



PLAN YEAR 2026

Start here for a healthier you.

Individual and Family 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, including \$0 medical deductible plans at all metal tiers.

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 13,000 doctors and 45+ hospitals.* To see if your doctor is covered, visit our provider directory: [JeffersonHealthPlans.com/findproviders](https://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 Marketplace¹:

- 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.



Coinsurance

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



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, co-payments, and coinsurance.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		\$10,600/\$21,200	\$10,600/\$21,200
No Cost Share PCP Visit		1/Benefit Year	0
PCP Visit		\$95 No Deductible	\$150 No Deductible
Specialist Visit		\$150 No Deductible	\$175 No Deductible
Virtual Care - Urgent Care (JeffConnect)		No Charge	N/A
Virtual Care - Primary Care Visit		\$95 No Deductible	\$150 No Deductible
Virtual Care - Specialist Visit		\$150 No Deductible	\$175 No Deductible
Inpatient Hospital Services	Acute stays	\$2,000 Per Day No Deductible (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 No Deductible (Max 5 copays per admit)	\$3,000 Per Day After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	\$2,000 Per Day No Deductible (Max 5 copays per admit)	\$3,000 Per Day After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50% Coinsurance No Deductible	50% Coinsurance After Deductible
Lab Services		\$150 No Deductible	\$250 No Deductible
Emergency Room Services		\$1,250 No Deductible	\$1,250 After Deductible
X-rays and Diagnostic Imaging		\$200	\$350
Imaging (CT/PET Scans, MRIs)		\$600 No Deductible	\$750 After Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		\$150 No Deductible	\$250 No Deductible
Urgent Care Centers or Facilities		\$150 No Deductible	\$175 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	\$150 No Deductible	\$150 No Deductible
	Non-Preferred Brand Drugs	\$250 After Deductible	\$250 After Deductible
	Specialty Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible

Jefferson Health Plans + Total + Bronze + HMO

		Tier 1	Tier 2
Medical Deductible - Individual/Family		\$8,500/\$17,000	\$9,000/\$18,000
Drug Deductible		Combined Medical and Drug	Combined Medical and Drug
Out-of-Pocket Maximum - Individual/Family		\$10,600/\$21,200	\$10,600/\$21,200
No Cost Share PCP Visit		1/Benefit Year	0
PCP Visit		\$60 No Deductible	\$95 No Deductible
Specialist Visit		\$95 No Deductible	\$150 No Deductible
Virtual Care - Urgent Care (JeffConnect)		No Charge	N/A
Virtual Care (other) - Primary Care Visit		\$60 No Deductible	\$95 No Deductible
Virtual Care (other) - Specialist Visit		\$95 No Deductible	\$150 No Deductible
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% Coinsurance After Deductible	50% Coinsurance After Deductible
Lab Services		\$75 No Deductible	\$150 No Deductible
Emergency Room Services		50% Coinsurance After Deductible	50% Coinsurance After Deductible
X-rays and Diagnostic Imaging		\$175	\$250
Imaging (CT/PET Scans, MRIs)		\$300 After Deductible	\$350 After Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		\$135 After Deductible	\$150 After Deductible
Urgent Care Centers or Facilities		\$95 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	\$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

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		\$10,000/\$20,000	\$10,000/\$20,000
No Cost Share PCP Visit		1/Benefit Year	0
PCP Visit		0% After Deductible	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		0% After Deductible	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% Coinsurance After Deductible	0% Coinsurance 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 No Deductible	\$35 No Deductible
	Generic Drugs Tier 2	\$35 No Deductible	\$35 No Deductible
	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 + \$0 Deductible + Silver + HMO

		Tier 1	Tier 2
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		\$10,600/\$21,200	\$10,600/\$21,200
No Cost Share PCP Visit		1/Benefit Year	0
PCP Visit		\$55 No Deductible	\$95 No Deductible
Specialist Visit		\$95 No Deductible	\$130 No Deductible
Virtual Care - Urgent Care (JeffConnect)		No Charge	N/A
Virtual Care - Primary Care Visit		\$55 No Deductible	\$95 No Deductible
Virtual Care - Specialist Visit		\$80 No Deductible	\$125 No Deductible
Inpatient Hospital Services	Acute stays	\$700 Per Day No Deductible (Max 5 copays per admit)	\$1,000 Per Day After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/ Substance Use Disorder	\$700 Per Day No Deductible (Max 5 copays per admit)	\$700 Per Day After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	\$700 Per Day No Deductible (Max 5 copays per admit)	\$1,000 Per Day After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50% Coinsurance No Deductible	50% Coinsurance After Deductible
Lab Services		\$60 No Deductible	\$125 No Deductible
Emergency Room Services		\$975 No Deductible	\$975 No Deductible
X-rays and Diagnostic Imaging		\$125	\$300
Imaging (CT/PET Scans, MRIs)		\$350 No Deductible	\$500 No Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		\$125 No Deductible	\$150 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	\$30 No Deductible	\$30 No Deductible
	Preferred Brand Drugs	\$100 After Deductible	\$100 After Deductible
	Non-Preferred Brand Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible
	Specialty Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible

