit		1/Benefit Year	Not Covered
PCP Visit		$60	50% After Deductible
Specialist Visit		$95	50% After Deductible
Virtual Care - Urgent Care (JeffConnect)		No Charge	Not Covered
Virtual Care (other) - Primary Care Visit		$60	50% After Deductible
Virtual Care (other) - Specialist Visit		$95	50% After Deductible
Inpatient Hospital Services	Acute Stays	50% After Deductible (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/ Substance Use Disorder	50% After Deductible (Max 5 copays per admit)	50% After Deductiblee (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	50% After Deductible (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50% After Deductible	50% After Deductible
Lab Services		$0 After Deductible	50% After Deductible
Emergency Room Services		$450 After Deductible	$450 After Deductible
X-rays and Diagnostic Imaging		$0 After Deductible	50% After Deductible
Imaging (CT/PET Scans, MRIs)		$0 After Deductible	50% After Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		$125	50% After Deductible
Urgent Care Centers or Facilities		$95	50% After Deductible
Pharmacy Services	Preventive Drugs	No Charge	Not Covered
	Generic Drugs Tier 1	$35	Not Covered
	Generic Drugs Tier 2	$35	Not Covered
	Preferred Brand Drugs	$150	Not Covered
	Non-Preferred Brand Drugs	50% After Deductible	Not Covered
	Specialty Drugs	50% After Deductible	Not Covered

		Jefferson Health Plans + Value + Bronze + PPO	
		In-Network	Out-of-Network
Medical Deductible - Individual/Family		$10,000/$20,000	$24,000/$48,000
Drug Deductible		Combined Medical and Drug	N/A
Out-of-Pocket Maximum - Individual/Family		$12,000/$24,000	$24,000/$48,000
No Cost Share PCP Visit		1/Benefit Year	Not Covered
PCP Visit		50%	0% After Deductible
Specialist Visit		0% After Deductible	0% After Deductible
Virtual Care - Urgent Care (JeffConnect)		No Charge	Not Covered
Virtual Care (other) - Primary Care Visit		50%	0% After Deductible
Virtual Care (other) - Specialist Visit		0% After Deductible	0% After Deductible
Inpatient Hospital Services	Acute Stays	0% After Deductible (Max 5 copays per admit)	0% After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/ Substance Use Disorder	0% After Deductible (Max 5 copays per admit)	0% After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	0% After Deductible (Max 5 copays per admit)	0% After Deductible (Max 5 copays per admit)
Durable Medical Equipment		0% After Deductible	0% After Deductible
Lab Services		0% After Deductible	0% After Deductible
Emergency Room Services		0% After Deductible	0% After Deductible
X-rays and Diagnostic Imaging		0% After Deductible	0% After Deductible
Imaging (CT/PET Scans, MRIs)		0% After Deductible	0% After Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		0% After Deductible	0% After Deductible
Urgent Care Centers or Facilities		0% After Deductible	0% After Deductible
Pharmacy Services	Preventive Drugs	No Charge	Not Covered
	Generic Drugs Tier 1	$35	Not Covered
	Generic Drugs Tier 2	$35	Not Covered
	Preferred Brand Drugs	0% After Deductible	Not Covered
	Non-Preferred Brand Drugs	0% After Deductible	Not Covered
	Specialty Drugs	0% After Deductible	Not Covered

