

# Individual and Family Plans

## 2027 MEMBER HANDBOOK

# Welcome to Jefferson Health Plans

Jefferson Health Plans

# Discover affordable care you can count on.

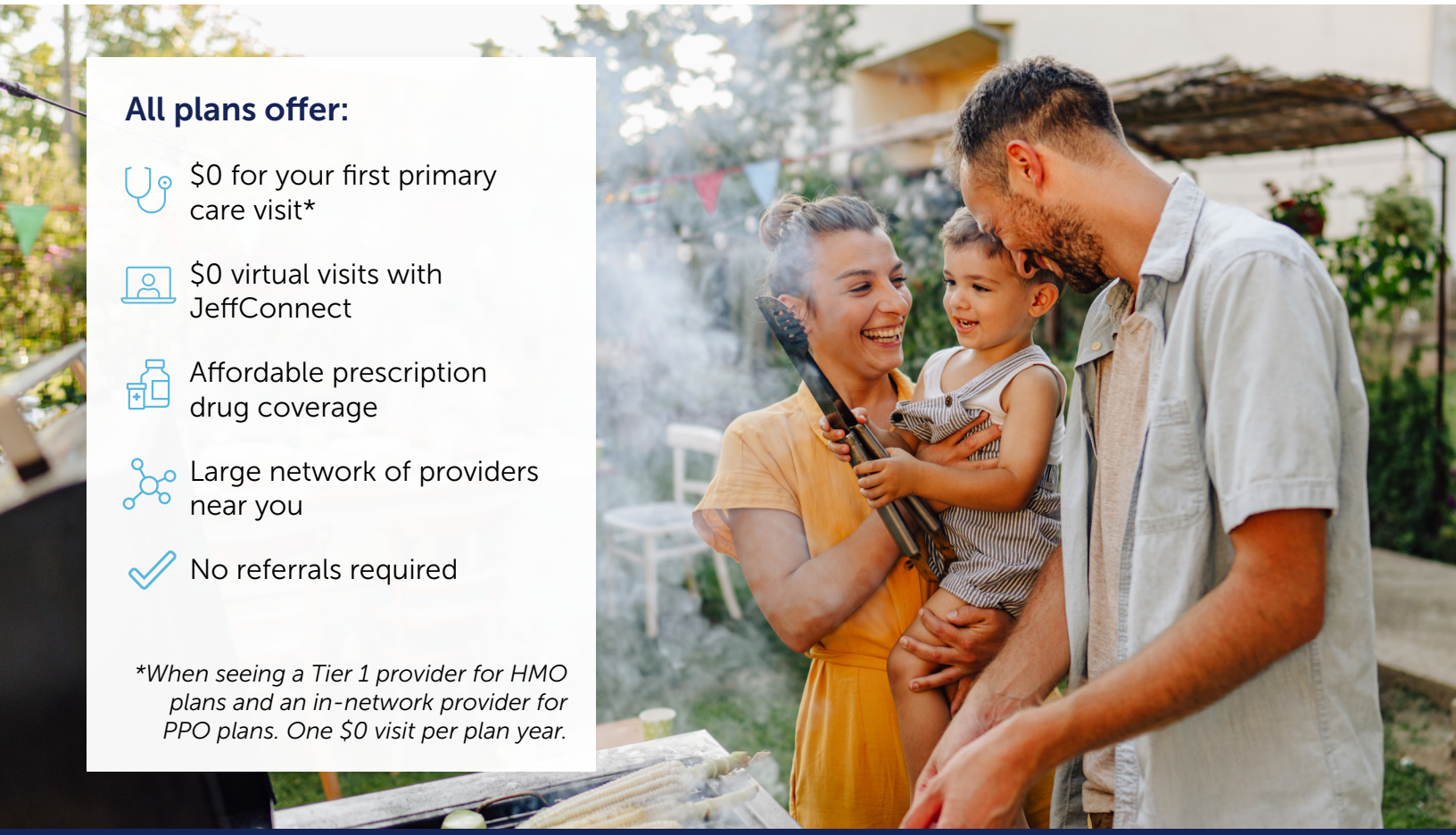
Thank you for choosing an Individual and Family Plan from Jefferson Health Plans. Ready to live your best life? We're here to support you and your family's health goals while helping you save money.

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.