Jefferson Health Plans + Balanced + Silver + HMO

		Tier 1	Tier 2
Medical Deductible - Individual/Family		\$6,900/\$13,800	\$7,500/\$15,000
Drug Deductible		\$750/\$1,500	\$750/\$1,500
Out-of-Pocket Maximum - Individual/Family		\$10,600/\$21,200	\$10,600/\$21,200
No Cost Share PCP Visit		1/Benefit Year	0
PCP Visit		\$50 No Deductible	\$100 No Deductible
Specialist Visit		\$95 No Deductible	\$140 No Deductible
Virtual Care - Urgent Care (JeffConnect)		No Charge	N/A
Virtual Care - Primary Care Visit		\$50 No Deductible	\$100 No Deductible
Virtual Care - Specialist Visit		\$80 No Deductible	\$125 No Deductible
Inpatient Hospital Services	Acute stays	\$650 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	\$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)	\$850 Per Day After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50% Coinsurance After Deductible	50% Coinsurance After Deductible
Lab Services		\$60 No Deductible	\$125 No Deductible
Emergency Room Services		\$950 No Deductible	\$950 No Deductible
X-rays and Diagnostic Imaging		\$125	\$300
Imaging (CT/PET Scans, MRIs)		\$350 No Deductible	\$500 No Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		\$125 No Deductible	\$150 No Deductible
Urgent Care Centers or Facilities		\$95 No Deductible	\$140 No Deductible
Pharmacy Services	Preventive Drugs	No Charge	No Charge
	Generic Drugs Tier 1	\$5 No Deductible	\$5 No Deductible
	Generic Drugs Tier 2	\$30 No Deductible	\$30 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

Jefferson Health Plans + Total + Silver + HMO

		Tier 1	Tier 2
Medical Deductible - Individual/Family		\$5,500/\$11,000	\$8,000/\$16,000
Drug Deductible		\$750/\$1,500	\$750/\$1,500
Out-of-Pocket Maximum - Individual/Family		\$10,600/\$21,200	\$10,600/\$21,200
No Cost Share PCP Visit		1/Benefit Year	0
PCP Visit		\$50 No Deductible	\$85 No Deductible
Specialist Visit		\$95 No Deductible	\$125 No Deductible
Virtual Care - Urgent Care (JeffConnect)		No Charge	N/A
Virtual Care - Primary Care Visit		\$50 No Deductible	\$85 No Deductible
Virtual Care - Specialist Visit		\$75 No Deductible	\$125 No Deductible
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)	\$800 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% Coinsurance After Deductible	50% Coinsurance After Deductible
Lab Services		\$50 No Deductible	\$100 No Deductible
Emergency Room Services		\$950 No Deductible	\$950 No Deductible
X-rays and Diagnostic Imaging		\$125	\$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		\$95 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	\$30 No Deductible	\$30 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

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		\$10,600/\$21,200	\$10,600/\$21,200
No Cost Share PCP Visit		1/Benefit Year	0
PCP Visit		\$25 No Deductible	\$75 No Deductible
Specialist Visit		\$75 No Deductible	\$100 No Deductible
Virtual Care - Urgent Care (JeffConnect)		No Charge	N/A
Virtual Care - Primary Care Visit		\$25 No Deductible	\$75 No Deductible
Virtual Care - Specialist Visit		\$75 No Deductible	\$100 No Deductible
Inpatient Hospital Services	Acute stays	\$350 Per Day No Deductible (Max 5 copays per admit)	\$550 Per Day After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/ Substance Use Disorder	\$350 Per Day No Deductible (Max 5 copays per admit)	\$550 Per Day After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	\$350 Per Day No Deductible (Max 5 copays per admit)	\$550 Per Day After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50% Coinsurance No Deductible	50% Coinsurance After Deductible
Lab Services		\$5 No Deductible	\$65 No Deductible
Emergency Room Services		\$450 No Deductible	\$550 No Deductible
X-rays and Diagnostic Imaging		\$80	\$120
Imaging (CT/PET Scans, MRIs)		\$120 No Deductible	\$150 No Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		\$75 No Deductible	\$100 No Deductible
Urgent Care Centers or Facilities		\$75 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

