Welcome!

Jefferson Health Plans

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Welcome to Jefferson Health Plans!

Thank you for joining Jefferson Health Plans.

Your Medicare Advantage plan gives you access to the quality care you deserve, including wellness visits, preventive screenings, and prescription drug coverage. As you go through this booklet, you'll learn about additional benefits through Jefferson Health Plans.

Good health starts today. We recommend scheduling an Annual Wellness Visit with your doctor. This visit helps you learn more about your health. Try to schedule a visit within the next 30 days. We can help you find a doctor near you.

Your member ID card and enrollment confirmation letter are being sent to you separately. If you need to see a doctor before receiving your member ID card, you can use the letter as a temporary ID. If you do not receive them soon, call our Member Relations team at **1-866-901-8000 (TTY 1-877-454-8477)**.

Once again, thank you for choosing Jefferson Health Plans!

Sincerely,
Jefferson Health Plans

Your Preventive Care Checklist

Preventive care helps you stay well and catch health issues early. Use this checklist throughout the year to keep up with important screenings, vaccines, and exams. You can bring it to your doctor visits and check off each item as you go.

If you need help scheduling an appointment, please call us at **1-866-901-8000 (TTY 1-877-454-8477)**.

- ☐ Annual Well Visit with your primary care physician (PCP)
- ☐ Annual flu vaccine
- ☐ Mammogram
- ☐ Colorectal Cancer Screening
  - Colonoscopy (once every 10 years unless told differently by your doctor)
  - Cologuard® test once every 3 years (if approved by your provider)
- ☐ Dental exam
- ☐ Hearing exam
- ☐ Eye exam
- ☐ Prescription drug refills

If you have diabetes, here are some other regular screenings that may help you manage it. Talk to your doctor about what screenings you need.

- ☐ Eye exam
- ☐ A1c check
- ☐ Kidney health check

Tip:
Skip the pharmacy line and get your prescriptions delivered to your home!

Call us at **1-866-901-8000 (TTY 1-877-454-8477)** to set up convenient mail-order delivery.

Getting Care

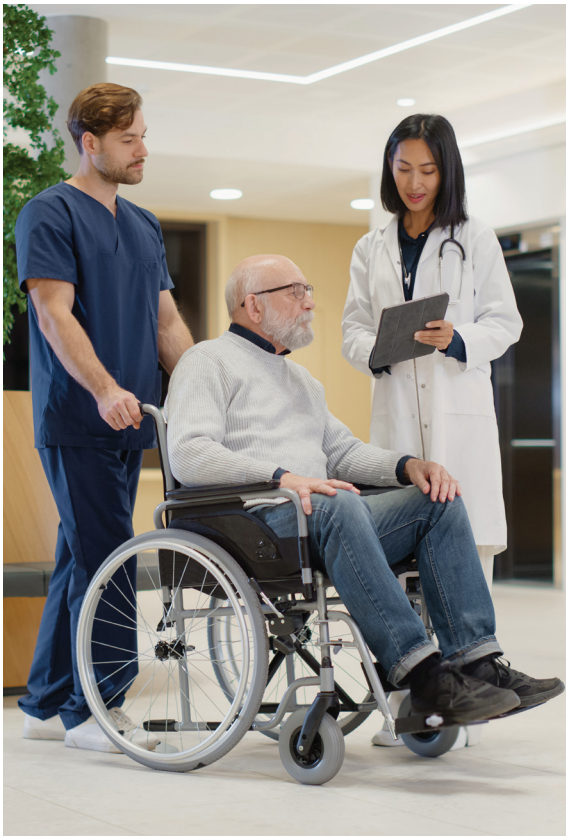
When you are not feeling well and need to see a doctor, always start by calling your PCP. If you are unable to get an appointment right away, don't worry — Jefferson Health Plans gives you other convenient options.

Your benefits allow you to see a provider through JeffConnect, a web-based platform that allows you to see a Jefferson physician on your computer, phone, or tablet. Just go to **www.jeffconnect.org** or download the JeffConnect app from the Apple or Google Play stores. Learn more about JeffConnect on **page 7**.

Prefer to see a physician in person?

There are many in-network urgent care locations. To find an urgent care near you, search our online provider directory or call us at 1-866-901-8000 (TTY 1-877-454-8477).

Post-Discharge Recovery Tips



If you recently were discharged from a hospital stay, here are some tips to keep you from being readmitted.