### All plans offer:

- $0 for your first primary care visit*
- $0 virtual visits with JeffConnect
- Affordable prescription drug coverage
- Large network of providers near you
- No referrals required

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

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## Get started with Jefferson Health Plans! Follow these simple steps to make the most of your Individual and 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** to set up an account where you can view plan information, access your digital ID card, and more!

SCAN TO LOG IN OR CREATE AN ACCOUNT

### 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 $0 PCP visit*

Take advantage of this $0 benefit! Your primary care provider (PCP) can help you manage all aspects of your health.

### 4. Complete your health survey

After your coverage begins, 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**.

### 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** to set up your account, or download the JeffConnect app from the App Store or Google Play.

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

## How to pay your monthly premium

After you renew or enroll in a new plan, you must make your first premium payment to activate your coverage.

We make paying your monthly premiums simple and convenient by offering multiple payment options.

### Pay online

Save time and never miss a premium payment by enrolling in automatic bill pay. Make a one-time payment or set up recurring payments securely online. Visit **JeffersonHealthPlans.com/Payment** for more details, or log in to the member portal to get started.

### Pay by phone

Call toll-free at **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

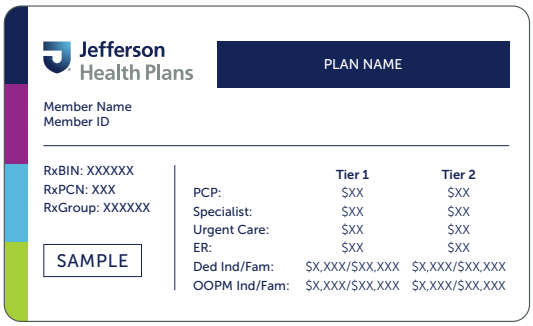
Monthly premium payments are due on the first day of each month. If payment is not received by then, you may enter a grace period. During this period, we may withhold payment of your claims. If payment is not received by the end of a grace period, you risk losing coverage.

Please refer to your plan's Member Agreement for grace period details, available at **JeffersonHealthPlans.com/Agreement**.