		Jefferson Health Plans + Balanced + Silver + PPO	
		In-Network	Out-of-Network
Medical Deductible - Individual/Family		$3,500/$7,000	$15,000/$30,000
Drug Deductible		$500/$1,000	N/A
Out-of-Pocket Maximum - Individual/Family		$12,000/$24,000	$24,000/$48,000
No Cost Share PCP Visit		1/Benefit Year	Not Covered
PCP Visit		$45	50% After Deductible
Specialist Visit		$85	50% After Deductible
Virtual Care - Urgent Care (JeffConnect)		No Charge	Not Covered
Virtual Care - Primary Care Visit		$45	50% After Deductible
Virtual Care - Specialist Visit		$85	50% After Deductible
Inpatient Hospital Services	Acute Stays	$650 Per Day After Deductible (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/ Substance Use Disorder	$650 Per Day After Deductible (Max 5 copays per admit)	50% 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)	50% After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50% After Deductible	50% After Deductible
Lab Services		$50	50% After Deductible
Emergency Room Services		$500	$500
X-rays and Diagnostic Imaging		$100 After Deductible	50% After Deductible
Imaging (CT/PET Scans, MRIs)		$325 After Deductible	50% After Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		$95 After Deductible	50% After Deductible
Urgent Care Centers or Facilities		$85	50% After Deductible
Pharmacy Services	Preventive Drugs	No Charge	Not Covered
	Generic Drugs Tier 1	$5	Not Covered
	Generic Drugs Tier 2	$25	Not Covered
	Preferred Brand Drugs	50% After Deductible	Not Covered
	Non-Preferred Brand Drugs	50% After Deductible	Not Covered
	Specialty Drugs	50% After Deductible	Not Covered

		Jefferson Health Plans + Total + Silver + PPO	
		In-Network	Out-of-Network
Medical Deductible - Individual/Family		$5,500/$11,000	$15,000/$30,000
Drug Deductible		$500/$1,000	N/A
Out-of-Pocket Maximum - Individual/Family		$12,000/$24,000	$24,000/$48,000
No Cost Share PCP Visit		1/Benefit Year	Not Covered
PCP Visit		$35	50% After Deductible
Specialist Visit		$75	50% After Deductible
Virtual Care - Urgent Care (JeffConnect)		No Charge	Not Covered
Virtual Care - Primary Care Visit		$35	50% After Deductible
Virtual Care - Specialist Visit		$75	50% After Deductible
Inpatient Hospital Services	Acute Stays	$600 Per Day After Deductible (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/ Substance Use Disorder	$600 Per Day After Deductible (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	$600 Per Day After Deductible (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50% After Deductible	50% After Deductible
Lab Services		$50	50% After Deductible
Emergency Room Services		$500	$500
X-rays and Diagnostic Imaging		$100 After Deductible	50% After Deductible
Imaging (CT/PET Scans, MRIs)		$300 After Deductible	50% After Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		$85 After Deductible	50% After Deductible
Urgent Care Centers or Facilities		$75	50% After Deductible
Pharmacy Services	Preventive Drugs	No Charge	Not Covered
	Generic Drugs Tier 1	$5	Not Covered
	Generic Drugs Tier 2	$25	Not Covered
	Preferred Brand Drugs	50% After Deductible	Not Covered
	Non-Preferred Brand Drugs	50% After Deductible	Not Covered
	Specialty Drugs	50% After Deductible	Not Covered

		Jefferson Health Plans + $0 Deductible + Gold + PPO	
		In-Network	Out-of-Network
Medical Deductible - Individual/Family		$0/$0	$15,000/$30,000
Drug Deductible		Combined Medical and Drug	N/A
Out-of-Pocket Maximum - Individual/Family		$12,000/$24,000	$24,000/$48,000
No Cost Share PCP Visit		1/Benefit Year	Not Covered
PCP Visit		$25	50% After Deductible
Specialist Visit		$65	50% After Deductible
Virtual Care - Urgent Care (JeffConnect)		No Charge	Not Covered
Virtual Care - Primary Care Visit		$25	50% After Deductible
Virtual Care - Specialist Visit		$65	50% After Deductible
Inpatient Hospital Services	Acute Stays	$600 Per Day After Deductible (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/ Substance Use Disorder	$600 Per Day After Deductible (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	$600 Per Day After Deductible (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50% After Deductible	50% After Deductible
Lab Services		$25	50% After Deductible
Emergency Room Services		$500	$500
X-rays and Diagnostic Imaging		$75	50% After Deductible
Imaging (CT/PET Scans, MRIs)		$250	50% After Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		$75	50% After Deductible
Urgent Care Centers or Facilities		$65	50% After Deductible
Pharmacy Services	Preventive Drugs	No Charge	Not Covered
	Generic Drugs Tier 1	$0	Not Covered
	Generic Drugs Tier 2	$20	Not Covered
	Preferred Brand Drugs	$50	Not Covered
	Non-Preferred Brand Drugs	50%	Not Covered
	Specialty Drugs	50%	Not Covered