- **Follow your discharge instructions.** The hospital should provide instructions for your care at home. Read them carefully and follow them closely to help prevent complications and support your recovery.
- **Rest.** Your body needs time to recharge and heal. Avoid strenuous activities and excessive physical exertion for a couple of days after discharge.
- **Schedule follow-up appointments.** Book appointments with your PCP and any specialists recommended in your discharge instructions. Don't wait — early follow-up can prevent issues.
- **Call your doctor. If you notice side effects from medications, feel discomfort, or symptoms return, call your doctor. For life-threatening emergencies, call 911 or go to the nearest emergency room.**

Where to Get Care

Jefferson Health Plans cares about your health. This guide can help you choose the right care.

VIRTUAL CARE

24/7 access through JeffConnect

USE FOR:
Common medical concerns like colds, coughs, fevers, digestive issues

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PRIMARY CARE PROVIDER

Routine care

USE FOR:
Yearly well visits, vaccinations, sick visits, and ongoing care

NEW! VIRTUAL PRIMARY CARE

If your primary care provider is from Jefferson Health, you have access to virtual primary care. You can receive routine care from the comfort and convenience of your home.

USE FOR:
Regular health visits and checkups with a primary care provider, without the office visit

Call **1-800-533-3669** to schedule

URGENT CARE

Walk-in appointments and extended hours

USE FOR:
Minor allergic reactions, asthma attacks, sprains, severe cuts

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EMERGENCY ROOM

Life-threatening emergencies

USE FOR:
Signs of heart attack or stroke, major injury, and other medical emergencies

If you need help finding a doctor, visit **JeffersonHealthPlans.com/medicare** and click **Find a Doctor** or call Member Relations at **1-866-901-8000 (TTY 1-877-454-8477)**.

Virtual Care through JeffConnect On Demand

As a Jefferson Health Plans member, you can see a provider without leaving your home or experiencing long wait times with JeffConnect. You have 24/7 access to Jefferson providers by using your smartphone, tablet, or computer with a webcam.

JeffConnect is a quick and easy-to-use option for care for needs like:

- Cold
- Cough
- Flu
- Fever
- Infections
- Urinary tract symptoms
- Minor injuries
- Prescriptions

You can also use JeffConnect if you want a doctor's opinion about whether or not you should go to the ER.

It's easy to get started with JeffConnect!

Download the app and set up your account

- Download the JeffConnect app from the App Store or Google Play. You can also visit **JeffConnect.org**.
- Create a new account (you'll only need to do this once).

Get care

- When you need care, you can log in to JeffConnect for an on-demand visit with a Jefferson doctor.
- You'll be on your way to feeling better in no time!

Learn More about Medicare's Annual Wellness Visit

A Medicare Annual Wellness Visit is a preventive visit with your doctor. The Annual Wellness Visit is not a physical. During the Annual Wellness Visit, you and your doctor will talk about a preventive care plan for you, based on your health.

You pay nothing for an Annual Wellness Visit; however, you may pay for additional services performed by your doctor.

At an Annual Wellness Visit, you and your doctor may:

- Update your medical history and current medications
- Review your list of current doctors
- Talk about memory and behavioral changes
- Take your blood pressure, weight, and height
- Review your movement and risk of falls
- Advance care planning
- Develop a care plan

Covered Services

The Annual Wellness Visit covers tests and services such as:

- Review of medical history
- Screening for depression
- Fall risk assessment
- Advance care planning
- Development of a personalized preventive care

You can earn $75 in Wellness Rewards by going to your Medicare Annual Wellness Visit.

Wellness Rewards

As a Jefferson Health Plans member, you can earn Wellness Rewards by completing eligible health activities!

When you complete an eligible activity, rewards will be added to your Jefferson Health Plans Flex Card.

You'll earn rewards for completing eligible health activities between January 1 and December 31, 2026.

You are eligible for the rewards shown below, and you may be eligible to earn rewards for additional health activities. Look for more information in the mail from Jefferson Health Plans about the 2026 Wellness Rewards program.

Health Activity	Reward
Medicare Annual Wellness Visit	**$75**
Flu Vaccine	**$10**
Colorectal Cancer Screening (Members 40 and older)	**$30**
And more!	

Get started now!

Visit **JeffersonHealthPlans.com/medicare** and click Login at the top of the page to register for the member portal, or scan this QR code.

Important Details

All eligible activities must be completed in 2026 and rewards dollars must be redeemed by midnight on Dec. 31, 2026.

Over-the-Counter and Flex Card Benefits

Your Jefferson Health Plans benefits include a convenient, **all-in-one card** with over-the-counter (OTC) and Flex Card benefits. Shop with confidence at many of the stores you do now with your benefits from Jefferson Health Plans!

Our OTC benefit helps you pay for health essentials.

- You'll receive your benefits each quarter on your Jefferson Health Plans Flex Card.*
- Conveniently shop in-store, online or by phone at participating retailers listed and other in-network pharmacies and grocers.
- Eligible OTC items include pain and allergy relief, cold and flu medicine, vitamins, dental care items, and more. Go to **page 11** to learn more about your OTC benefits.