Jefferson Health Plans + Total + Gold + HMO

		Tier 1	Tier 2
Medical Deductible - Individual/Family		\$1,000/\$2,000	\$2,000/\$4,000
Drug Deductible		\$1,000/\$2,000	\$1,000/\$2,000
Out-of-Pocket Maximum - Individual/Family		\$10,600/\$21,200	\$10,600/\$21,200
No Cost Share PCP Visit		1/Benefit Year	0
PCP Visit		\$20 No Deductible	\$60 No Deductible
Specialist Visit		\$65 No Deductible	\$100 No Deductible
Virtual Care - Urgent 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/ Substance Use Disorder	\$300 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	\$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
Lab Services		0%	\$60
Emergency Room Services		\$400 No Deductible	\$400 No Deductible
X-rays and Diagnostic Imaging		\$60	\$80
Imaging (CT/PET Scans, MRIs)		\$110 No Deductible	\$150 No Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		\$65 No Deductible	\$100 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	\$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

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	\$1,000/\$2,000
Out-of-Pocket Maximum - Individual/Family		\$10,600/\$21,200	\$10,600/\$21,200
No Cost Share PCP Visit		1/Benefit Year	0
PCP Visit		\$15 No Deductible	\$60 No Deductible
Specialist Visit		\$60 No Deductible	\$100 No Deductible
Virtual Care - Urgent Care (JeffConnect)		No Charge	N/A
Virtual Care - Primary Care Visit		\$15 No Deductible	\$60 No Deductible
Virtual Care - Specialist Visit		\$60 No Deductible	\$100 No Deductible
Inpatient Hospital Services	Acute stays	\$250 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	\$60 Per Day After Deductible (Max 5 copays per admit)	\$60 Per Day After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	\$250 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
Lab Services		\$0	\$50 No Deductible
Emergency Room Services		\$300 No Deductible	\$500 No Deductible
X-rays and Diagnostic Imaging		\$50	\$80
Imaging (CT/PET Scans, MRIs)		\$100 No Deductible	\$150 No Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		\$60 No Deductible	\$100 No Deductible
Urgent Care Centers or Facilities		\$60 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	\$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

Jefferson Health Plans + \$0 Deductible + Bronze + PPO

		In-Network	Out-of-Network
Medical Deductible - Individual/Family		\$0/\$0	\$10,000/\$20,000
Drug Deductible		\$5,000/\$10,000	N/A
Out-of-Pocket Maximum - Individual/Family		\$10,600/\$21,200	\$21,200/\$42,400
No Cost Share PCP Visit		1/Benefit Year	Not Covered
PCP Visit		\$100 No Deductible	50% After Deductible
Specialist Visit		\$150 No Deductible	50% After Deductible
Virtual Care - Urgent Care (JeffConnect)		No Charge	Not Covered
Virtual Care - Primary Care Visit		\$100 No Deductible	50% After Deductible
Virtual Care - Specialist Visit		\$150 No Deductible	50% After Deductible
Inpatient Hospital Services	Acute Stays	\$2,000 Per Day No Deductible (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/ Substance Use Disorder	\$2,000 Per Day No Deductible (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 No Deductible (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50% Coinsurance No Deductible	50% Coinsurance After Deductible
Lab Services		\$100 No Deductible	50% After Deductible
Emergency Room Services		\$1,500 No Deductible	\$1,500
X-rays and Diagnostic Imaging		\$250	50% After Deductible
Imaging (CT/PET Scans, MRIs)		\$600 No Deductible	50% After Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		\$150 No Deductible	50% After Deductible
Urgent Care Centers or Facilities		\$150 No Deductible	50% After Deductible
Pharmacy Services	Preventive Drugs	No Charge	Not Covered
	Generic Drugs Tier 1	\$35 No Deductible	Not Covered
	Generic Drugs Tier 2	\$35 No Deductible	Not Covered
	Preferred Brand Drugs	\$200 After Deductible	Not Covered
	Non-Preferred Brand Drugs	\$250 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	\$18,000/\$36,000
Drug Deductible		Combined Medical and Drug	N/A
Out-of-Pocket Maximum - Individual/Family		\$10,600/\$21,200	\$21,200/\$42,400
No Cost Share PCP Visit		1/Benefit Year	Not Covered
PCP Visit		\$60	50% After Deductible
Specialist Visit		\$95 No Deductible	50% After Deductible
Virtual Care - Urgent Care (JeffConnect)		No Charge	Not Covered
Virtual Care (other) - Primary Care Visit		\$60 No Deductible	50% After Deductible
Virtual Care (other) - Specialist Visit		\$95 No Deductible	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 Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	\$850 Per Day After Deductible (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50% Coinsurance After Deductible	50% Coinsurance After Deductible
Lab Services		\$75 No Deductible	50% After Deductible
Emergency Room Services		50% Coinsurance After Deductible	50% Coinsurance After Deductible
X-rays and Diagnostic Imaging		\$175 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)		\$135 No Deductible	50% After Deductible
Urgent Care Centers or Facilities		\$95 No Deductible	50% After Deductible
Pharmacy Services	Preventive Drugs	No Charge	Not Covered
	Generic Drugs Tier 1	\$35 No Deductible	Not Covered
	Generic Drugs Tier 2	\$35 No Deductible	Not Covered
	Preferred Brand Drugs	\$150 No Deductible	Not Covered
	Non-Preferred Brand Drugs	50% Coinsurance After Deductible	Not Covered
	Specialty Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible

