2027 Summary of Benefits

Jefferson Health Plans (H9207)

Jefferson Health Plans Elite (HMO) (018)

This is a summary of drug and medical services covered by Jefferson Health Plans Elite for the plan year January 1, 2027 - December 31, 2027.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of the services we cover, please see the *Evidence of Coverage*. View it online at www.JeffersonHealthPlans.com/medicare or get a copy by calling 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. **This call is free.**

This information is available for free in other languages. This document is available in other formats such as braille and large print. Please call Member Relations at 1-866-901-8000 (TTY 1-877-454-8477).

Jefferson Health Plans has a network of doctors, hospitals, pharmacies and other providers. If you use providers that are not in our network, you may pay more for these services.

For information about prescription drugs covered, please see the plan's *Formulary*. For information about providers and pharmacies in our network, see our *Provider & Pharmacy Directory*. These documents are available at www.JeffersonHealthPlans.com/medicare or by calling the plan at 1-866-901-8000 (TTY 1-877-454-8477).

To join Jefferson Health Plans Elite, you must be entitled to Medicare Part A and be enrolled in Medicare Part B.

Our service area for the Jefferson Health Plans Elite (018) includes the following counties in New Jersey: Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, and Salem counties.

If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. View it online at www.medicare.govor get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users should call 1-877-486-2048.

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.

This information is not a complete description of benefits. Call 833-477-4773 (TTY 711) for more information. 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.

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Premiums, Deductibles, and Limits

	Jefferson Health Plans Elite (018)
Monthly Plan Premium You must continue to pay your Medicare Part B premium.	$0
Deductible	This plan does not have a deductible for medical services. There is a $0 deductible for prescription drugs.
Maximum Out-of-Pocket Amount *(does not include prescription drugs)*	$9,850 annually The most you pay for copays, coinsurance and other costs for medical services for the year.

Prescription Drug Benefits

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, no matter what cost-sharing tier it's on.

Important Message About What You Pay for Insulin - You won't pay more than $35 for a one-month supply of each insulin product covered by our plan on Tiers 3 and 4.

	Jefferson Health Plans Elite (018)	
Stage 1: Deductible	There is no Rx deductible for 2027.	
Stage 2: Initial coverage		
	Standard retail cost-sharing (in-network) (up to a 30-day supply)	**Mail order cost-sharing (up to a 100-day supply)**
Tier 1: Preferred Generic	$0 copay	$0 copay
Tier 2: Generic	$0 copay	$0 copay
Tier 3: Preferred Brand Insulins	25% coinsurance $35 copay	25% coinsurance $105 copay
Tier 4: Non-Preferred Drug Insulins	30% coinsurance $35 copay	30% coinsurance $105 copay
Tier 5: Specialty Drugs	33% coinsurance	A long-term supply is not available for Specialty drugs.

Catastrophic Coverage
After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $2,400, the plan pays the full cost for your covered Part D drugs. You pay nothing.

Long-term care pharmacy and out-of-network pharmacy coverage
Your costs for a 30-day supply at an out-of-network pharmacy or a 31-day supply from a long-term care pharmacy are the same as those for a 30-day supply at a standard retail pharmacy, as shown above.

Extended supplies are not available from out-of-network or long-term care pharmacies.

For more information, please see the plan's *Evidence of Coverage* at www.JeffersonHealthPlans.com/medicare or call us at 1-866-901-8000 (TTY 1-877-454-8477).

Part C Benefits

	Jefferson Health Plans Elite (018)
Hospital	
Inpatient hospital coverage★ Inpatient hospital care	For each hospital admission/stay you pay: • $300 copay each day for days 1 - 5 • $0 copay each day for days 6 - 90 Our plan covers up to 90 days for an inpatient hospital stay. Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days.
Outpatient hospital coverage	
Outpatient surgery☆	$400 copay
Observation services	$400 copay per stay
Ambulatory surgery center★	$200 copay
Doctor Visits and Preventive Care	
Doctor visits	
Primary care provider	$0 copay
Specialist	$20 copay
Preventive care	
Annual Physical Visit	$0 copay
Annual Wellness Visit	$0 copay
Barium Enemas	$0 copay
★ Prior authorization is required. ☆ Prior authorization may be required.	