Our Flex Card benefit offers even more freedom when it comes to spending on your health care and personal needs.

- Use your Jefferson Health Plans Flex Card for additional spending, based on your plan.*
- Simply swipe your card for payment at any store that accepts MasterCard®.

You can use your card for eligible items at popular participating retailers including:

Walgreens

Walmart

ACME

CVS pharmacy®

*Amounts vary by plan. Please review your plan details for more information.

To learn more, visit JeffersonHealthPlans.NationsBenefits.com

How to Use Your OTC Benefit

Shop Online

With access to the personalized Benefits Pro portal, ordering online is easier than ever. Visit **JeffersonHealthPlans.NationsBenefits.com** to create your account, and start shopping for items.

By Phone

You can order OTC items over the phone by calling **1-800-974-6443 (TTY 711)**. Member Experience Advisors are available 8 a.m. – 8 p.m. EST.

In Person

You can use your OTC benefit at many of the stores you already shop in! You can choose from multiple brands at a price that fits your needs.

Additional Details

- Please keep your card. We will load your OTC allowance each quarter to the same card.
- Pricing and availability of items may vary by retailer. Jefferson Health Plans cannot guarantee the availability of items at a specific retailer.
- Your OTC allowance will be automatically loaded onto your card on the first day of the quarter (Jan. 1, April 1, July 1 and Oct. 1). Unused amounts will not roll over to the next quarter. You must spend any remaining OTC allowance by the end of each quarter.

- OTC items may only be purchased for the enrollee, not family members or friends. Some OTC items may be covered through your Medicare Part B medical or Part D prescription drug coverage.
- To check your OTC balance, call **1-800-974-6443 (TTY 711)**.

Online Resources

Online Member Portal

Our online member portal gives you control over your coverage. With the online member portal you'll have access to:

Health: View your health records and learn more about certain health conditions.

Doctors: Find in-network providers in your neighborhood.

ID Cards: Print a copy of your ID card or request a new ID card.

Claims: Review claims and see payments.

Messages: Send us secure messages if you have questions.

How to Get Started

1. Go to **JeffersonHealthPlans.com/medicare**

2. Click **Login** at the top of the page. If you're using a mobile device, click on the three horizontal bars on the top of the page, and then click login.

3. Click on **Register.** You'll need your Member ID to create an account.

Check us out on social media!

Follow us on Facebook and Instagram! You'll find events, health tips, and more from Jefferson Health Plans!

Jefferson Health Plans

@jeffersonhealthplans

Prescription Drug Information

Your plan has Part D prescription drug coverage, which includes medications taken to help manage health conditions (for example, a drug used to manage high cholesterol). The cost of your prescription drugs will vary depending on your plan and the type of Part D drug you are taking.

Key Words

Formulary: The list of drugs covered by Jefferson Health Plans. Our formularies include both brand-name and generic drugs. Your plan's formulary can be found online at **JeffersonHealthPlans.com/medicare**.

Tier: The levels of prescription drugs on a formulary. Prescription drugs are placed in tiers depending on their cost, strength, type, and purpose. Generally, a drug in a lower tier will cost less than a drug in a higher tier.

Copay/Coinsurance: The amount you pay for your prescription drug after Jefferson Health Plans contributes to the cost of the drug.

Ask your doctor or pharmacist about medication sync, which aligns prescription refills so all your medications are ready at the same time. Medication sync can make pharmacy visits more convenient (e.g., once a month), and a defined medication schedule may help you manage any health conditions.

Using Your Part D Benefits

Fill your prescriptions at the pharmacy: You'll pay based on the copay or coinsurance as detailed in your plan.

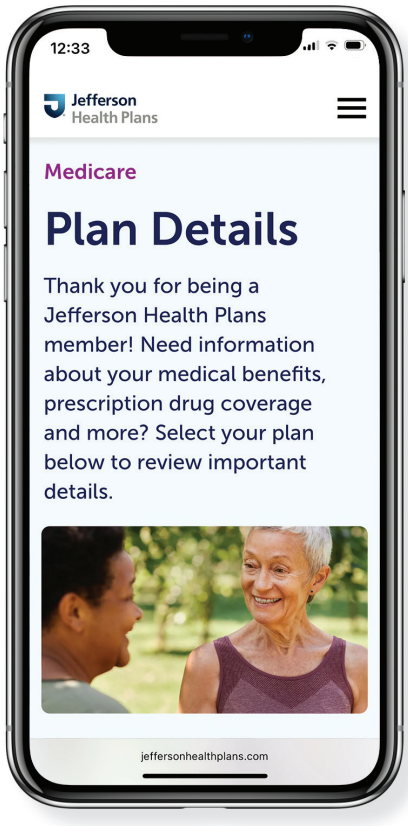
Order your prescriptions by mail: Jefferson Health Plans works with CVS Caremark® Mail Service Pharmacy to provider mail order options. Call **1-855-582-2023** to learn more

Extended supplies: Ask your doctor if up to a 100-day supply is right for you. You may see some cost savings by choosing an extended supply, too.