Jefferson Health Plans + Value + Bronze + PPO

		In-Network	Out-of-Network
Medical Deductible - Individual/Family		\$8,500/\$17,000	\$17,000/\$34,000
Drug Deductible		Combined Medical and Drug	N/A
Out-of-Pocket Maximum - Individual/Family		\$8,500/\$17,000	\$17,000/\$34,000
No Cost Share PCP Visit		1/Benefit Year	Not Covered
PCP Visit		0% After Deductible	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		0% After Deductible	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% Coinsurance After Deductible	0% Coinsurance 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 No Deductible	Not Covered
	Generic Drugs Tier 2	\$35 No Deductible	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 + \$0 Deductible + Silver + PPO

		In-Network	Out-of-Network
Medical Deductible - Individual/Family		\$0/\$0	\$5,000/\$10,000
Drug Deductible		\$5,000/\$10,000	N/A
Out-of-Pocket Maximum - Individual/Family		\$10,600/\$21,200	\$21,200/\$42,400
No Cost Share PCP Visit		1/Benefit Year	Not Covered
PCP Visit		\$55 No Deductible	50% After Deductible
Specialist Visit		\$95 No Deductible	50% After Deductible
Virtual Care - Urgent Care (JeffConnect)		No Charge	Not Covered
Virtual Care - Primary Care Visit		\$55 No Deductible	50% After Deductible
Virtual Care - Specialist Visit		\$95 No Deductible	50% After Deductible
Inpatient Hospital Services	Acute Stays	\$975 Per Day No Deductible (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/ Substance Use Disorder	\$975 Per Day No Deductible (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	\$975 Per Day No Deductible (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50% Coinsurance No Deductible	50% Coinsurance After Deductible
Lab Services		\$60 No Deductible	50% After Deductible
Emergency Room Services		\$600 No Deductible	\$600 No Deductible
X-rays and Diagnostic Imaging		\$150	50% After Deductible
Imaging (CT/PET Scans, MRIs)		\$350 No Deductible	50% After Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		\$125 No Deductible	50% After Deductible
Urgent Care Centers or Facilities		\$95 No Deductible	50% After Deductible
Pharmacy Services	Preventive Drugs	No Charge	Not Covered
	Generic Drugs Tier 1	\$10 No Deductible	Not Covered
	Generic Drugs Tier 2	\$30 No Deductible	Not Covered
	Preferred Brand Drugs	\$100 No Deductible	Not Covered
	Non-Preferred Brand Drugs	50% Coinsurance After Deductible	Not Covered
	Specialty Drugs	50% Coinsurance After Deductible	Not Covered