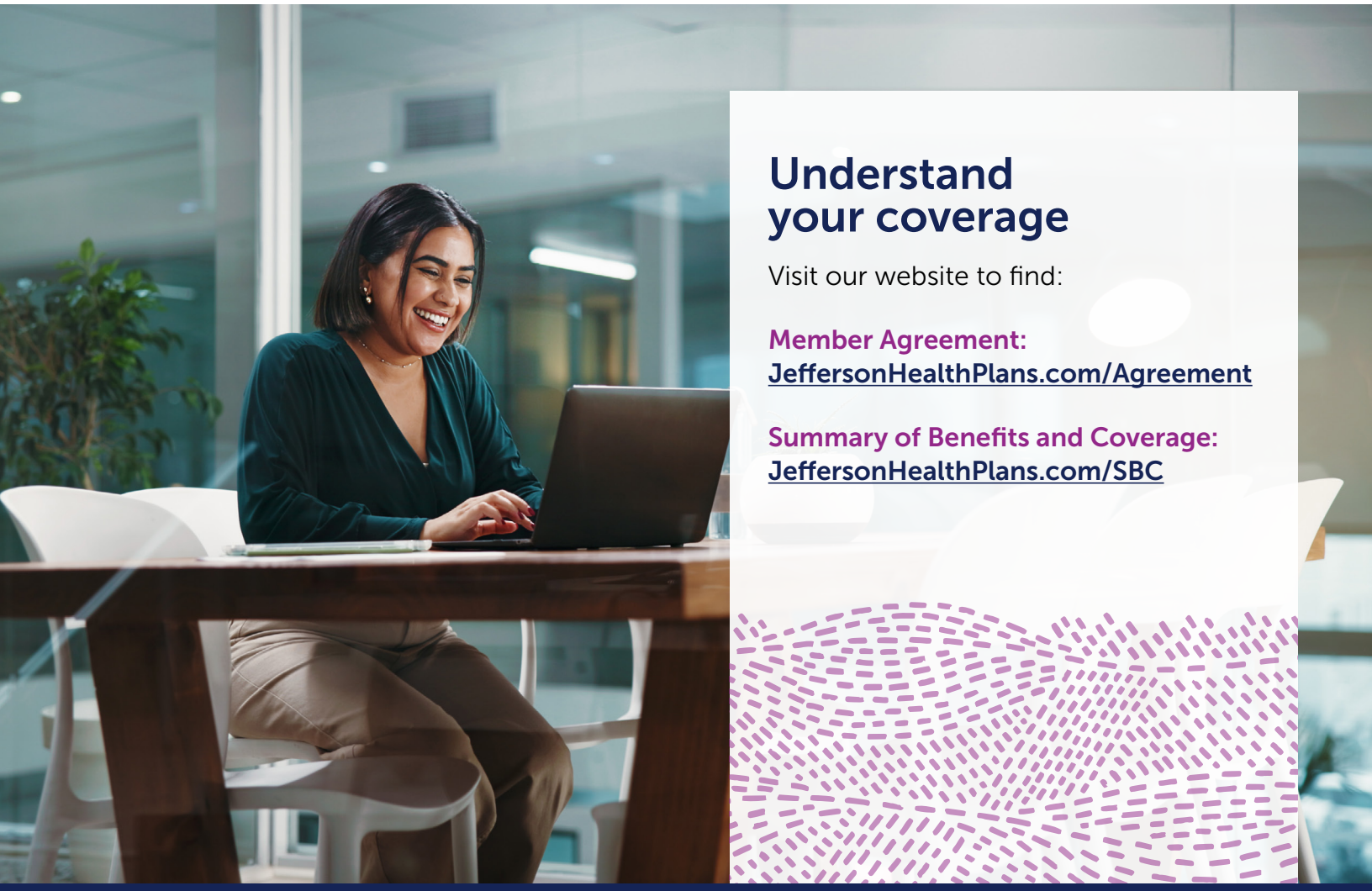
## About your member ID card

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 into your account at **JeffersonHealthPlans.com/Account**.



## Understand your coverage

Visit our website to find:

**Member Agreement:**
**JeffersonHealthPlans.com/Agreement**

**Summary of Benefits and Coverage:**
**JeffersonHealthPlans.com/SBC**

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

### 1. 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.

### 2. Emergency services

When the unexpected happens, rest assured you'll be covered, even when emergency services are provided at a facility outside our network.

### 3. Hospitalization

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

### 4. Pregnancy, maternity, and newborn care

As you grow your family, our plans cover services for these important milestones.

### 5. Mental health services

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

### 6. Prescription drugs

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

### 7. 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.

### 8. 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.

### 9. Preventive and wellness services and chronic disease management

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

### 10. Pediatric services

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

## Find the Right Care, Right Now

Not sure where to go for care? We've got you covered.

| Virtual Care | In-Person Care |
|---|---|
| **When you want urgent or primary care from the comfort of home.** | **When you want to see a doctor in person.** |
| **VIRTUAL URGENT CARE**<br>**USE FOR:**<br>Minor illnesses like colds, flu, and respiratory illnesses.<br>$0 with Jeff Connect, available 24/7. Register at **JeffConnect.org** or download the Jeff Connect app. | **URGENT CARE**<br>**USE FOR:**<br>Non life-threatening emergencies like minor allergic reactions, cuts and burns, and sprains. |
| **VIRTUAL PRIMARY CARE**<br>**USE FOR:**<br>Routine check-ups and general medical needs.<br>Call **1-800-Jeff NOW** to schedule. | **OFFICE VISITS**<br>**USE FOR:**<br>Annual well visits, vaccinations, sick visits, and ongoing care with a primary care doctor or specialist. |

**Call 911 or go to the emergency room if you're experiencing a life-threatening medical emergency.**

## Know Your Providers

**Primary Care Provider (PCP):**
Your go-to doctor for routine check-ups, annual well visits, and overall health. **Your first PCP visit each plan year is $0!***

**Specialist:**
Doctors who specialize in certain areas like dermatology or cardiology. **Referrals are not required to see a specialist.**

**If you need help finding a doctor or facility in your plan's network, visit JeffersonHealthPlans.com/FindProviders or call Member Relations at 1-833-422-4690 (TTY 1-877-454-8477).**

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

## Member grievances and appeals

Your health, well-being, and continued satisfaction are very important to us at Jefferson Health Plans. We're always ready to actively address any of your concerns. You have the right to file a grievance, a benefits or non-benefits related 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 including cost-sharing
- 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 Jefferson Health Plans' 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 (benefit and non-benefit related) 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)