Visit **JeffersonHealthPlans.com/medicare** for more details about your prescription drug coverage. A complete description of your plan benefits is available online.

Formulary, Provider Directory, and Evidence of Coverage Information

To ensure you get the most out of your benefits, we want to show you how to find information about covered drugs, as well as doctors and pharmacies in our network. We also recommend that you review the Evidence of Coverage, which provides a full explanation of your benefits.



Formulary (Drug List)

The formulary is a list of drugs covered by the plan. To determine whether a medication is covered, please follow these steps:

- Visit **JeffersonHealthPlans.com/medicare**
- Click on **Prescription Drugs** in the navigation bar; then, click **View List** in the Formularies box.
- Scroll down to the section titled **2026 Formularies**. You can search the formulary electronically or download a PDF.
- Look up the drug alphabetically, by name, or drug class.

If you have a question about covered drugs, please call **1-866-901-8000 (TTY 1-877-454-8477)**. If you would like a formulary mailed to you, please call Member Relations.

Provider & Pharmacy Directory

To find a provider, hospital, health care facility, or pharmacy in our network, please follow these steps:

- Visit **JeffersonHealthPlans.com/medicare**.
- Click on **Find a Doctor**.
- Click on **Search Directory** to search electronically; you can also download a PDF of the directory.
- Enter a ZIP code, provider name, specialty, or condition to locate a primary care doctor, specialist, or pharmacy that's convenient for you.

Our online directory also enables you to choose additional preferences to narrow your results. You can then view or download a personalized directory of your search results, or have it emailed to you. For the most up-to-date information, we encourage you to use our online directory.

If you need help finding a network provider, please call **1-866-901-8000 (TTY 1-877-454-8477)**.

Evidence of Coverage

This important booklet gives you a complete explanation of your Medicare health and prescription drug coverage through Jefferson Health Plans. To find your plan's Evidence of Coverage online, please follow these steps:

- Visit **JeffersonHealthPlans.com/medicare**.
- Click on **For Members** at the top of the page, then click **Plan Details**.
- Click on your state, then click on your plan.
- Click on **Download 2026 EOC** under the header **Evidence of Coverage**.

If you have a question about your benefits as described in the Evidence of Coverage, or if you would like a copy mailed to you, please call **1-866-901-8000 (TTY 1-877-454-8477)** or request one on our website.

Wellness Partners

Wellness Partners is our health and wellness program that hosts in-person and virtual classes and events, such as:

- Exercise classes
- Community events
- Fun activities, such as bingo
- Career resources
- Community education classes (including Senior Safety, Stress Reduction, and Mindful Meditation, and plenty of others!)
- And more!

For more information or to find a wellness event near you, visit **JeffersonHealthPlans.com/medicare.** Bring a guest — there's enough wellness to go around! Wellness Partners events are free and open to the public.

Have questions? Give us a call at **215-967-4514 (TTY 1-877-454-8477)**, Monday – Friday, 9 a.m.–5 p.m. or email us at **wellnesspartners@jeffersonhealthplans.com.**

Wellness Partners
Jefferson Health Plans

SilverSneakers®

SilverSneakers is a fitness program designed just for seniors. SilverSneakers promotes regular exercise and social opportunities at local fitness and community centers.

SilverSneakers provides:

- A standard fitness membership
- SilverSneakers classes designed for all fitness levels and led by certified instructors
- Health education and guidance from dedicated fitness staff
- Online classes and resources (articles, videos, directory, and more)

SilverSneakers is offered on select plans. Please review your plan's Evidence of Coverage for more information.

Visit **JeffersonHealthPlans.com/medicare** or call Member Relations at **1-866-901-8000 (TTY 1-877-454-8477)** to learn more.

Advance Directives

Everyone should think about their future health care needs, including decisions that must be made when you cannot speak for yourself. You have the right to make those decisions by letting your family and doctors know in advance. Advance Directives are only used when you cannot make decisions or speak for yourself.

In Pennsylvania there are two kinds of Advance Directives:

1. **Living Will** — a written record of how you wish your health care to be handled when you cannot decide for yourself

2. **Durable Power of Attorney** — a legal document that gives any person you designate the authority to make health care decisions for you

You should prepare Advance Directives and give copies to family members and your doctors. For more information, go to **www.PALawHelp.org/issues/elder-law**.