Jefferson Health Plans + Balanced + Silver + PPO

		In-Network	Out-of-Network
Medical Deductible - Individual/Family		\$2,900/\$5,800	\$10,000/\$20,000
Drug Deductible		\$600/\$1,200	N/A
Out-of-Pocket Maximum - Individual/Family		\$10,600/\$21,200	\$21,200/\$42,400
No Cost Share PCP Visit		1/Benefit Year	Not Covered
PCP Visit		\$45 No Deductible	50% After Deductible
Specialist Visit		\$90 No Deductible	50% After Deductible
Virtual Care - Urgent Care (JeffConnect)		No Charge	Not Covered
Virtual Care - Primary Care Visit		\$45 No Deductible	50% After Deductible
Virtual Care - Specialist Visit		\$90 No Deductible	50% After Deductible
Inpatient Hospital Services	Acute Stays	\$950 Per Day After Deductible (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/ Substance Use Disorder	\$950 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	\$950 Per Day After Deductible (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50% Coinsurance After Deductible	50% Coinsurance After Deductible
Lab Services		\$60 No Deductible	50% After Deductible
Emergency Room Services		\$550 No Deductible	\$550 No Deductible
X-rays and Diagnostic Imaging		\$100	50% After Deductible
Imaging (CT/PET Scans, MRIs)		\$350 After Deductible	50% After Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		\$90 After Deductible	50% After Deductible
Urgent Care Centers or Facilities		\$90 No Deductible	50% After Deductible
Pharmacy Services	Preventive Drugs	No Charge	Not Covered
	Generic Drugs Tier 1	\$5 No Deductible	Not Covered
	Generic Drugs Tier 2	\$25 No Deductible	Not Covered
	Preferred Brand Drugs	50% Coinsurance After Deductible	Not Covered
	Non-Preferred Brand Drugs	50% Coinsurance After Deductible	Not Covered
	Specialty Drugs	50% Coinsurance After Deductible	Not Covered

Jefferson Health Plans + Total + Silver + PPO

		In-Network	Out-of-Network
Medical Deductible - Individual/Family		\$4,900/\$9,800	\$10,000/\$20,000
Drug Deductible		\$600/\$1,200	N/A
Out-of-Pocket Maximum - Individual/Family		\$10,600/\$21,200	\$21,200/\$42,400
No Cost Share PCP Visit		1/Benefit Year	Not Covered
PCP Visit		\$40 No Deductible	50% After Deductible
Specialist Visit		\$85 No Deductible	50% After Deductible
Virtual Care - Urgent Care (JeffConnect)		No Charge	Not Covered
Virtual Care - Primary Care Visit		\$40 No Deductible	50% After Deductible
Virtual Care - Specialist Visit		\$85 No Deductible	50% After Deductible
Inpatient Hospital Services	Acute Stays	\$900 Per Day After Deductible (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/ Substance Use Disorder	\$900 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	\$900 Per Day After Deductible (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50% Coinsurance After Deductible	50% Coinsurance After Deductible
Lab Services		\$50 No Deductible	50% After Deductible
Emergency Room Services		\$500 No Deductible	\$500 No Deductible
X-rays and Diagnostic Imaging		\$100	50% After Deductible
Imaging (CT/PET Scans, MRIs)		\$350 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		\$85 No Deductible	50% After Deductible
Pharmacy Services	Preventive Drugs	No Charge	Not Covered
	Generic Drugs Tier 1	\$5 No Deductible	Not Covered
	Generic Drugs Tier 2	\$25 No Deductible	Not Covered
	Preferred Brand Drugs	50% Coinsurance After Deductible	Not Covered
	Non-Preferred Brand Drugs	50% Coinsurance After Deductible	Not Covered
	Specialty Drugs	50% Coinsurance After Deductible	Not Covered

Jefferson Health Plans + \$0 Deductible + Gold + PPO		
		In-Network
		Out-of-Network
Medical Deductible - Individual/Family		\$0/\$0
Drug Deductible		Combined Medical and Drug
Out-of-Pocket Maximum - Individual/Family		\$10,600/\$21,200
No Cost Share PCP Visit		1/Benefit Year
PCP Visit		\$25 No Deductible
Specialist Visit		\$65 No Deductible
Virtual Care - Urgent Care (JeffConnect)		No Charge
Virtual Care - Primary Care Visit		\$25 No Deductible
Virtual Care - Specialist Visit		\$65 No Deductible
Inpatient Hospital Services	Acute Stays	\$600 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)
	Delivery and All Inpatient Services for Maternity Care	\$600 Per Day After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50% Coinsurance After Deductible
Lab Services		\$25 No Deductible
Emergency Room Services		\$350 No Deductible
X-rays and Diagnostic Imaging		\$75
Imaging (CT/PET Scans, MRIs)		\$200 No Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		\$75 No Deductible
Urgent Care Centers or Facilities		\$65 No Deductible
Pharmacy Services	Preventive Drugs	No Charge
	Generic Drugs Tier 1	\$0 No Deductible
	Generic Drugs Tier 2	\$20 No Deductible
	Preferred Brand Drugs	\$50 No Deductible
	Non-Preferred Brand Drugs	50% Coinsurance After Deductible
	Specialty Drugs	50% Coinsurance After Deductible
		Not Covered