*Continued on next page*

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 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

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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.pa.gov/agencies/insurance/laws-regulations-notices/no-surprises-act**

## 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**

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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

**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.

### Utilization Review Process

Utilization Management (UM) is how health plans make sure members get the right care at the right time. UM helps prevent overtreatment of our members and helps them get the care they need. Jefferson Health Plans' UM decisions are based only on how appropriate the care is and to make sure the care is covered. Jefferson Health Plans never offers incentives to reduce or deny access to needed care. We do not reward doctors or other individuals for encouraging members to not get treatment and service.

The Jefferson Health Plans UM department reviews and evaluates all aspects of members' care, including preventive care and medical treatments. Jefferson Health Plans does these reviews prior to members getting services and after services have been provided. Jefferson Health Plans looks at how severe the member's condition is and how much and how long medical services are being requested for members. All of this is done to improve the quality and appropriateness of care and service provided to Jefferson Health Plans' members.

### Pharmacy Benefits

Jefferson Health Plans covers pharmacy benefits that include prescription medicines and over-the-counter medicines and vitamins with a doctor's prescription.

### Getting the Medications you Need

Jefferson Health Plans helps cover many prescription medications and certain over-the-counter medicines and vitamins when prescribed by your provider.

When your provider prescribes a medication, you can have it filled at any pharmacy in the Jefferson Health Plans network. Be sure to bring your Jefferson Health Plans ID card when you pick up your prescription. Depending on your plan and the medication, a copayment may apply.

Most covered medications are included on our formulary (drug list). Some medications that are not on the formulary may still be covered if approved through a prior authorization process.

If your provider includes refills on your prescription, the prescription label will show how many refills are available. In most cases, you can refill your prescription one refill at a time.

If you have questions about your prescription coverage, need help finding a network pharmacy, or need assistance with your medications, our Member Relations team is here to help. Call **1-833-422-4690 (TTY 1-877-454-8477)**.

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The provider directory also contains a list of participating pharmacies. To access the online provider directory, visit **JeffersonHealthPlans.com/Individuals-Families** and click on "Find a Doctor."

If you need assistance, please contact Member Relations.

## Filling Your Prescriptions

If you need medication, your PCP or specialist can write a prescription for you. Simply take your prescription to a pharmacy in the Jefferson Health Plans network.

If your medication is covered under your pharmacy benefit, the pharmacy will fill your prescription according to your plan's coverage requirements.

If you are asked to pay a copayment and believe you should not have to, please call Member Relations at **1-833-422-4690 (TTY 1-877-454-8477)** while you are at the pharmacy. We can help review your coverage and answer any questions. You may also ask the pharmacist to contact Jefferson Health Plans for assistance.

## What Is a Formulary?

A formulary is a list of medications covered by Jefferson Health Plans. The formulary is developed with input from doctors and pharmacists to help ensure covered medications are safe, effective, and appropriate for treating a wide range of health conditions.

Your provider uses the formulary to help choose medications that are right for you. The formulary includes:

- Brand-name medications
- Generic medications
- Biological products, including certain biosimilars
- Selected over-the-counter medications commonly recommended by providers
- Generic Drugs and Biosimilars

Whenever appropriate, your provider may prescribe a generic medication or biosimilar. These medications work the same way as their brand-name or reference products and meet strict standards for safety, quality, and effectiveness. They are often available at a lower cost.

Some biosimilars may be interchangeable, which means they can be substituted at the pharmacy, when allowed by state law, without requiring a new prescription.

## Medications That May Need Approval

Some medications may require additional review before they can be covered. This process helps ensure that medications are used safely and appropriately. Coverage requirements may include:

- Prior Authorization (PA): Your provider must obtain approval before the medication is covered.
- Step Therapy (ST): You may need to try a preferred medication first before coverage is approved for another medication.
- Quantity Limits (QL): Coverage may be limited to a certain amount of medication within a specified time period.
- Age Limits (AL): Some medications are covered only for certain age groups based on approved clinical guidelines.

If your provider believes a medication that is not on the formulary is medically necessary for your care, they can request a formulary exception or prior authorization on your behalf. Jefferson Health Plans will review the request based on clinical criteria and notify you and your provider of the decision.