Jefferson Health Plans Notice of Privacy Practices

This Notice describes how medical information about you may be used and disclosed, and how you can get access to this information. **Please review it carefully.**

Who Are We?

Organized Health Care Arrangment Designation

This Notice describes the privacy practices of Jefferson Health Plans. Thomas Jefferson University, as well as the covered entities listed below, are participating in an Organized Health Care Arrangement ("TJU OHCA"). These separate corporate entities may share Protected Health Information (PHI) as necessary to carry out treatment, payment, and healthcare operations relating to the OHCA and for other purposes permitted or required by law.

- Jefferson Health Plans (Health Partners Plans, Inc. and Partners Insurance Company, Inc. as well as its subsidiaries)
- Jeffcare, Inc.
- Jefferson Alliance, LLC
- Einstein Care Partners, LLC

Our Privacy Commitment

At Jefferson Health Plans, we respect the confidentiality of your personal information and will protect your information in a responsible manner. In the normal course of doing business, we create, obtain, and/or maintain records about you and the services we provide to you. The information we collect is called Protected Health Information ("PHI") and includes your individually identifiable personal information such as your name, address, telephone number, and Social Security number as well as your health information, such as health care diagnosis or claim information. We take our obligation to keep your PHI secure and confidential very seriously.

We are required by federal and state law to protect the privacy of your PHI and to provide you with this Notice of our legal duties and privacy practices as they relate to your PHI. We are required to maintain the privacy of your PHI and notify you in the event that you are affected by a breach of unsecured PHI. When we use or give out ("disclose") your PHI, we are bound by the terms of this Notice. This Notice applies to all electronic or paper records we create, obtain, and/or maintain that contain your PHI.

How We Use and Disclose Your PHI

Uses of PHI without your authorization

We may disclose your PHI without your written authorization, if necessary, while providing your health benefits. We may disclose your PHI for the following purposes:

- **Treatment**
  - To share with nurses, doctors, pharmacists, health educators, and other health care professionals so they can determine your plan of care.
  - To help you obtain services and treatment you may need (for example, ordering lab tests and using the results).
  - To coordinate your health care and related services with a different health care facility or professional.

- **Payment**
  - To obtain payment of premiums for your coverage.
  - To make coverage determinations (for example, to speak to a health care professional about payment for services provided to you).
  - To coordinate benefits with other coverage you may have (for example, to speak to another health plan or insurer to determine your eligibility or coverage).
  - To obtain payment from a third party that may be responsible for payment, such as a family member.
  - To otherwise determine and fulfill our responsibility to provide your health benefits (for example, to administer claims).
- **Health care operations**
  - To provide customer service.
  - To support and/or improve the programs or services we offer you.
  - To assist you in managing your health (for example, to provide you with information about treatment alternatives to which you may be entitled).
  - To support another health plan, insurer, or health care professional that has a relationship with you, to improve the programs it offers you (for example, for case management or in support of an accountable care organization [ACO] or patient-centered medical home arrangement).
  - For underwriting, dues, or premium rating, or other activities relating to the creation, renewal, or replacement of a contract for health coverage or insurance. Please note, however, that we will not use or disclose your PHI that is genetic information for underwriting purposes: doing so is prohibited by federal law.

We may also disclose your PHI without your written authorization for other purposes, as permitted or required by law. This includes:

- **Disclosures to others involved in your health care**
  - If you are present or otherwise available to direct us to do so, we may disclose your PHI to others (for example, a family member, a close friend, or your caregiver).
  - If you are in an emergency situation, are not present, or are incapacitated, we will use our professional judgment to decide whether disclosing your PHI to others is in your best interests. If we do disclose your PHI in a situation where you are unavailable, we would disclose only information that is directly relevant to the person's involvement with your treatment or for payment related to your treatment. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, your general medical condition, or your death.
  - We may disclose your child's PHI to your child's other parent.
- **Disclosure to your health plan sponsor**
  - We may disclose your PHI to your health plan sponsor so that entity can audit and otherwise administer the health plan in which you are enrolled. For example, a company may contract with us to provide health benefits, and we may provide that company with certain statistics to explain the premiums we charge.

- **Disclosures to vendors and accreditation organizations**

We may disclose your PHI to:

  – Companies that perform certain services we've requested. For example, we may engage vendors to help us provide information and guidance to customers with chronic conditions like diabetes and asthma.

  – Accreditation organizations such as the National Committee for Quality Assurance (NCQA) for quality measurement purposes.