		Jefferson Health Plans + Total + Gold + PPO	
		In-Network	Out-of-Network
Medical Deductible - Individual/Family		\$500/\$1,000	\$10,000/\$20,000
Drug Deductible		\$1,000/\$2,000	N/A
Out-of-Pocket Maximum - Individual/Family		\$10,600/\$21,200	\$21,200/\$42,400
No Cost Share PCP Visit		1/Benefit year	Not Covered
PCP Visit		\$20 No Deductible	50% After Deductible
Specialist Visit		\$50 No Deductible	50% After Deductible
Virtual Care - Urgent Care (JeffConnect)		No Charge	Not Covered
Virtual Care - Primary Care Visit		\$20 No Deductible	50% After Deductible
Virtual Care - Specialist Visit		\$50 No Deductible	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% Coinsurance After Deductible	50% Coinsurance After Deductible
Lab Services		\$20 No Deductible	50% After Deductible
Emergency Room Services		\$300 No Deductible	\$300 No Deductible
X-rays and Diagnostic Imaging		\$60	50% After Deductible
Imaging (CT/PET Scans, MRIs)		\$125 No Deductible	50% After Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		\$60 No Deductible	50% After Deductible
Urgent Care Centers or Facilities		\$50 No Deductible	50% After Deductible
Pharmacy Services	Preventive Drugs	No Charge	Not Covered
	Generic Drugs Tier 1	\$0 No Deductible	Not Covered
	Generic Drugs Tier 2	\$20 No Deductible	Not Covered
	Preferred Brand Drugs	\$50 No Deductible	Not Covered
	Non-Preferred Brand Drugs	50% Coinsurance After Deductible	Not Covered
	Specialty Drugs	50% Coinsurance After Deductible	Not Covered

		Jefferson Health Plans + Value + Gold + PPO	
		In-Network	Out-of-Network
Medical Deductible - Individual/Family		\$1,500/\$3,000	\$10,000/\$20,000
Drug Deductible		\$500/\$1,000	N/A
Out-of-Pocket Maximum - Individual/Family		\$10,600/\$21,200	\$21,200/\$42,400
No Cost Share PCP Visit		1/Benefit year	Not Covered
PCP Visit		\$15 No Deductible	50% After Deductible
Specialist Visit		\$45 No Deductible	50% After Deductible
Virtual Care - Urgent Care (JeffConnect)		No Charge	Not Covered
Virtual Care - Primary Care Visit		\$15 No Deductible	50% After Deductible
Virtual Care - Specialist Visit		\$45 No Deductible	50% After Deductible
Inpatient Hospital Services	Acute Stays	\$400 Per Day After Deductible (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/ Substance Use Disorder	\$400 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	\$400 Per Day After Deductible (Max 5 copays per admit)	50% After Deductible (Max 5 copays per admit)
Durable Medical Equipment		50% Coinsurance After Deductible	50% Coinsurance After Deductible
Lab Services		\$15 No Deductible	50% After Deductible
Emergency Room Services		\$250 No Deductible	\$250 No Deductible
X-rays and Diagnostic Imaging		\$50	50% After Deductible
Imaging (CT/PET Scans, MRIs)		\$100 No Deductible	50% After Deductible
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)		\$50 No Deductible	50% After Deductible
Urgent Care Centers or Facilities		\$45 No Deductible	50% After Deductible
Pharmacy Services	Preventive Drugs	No Charge	Not Covered
	Generic Drugs Tier 1	\$0 No Deductible	Not Covered
	Generic Drugs Tier 2	\$20 No Deductible	Not Covered
	Preferred Brand Drugs	\$50 No Deductible	Not Covered
	Non-Preferred Brand Drugs	50% Coinsurance After Deductible	Not Covered
	Specialty Drugs	50% Coinsurance 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:



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