		Jefferson Health Plans + Total + Gold + PPO	
		In-Network	Out-of-Network
Medical Deductible - Individual/Family		$500/$1,000	$15,000/$30,000
Drug Deductible		$500/$1,000	N/A
Out-of-Pocket Maximum - Individual/Family		$12,000/$24,000	$24,000/$48,000
No Cost Share PCP Visit		1/Benefit year	Not Covered
PCP Visit		$25	50% After Deductible
Specialist Visit		$55	50% After Deductible
Virtual Care - Urgent Care (JeffConnect)		No Charge	Not Covered
Virtual Care - Primary Care Visit		$25	50% After Deductible
Virtual Care - Specialist Visit		$55	50% After Deductible
Inpatient Hospital Services	Acute Stays	$500 Per Day After Deductible (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/ Substance Use Disorder	$500 Per Day After Deductible (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	$500 Per Day After Deductible (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50% After Deductible	50% After Deductible
Lab Services		$20	50% After Deductible
Emergency Room Services		$450	$450
X-rays and Diagnostic Imaging		$60	50% After Deductible
Imaging (CT/PET Scans, MRIs)		$150 After Deductible	50% After Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		$65	50% After Deductible
Urgent Care Centers or Facilities		$55	50% After Deductible
Pharmacy Services	Preventive Drugs	No Charge	Not Covered
	Generic Drugs Tier 1	$0	Not Covered
	Generic Drugs Tier 2	$20	Not Covered
	Preferred Brand Drugs	$50	Not Covered
	Non-Preferred Brand Drugs	50% After Deductible	Not Covered
	Specialty Drugs	50% After Deductible	Not Covered

		Jefferson Health Plans + Value + Gold + PPO	
		In-Network	Out-of-Network
Medical Deductible - Individual/Family		$1,500/$3,000	$15,000/$30,000
Drug Deductible		$500/$1,000	N/A
Out-of-Pocket Maximum - Individual/Family		$12,000/$24,000	$24,000/$48,000
No Cost Share PCP Visit		1/Benefit year	Not Covered
PCP Visit		$20	50% After Deductible
Specialist Visit		$50	50% After Deductible
Virtual Care - Urgent Care (JeffConnect)		No Charge	Not Covered
Virtual Care - Primary Care Visit		$20	50% After Deductible
Virtual Care - Specialist Visit		$50	50% After Deductible
Inpatient Hospital Services	Acute Stays	$450 Per Day After Deductible (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/ Substance Use Disorder	$450 Per Day After Deductible (Max 5 copays per admit)	50% 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)	50% After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50% After Deductible	50% After Deductible
Lab Services		$15	50% After Deductible
Emergency Room Services		$400	$400
X-rays and Diagnostic Imaging		$50	50% After Deductible
Imaging (CT/PET Scans, MRIs)		$150 After Deductible	50% After Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		$55	50% After Deductible
Urgent Care Centers or Facilities		$50	50% After Deductible
Pharmacy Services	Preventive Drugs	No Charge	Not Covered
	Generic Drugs Tier 1	$0	Not Covered
	Generic Drugs Tier 2	$20	Not Covered
	Preferred Brand Drugs	$50	Not Covered
	Non-Preferred Brand Drugs	50% After Deductible	Not Covered
	Specialty Drugs	50% After Deductible	Not Covered



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 1-888-311-7193 **(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

Contact your local broker

Visit JeffersonHealthPlans.com/Individuals-Families

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