Please note that before we share your PHI, we obtain the vendor's or accreditation organization's written agreement to protect the privacy of your PHI.

- **Communications.** As permitted by law, we may send communications to describe health-related products or services provided by or included in a plan of benefits, including communications about enhancements to a health plan, or communications for case management, care coordination, or treatment alternatives.
- **Fundraising.** We may use or disclose your PHI for fundraising purposes. You have a right to opt-out of receiving such communications.
- **Health or safety.** We may disclose your PHI to prevent or lessen a serious and imminent threat to your health or safety, or the health or safety of the general public.
- **Public health activities.** We may disclose your PHI to:

  – Report health information to public health authorities authorized by law to receive such information for the purpose of preventing or controlling disease, injury or disability, or monitoring immunizations.

  – Report child abuse or neglect, or adult abuse, including domestic violence, to a government authority authorized by law to receive such reports.

  – Report information about a product or activity that is regulated by the U.S. Food and Drug Administration (FDA) to a person responsible for the quality, safety, or effectiveness of the product or activity.

  – Alert a person who may have been exposed to a communicable disease, if we are authorized by law to give this notice.

- **Health oversight activities.** We may disclose your PHI to:

  – A government agency that is legally responsible for oversight of the health care system or for ensuring compliance with the rules of government benefit programs, such as Medicare or Medicaid.

  – Other regulatory programs that need health information to determine compliance.

- **Research.** We may disclose your PHI for research purposes, but only according to and as allowed by law.
- **Compliance with the law.** We may use and disclose your PHI to comply with the law.
- **Judicial and administrative proceedings.** We may disclose your PHI in a judicial or administrative proceeding or in response to a valid legal order.
- **Law enforcement officials.** We may disclose your PHI to the police or other law enforcement officials, as required by law or in compliance with a court order or other process authorized by law.
- **Government functions.** We may disclose your PHI to various departments of the government, such as the U.S. military or the U.S. Department of State as required by law.

- **Workers' compensation.** We may disclose your PHI when necessary to comply with workers' compensation laws.
- **Race, Ethnicity, Language, Gender Identity or Sexual Orientation.** We may use or disclose your race, ethnicity, language, gender identity, or sexual orientation data to help you, including identifying your specific needs, developing programs and educational materials and offering interpretation services. We do not use race, ethnicity, language, gender identity, or sexual orientation data to decide whether we will give you coverage, what kind of coverage, and the price of that coverage. We don't disclose this information to unauthorized individuals.
- **Phone Calls, Texting, and Email.** When you provide us with your telephone number, including your cell phone/mobile number, or e-mail you are consenting to give us permission to contact you via a phone call, text, or email for certain important messages related to your healthcare. These communications can include, but are not limited to, appointment reminders, change in office hours or office closings, billing and payment issues, care gaps, refill reminders, survey follow ups, and other healthcare related messages. Some of these messages may be generated by an automated dialing system or include a prerecorded voice. Be aware that text and messaging rates may apply.

  When we contact you, we will provide you with the opportunity to opt out of similar communications in the future (such as by replying "STOP" to a text message). You may also opt out of these communications by contacting our Member Services at any time. Please be aware that SMS text messages are not encrypted, and the content may be accessible by third parties. We do not recommend sending sensitive information through SMS text message.

  At any time, you may instruct us to stop all future texts by contacting Member Services.

  Communications with us, including phone calls, may be recorded, transcribed, and analyzed by third parties.
- **Appointment Reminders.** We may contact you via mail, telephone, text, or email to remind you of an upcoming appointment. We may leave you a message that includes the date, time, and general information about an upcoming appointment. If you do not wish to receive appointment reminders, notify us through Member Services. Emails and texts are not a substitute for professional medical advice, diagnosis, or treatment and should not be used in a medical emergency.

Uses of PHI that require your authorization

Other than for the purposes described above, we must obtain your written authorization to use or disclose your PHI in the following circumstances:

- To supply PHI to a prospective employer.
- For any sale involving your PHI, as required by law.
- To use your PHI for marketing purposes.
  - Special note about marketing: We will not share your PHI for marketing purposes. However, we may use or share your PHI for communications that are not considered marketing. For example, we may contact you:
    - With information about products or services related to your treatment,
    - To encourage you to maintain a healthy lifestyle, get recommended tests, and participate in a disease management program,
    - To provide you with promotional gifts of nominal value, or to remind you to take and refill your medications, or otherwise communicate with you about a drug or biologic that is currently prescribed to you.

Uses and disclosures of certain PHI deemed "Highly Confidential." For certain kinds of PHI, federal and state law may require enhanced privacy protection. These would include PHI that is:

- Maintained in psychotherapy notes.
- About alcohol and drug abuse prevention, treatment, and referral.
- About HIV/AIDS testing, diagnosis or treatment.
- About venereal and/or communicable disease(s).
- About genetic testing.