## Staying Up to Date

The formulary may change during the year. We encourage you and your provider to review the most current formulary when making decisions about your medications.

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To request a copy of the formulary or learn more about your prescription drug coverage, call Member Relations at **1-833-422-4690 (TTY 1-877-454-8477)** or visit **JeffersonHealthPlans.com/Individuals-Families**.

## Requesting Reimbursement for Prescription Drugs

If you paid for a covered prescription medication out of pocket, you may be able to request reimbursement from Jefferson Health Plans.

To review your request, we will need a copy of your pharmacy receipt. No special reimbursement form is required. Once we receive your information, we will review your request and determine whether the prescription is eligible for reimbursement under your pharmacy benefit.

## Important Time Limits

To be eligible for reimbursement, prescription claims must be submitted within one year of the date the prescription was filled.

If the medication did not require prior authorization and would have been covered by your plan at the time it was filled, Jefferson Health Plans may review the claim for reimbursement.

## Medications That Require Prior Authorization

Some medications require prior authorization (PA), which means your provider must obtain approval from Jefferson Health Plans before the medication is covered.

Because prior authorization decisions require clinical review based on medical information available at the time the medication is prescribed, reimbursement requests for medications that required prior authorization but were not previously approved generally cannot be reviewed after the medication has already been filled.

In limited circumstances, exceptions may be considered based on the specific situation and available documentation.

If you have questions about reimbursement or prior authorization requirements, please contact Member Relations at **1-833-422-4690 (TTY 1-877-454-8477)**.

## Getting Specialty Medications

Some medications used to treat complex or chronic health conditions are classified as specialty drugs. These medications are included in the Jefferson Health Plans formulary (drug list) and typically require prior authorization before they are covered.

Depending on your plan, a copayment may apply.

To find out whether your medication is considered a specialty drug, review the formulary or contact Member Relations at **1-833-422-4690 (TTY 1-877-454-8477)**.

## Using Jefferson Specialty Pharmacy

Specialty medications must be filled through Jefferson Specialty Pharmacy.

For your convenience, Jefferson Specialty Pharmacy can:

- Deliver your medication directly to your home
- Provide shipping at no additional cost
- Contact you before each shipment is sent
- Answer questions about your medication and the refill process

Our goal is to make it as easy as possible for you to receive the medications you need and support you throughout your treatment.

To learn more about specialty pharmacy services, obtain a copy of the formulary, or find out if your medication is covered, contact Member Relations at **1-833-422-4690 (TTY 1-877-454-8477)** or visit **JeffersonHealthPlans.com/Individuals-Families**.

## 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
  - Rights and responsibilities
- We must support your right to make decisions about your care, including:
  - A right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage
  - The right to know your treatment options and participate in decisions about your health care
  - 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
- You have the right to voice appeals about the organization or the care we provide

### 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

## Affordable Care Act information

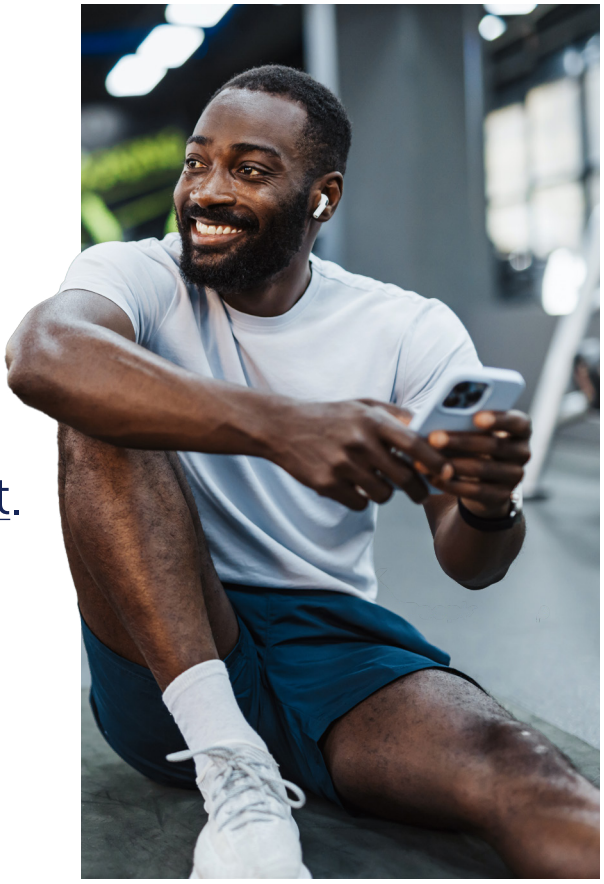
All our Individual and Family Plans were developed in accordance with the Affordable Care Act (ACA), which was established in 2010 to help many more people get the health coverage they need.