We can only disclose this type of specially protected PHI with your prior written authorization except when specifically permitted or required by law.

Any other uses and disclosures not described in this Notice will only be made with your prior written authorization.

Cancellation of Authorization. You may cancel ("revoke") a written authorization you previously gave us. The cancellation, submitted to us in writing, will apply to future uses and disclosures of your PHI. It will not impact disclosures made previously, while your authorization was in effect.

As a participant of Health Information Exchange (HIE) we may use or disclose your PHI to this HIE. You have a right to "opt-out" or decline to have your PHI accessed through an HIE.

Your Individual Rights

You have the following rights regarding the PHI that Jefferson Health Plans creates, obtains, and/or maintains about you.

- **Right to request restrictions.** You may ask us to restrict the way we use and disclose your PHI for treatment, payment and health care operations, as explained in this Notice. We are not required to agree to the restrictions, but we will consider them carefully. If we do agree to the restrictions, we will abide by them until you request or agree to terminate the restrictions.
- **Right to receive confidential communications.** You may ask to receive Jefferson Health Plans communications containing PHI by alternative means or at alternative locations. As required by law, and whenever feasible, we will accommodate reasonable requests. If your request involves a minor child, we may ask you to provide legal documents to support your request.
- **Right to access your PHI**. You may ask to review or receive a copy of certain PHI that we maintain about you in a "designated record set." Your request must be in writing. Whenever possible, and as required by law, we will provide you, another individual, or entity with a copy of your PHI in the form (paper or electronic) and format you request. If you request copies, we may charge you a reasonable cost-based fee for providing your records. In certain limited circumstances permitted by law, we may deny you access to a portion of your records.
- **Right to amend your records.** You have the right to ask us to correct or amend PHI we maintain about you in a designated record set. Your request must be made in writing and explain your reason for the amendment. If we determine that the PHI is inaccurate, we will correct it if permitted by law. If a health care facility or other health professional created the PHI that you want to change, you should ask them to amend the information.

- **Right to receive an accounting of disclosures.** Upon your request, we will provide a list of the disclosures we have made of your PHI for a specified time period, up to six years prior to the date of your request. However, the list will exclude:
  - Disclosures you have authorized.
  - Disclosures made earlier than six years before the date of your request.
  - Disclosures made for treatment, payment, and health care operations purposes except when required by law.
  - Certain other disclosures that are allowed by law to be excluded from the accounting.

If you request an accounting more than once during any 12-month period, we will charge you a reasonable cost-based fee for each accounting report after the first one.

- **Right to name a personal representative.** You may name another person to act as your personal representative. Your representative will be allowed access to your PHI, to communicate with the health care professionals and facilities providing your care, and to exercise all other HIPAA rights on your behalf. Depending on the authority you grant your representative, he or she may also have authority to make health care decisions for you.
- **Right to receive a paper copy of this Notice.** Upon your request, we will provide a paper copy of this Notice, even if you have already received one electronically. See the Notice Availability and Duration section later in this Notice.

Actions You May Take

Contact Jefferson Health Plans. If you have questions about your privacy rights, believe that we may have violated your privacy rights, or disagree with a decision that we made about access to your PHI, you may contact us in writing, by email or by phone:

Jefferson Health Plans
Privacy Services
1101 Market Street, 30th Floor
Philadelphia, PA 19107

Telephone Number: 1-888-477-9800

Email: PrivacyOfficial@jeffersonhealthplans.com

For certain types of requests, you must complete and mail to us the applicable form, which is available either by contacting Member Relations at the telephone number printed on your Member ID card or by going to our website at: www.jeffersonhealthplans.com/home/about-us/privacy-practices/

Contact a government agency. If you believe we may have violated your privacy rights, you may also file a complaint with the Secretary ("the Secretary") of the U.S. Department of Health and Human Services ("HHS"). For more information, you can visit the HHS Office for Civil Rights ("OCR") website at: http://www.hhs.gov/ocr/privacy/hipaa/complaints.

You can file a complaint by sending a letter or by phone to the OCR as follows:

U.S. Department of Health and Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, DC 20201

Telephone: 1-877-696-6775

We will not retaliate or take any action against you if you exercise your right to file a complaint, either with us or with the Secretary.

Notice Availability and Duration

Notice availability. A copy of this Notice is available by calling Member Relations at the telephone number printed on your Member ID card or by going to our website at: www.jeffersonhealthplans.com/home/about-us/privacy-practices/

Right to change terms of this Notice. We may change the terms of this Notice at any time, and we may, at our discretion, make the new terms effective for your entire PHI in our possession, including any PHI we created or received before we issued the new Notice.

If we change this Notice, we will update the Notice on our website and, if you are enrolled in a Jefferson Health Plans benefit plan at that time, we will send you the new Notice when and as required by law.

Effective date. The original Notice was effective as of April 14, 2003 and updated as of September 3, 2025.

Questions?

Visit **JeffersonHealthPlans.com/medicare**

Call Member Relations at **1-866-901-8000 (TTY 1-877-454-8477)**

Hours of Operation
October 1 to March 31: 8 a.m. to 8 p.m., 7 days a week
April 1 to September 30: 8 a.m. to 8 p.m., Monday to Friday

Jefferson Health Plans

Discrimination is Against the Law

Jefferson Health Plans complies with applicable Federal civil rights laws and does not discriminate on the bias 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 or TTY services
- 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 Jefferson Health Plans Member Relations at 1-866-901-8000 (TTY 1-877-454-8477). From October 1 to March 31, we're available 8 a.m. to 8 p.m., 7 days a week. And from April 1 to September 30, we're available 8 a.m. to 8 p.m., Monday to Friday.

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, or sex, you can file a grievance with Jefferson Health Plans. You can file a grievance in person or by phone, mail or fax:

Phone: 1-866-901-8000 (TTY 1-877-454-8477)

Mail: Jefferson Health Plans
Attn: Complaints, Grievances & Appeals Unit
1101 Market Street, Suite 3000
Philadelphia, PA 19107

Fax: 215-991-4105

If you need help filing a grievance, Jefferson Health Plans Member Relations is available to help you. 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 or phone 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).

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

Jefferson Health Plans contracts with Medicare to offer HMO, HMO-DSNP, and PPO plans. Our HMO-DSNP also has a contract with the Pennsylvania State Medicaid program. Enrollment in our plans depends on contract renewal.

Notice of Availability

ATTENTION: If you speak another language, 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 1-866-901-8000 (TTY 1-877-454-8477) or speak to your provider.

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 1-866-901-8000 (TTY 1-877-454-8477) o hable con su proveedor.

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 1-866-901-8000（文本电话：1-877-454-8477）或咨询您的服务提供商。

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 1-866-901-8000 (Người khuyết tật: 1-877-454-8477) hoặc trao đổi với người cung cấp dịch vụ của bạn.

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 1-866-901-8000 (TTY 1-877-454-8477) или обратитесь к своему поставщику услуг.

WICHDICH: Wann du Deitsch schwetzscht un brauchscht Hilf fer eppes verschtehe, kenne mer dich helfe unni as es dich ennich eppes koschde zellt. Mir kenne en latt differnti Sache un Services beigriege so as du Information gut vernemme un verschtehe kannscht, aa fer nix. Call 1-866-901-8000 (TTY: 1-877-454-8477) odder schwetz mit dei Provider dewege.

주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-866-901-8000 (TTY 1-877-454-8477)번으로 전화하거나 서비스 제공업체에 문의하십시오.

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-866-901-8000 (tty 1-877-454-8477) o parla con il tuo fornitore.

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 1-866-901-8000 (TTY 1-877-454-8477) أو تحدث إلى مقدم الخدمة".

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 1-866-901-8000 (TTY 1-877-454-8477) ou parlez à votre fournisseur.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-866-901-8000 (TTY 1-877-454-8477) an oder sprechen Sie mit Ihrem Provider.

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. 1-866-901-8000 (TTY 1-877-454-8477) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-901-8000 (TTY 1-877-454-8477) lub porozmawiaj ze swoim dostawcą.

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 1-866-901-8000 (TTY 1-877-454-8477)) oswa pale avèk founisè w la.

សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ *ភាសាខ្មែរ* សេវាកម្មជំនួយភាសាឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយជ័សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-866-901-8000 (TTY 1-877-454-8477) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។.

ATENÇÃO: Se você fala português , 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 1-866-901-8000 (TTY 1-877-454-8477) ou fale com seu provedor.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-866-901-8000 (TTY 1-877-454-8477) o makipag-usap sa iyong provider.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-866-901-8000 (TTY 1-877-454-8477)) पर कॉल करें या अपने प्रदाता से बात करें।

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔(1-866-901-8000 (TTY 1-877-454-8477) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔"-

Jefferson Health Plans

Member Relations: **1-866-901-8000 (TTY 1-877-454-8477)**

Compliance (Privacy or Fraud, Waste & Abuse):
1-866-477-4848 (TTY 1-877-454-8477)

JeffersonHealthPlans.com/medicare

Jefferson Health Plans **@jeffersonhealthplans**

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Jefferson Health Plans