Learn more about the Affordable Care Act at **HealthCare.gov**.

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



# 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.

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** | **Apr 1 – Sep 30** |
| **8 a.m.-8 p.m.** | **8 a.m.-8 p.m.** |
| **7 days/week** | **Monday — Friday** |

**Email:** 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**.

Jefferson Health Plans

# Discrimination is Against the Law

Jefferson Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Jefferson Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

Jefferson Health Plans provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Jefferson Health Plans provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Member Relations at **1-833-422-4690 (TTY 1-877-454-8477).**

If you believe that Jefferson Health Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation, you can file a complaint with:

Jefferson Health Plans
Attn: Complaints, Grievances & Appeals Unit
1101 Market Street, Suite 3000
Philadelphia, PA 19107
Phone: 1-833-422-4690 (TTY 1-877-454-8477)
Fax: 1-215-991-4105

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail, phone or email at:

U.S. Department of Health and Human Services,
200 Independence Avenue SW.,
Room 509F, HHH Building,
Washington, DC 20201,
1-800-368-1019, 800-537-7697 (TDD).
**OCRMail@hhs.gov**

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

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Jefferson Health Plans

# Notices of Availability

ATTENTION: If you speak a language other than English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-833-422-4690 (TTY 1-877-454-8477) or speak to your provider.

**Spanish**
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-833-422-4690 (TTY 1-877-454-8477) o hable con su proveedor.

**Chinese; Mandarin**
注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-833-422-4690（文本电话：1-877-454-8477）或咨询您的服务提供商。

**Nepali**
सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि नि: शुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि नि: शुल्क उपलब्ध छन्। 1-833-422-4690 (TTY 1-877-454-8477) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

**Russian**
ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-833-422-4690 (TTY: 1-877-454-8477) или обратитесь к своему поставщику услуг.

**Arabic**
تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-833-422-4690 (1-877-454-8477) أو تحدث إلى مقدم الخدمة.

**Haitian Creole**
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 1-833-422-4690 (TTY: 1-877-454-8477) oswa pale avèk founisè w la.

**Vietnamese**
LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-833-422-4690 (Người khuyết tật: 1-877-454-8477) hoặc trao đổi với người cung cấp dịch vụ của bạn.

**Ukrainian**
УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-833-422-4690 (TTY: 1-877-454-8477) або зверніться до свого постачальника.

**Chinese; Cantonese**
注意：如果您說中文, 我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務, 以無障礙格式提供資訊。請致電 1-833-422-4690 (TTY: 1-877-454-8477) 或與您的提供者討論。

**Portuguese**
ATENÇÃO: Se você fala português do Brasil, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-833-422-4690 (TTY: 1-877-454-8477) ou fale com seu provedor.

**Bengali**
মনোযোগ দি: দি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 1-833-422-4690 (TTY: 1-877-454-8477) নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

**French**
ATTENTION: Si vous parlez Français, des services d’assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-833-422-4690 (TTY: 1-877-454-8477) ou parlez à votre fournisseur.

**Cambodian**
សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ *ភាសាខ្មែរ* សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃដែរ។ ហៅទូរសព្ទទៅ 1-833-422-4690 (TTY: 1-877-454-8477) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

**Korean**
주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-833-422-4690 (TTY: 1-877-454-8477)번으로 전화하거나 서비스 제공업체에 문의하십시오.

**Gujarati**
ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-833-422-4690 (TTY: 1-877-454-8477) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

# Welcome to affordable coverage with great benefits designed for you.

Jefferson Health Plans

## Count on:

- **$0 for your first primary care visit***
- **$0 virtual visits with JeffConnect**
- **Affordable prescription drug coverage**
- **Large network of providers near you**
- **No referrals required**

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

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