	Jefferson Health Plans Elite (018)
Diabetes Self-management Training	$0 copay
Digital Rectal Exams	$0 copay
EKG Following Preventive Services	$0 copay
Glaucoma Screening	$0 copay
Other Medicare-covered Preventive Services	$0 copay
Emergency and Urgent Care	
Emergency care	$100 copay for each Medicare-covered emergency room visit. Copay is waived if you are admitted to the same facility within 24 hours for the same condition.
Urgently needed services	$10 copay for each Medicare-covered urgent care visit. Copay is waived if admitted to the hospital within 24 hours for the same condition.
Outpatient Diagnostic Tests, Radiation Therapy, X-rays and Labs	
Diagnostic services/labs/imaging	
Diagnostic radiology services (e.g. MRI, CT, PET)★	$200 copay
Lab services★	$0 copay
Diagnostic tests and procedures★	$0 copay
Outpatient X-rays	$25 copay
Therapeutic radiology★	20% coinsurance
Hearing / Dental / Vision	
Hearing services	
Diagnostic exam	$35 copay for Medicare-covered services (Specialist copay may additionally apply)
Routine hearing exam	$0 copay for routine hearing exams (limited to 1 visit every year)
Hearing aids	$500 - $1,975 copay for hearing aids, limited to every two years (both ears combined). Minimum copay applies to entry-level hearing aids, while the maximum copay applies to premium-level options.

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	Jefferson Health Plans Elite (018)
Dental services	
Medicare-covered dental services	$40 copay for Medicare-covered dental services
Supplemental preventive and comprehensive dental services	$0 copay for access to $625 for all preventive and comprehensive services. This is an annual allowance. You pay the cost of these dental services using your Flex card allowance. Supplemental preventive and comprehensive dental services include: • Exams, x-rays, and cleanings • Diagnostic services • Restorative services • Endodontics • Periodontics • Extractions • Prosthodontics • Oral/maxillofacial surgery
Vision services	
Medicare-covered services include: • Exam to diagnose and treat diseases and conditions of the eye • Eyewear after cataract surgery	$40 copay for Medicare-covered services (Specialist copay may additionally apply)
Routine eye exam (non-medicare)	$0 copay for routine eye exams (limited to 1 visit every year)
Routine eyewear (non-medicare)	You pay a $0 copay for your choice of one of the following, up to $100 every year: • One pair of eyeglasses (lenses and frames) • Contact lenses (unlimited)
Mental Health Services	
Inpatient visits★	For each hospital admission/stay you pay: • $250 copay per day for days 1 through 5 • $0 copay per day for days 6 through 90 Our plans cover up to 90 days for an inpatient mental health hospital stay (190-day lifetime psychiatric hospital limit applies). Our plans also cover 60 “lifetime reserve days.” If your hospital stay is longer than 90 days, you can use these “extra” days.

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	Jefferson Health Plans Elite (018)
Outpatient visits★	
Individual and group therapy	$25 copay
Individual and group psychiatric services	$25 copay
Skilled Nursing Facility (SNF)	
Skilled nursing facility★	$0 copay per day for days 1 through 20 $185 copay per day for days 21 through 100 Our plan covers up to 100 days in a skilled nursing facility during each benefit period. (A benefit period begins the day you go into a hospital or skilled nursing facility. A new benefit period is available after 60 days in a row that you haven't received any inpatient hospital care or skilled care in a SNF.)
Outpatient Rehabilitation Services	
Therapy★	
Occupational Therapy	$25 copay
Physical, Speech and language therapy	$25 copay
Medical Transportation	
Ambulance	
Ground☆	$210 copay This cost-sharing is not waived if you're admitted to the hospital.
Air☆	20% coinsurance
Medicare Part B Drugs	
Medicare Part B drugs	
Chemotherapy drugs★	0% - 20% coinsurance
Other Part B drugs★	0% - 20% coinsurance Step therapy may apply
Insulin	0% - 20% coinsurance You pay no more than $35 every month

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Additional Benefits

	Jefferson Health Plans Elite (018)
Additional Benefits	
Acupuncture Medically necessary acupuncture for chronic low back pain Supplemental acupuncture services	 $0 copay for each medically necessary visit for chronic low back pain. Up to 12 visits are covered during 90 days, and 8 additional visits during the year, subject to limitations and restrictions. $10 copay for each supplemental acupuncture visit, limited to 20 visits every year.
Cardiac rehabilitation services	$0 copay
Chiropractic services★ Medically necessary: • Manual manipulation of the spine to correct subluxation	 $0 copay
Diabetic supplies★	0% coinsurance for diabetic monitoring supplies from preferred manufacturers 20% coinsurance for diabetic monitoring supplies from non-preferred manufacturers 20% coinsurance for all other Part B diabetic supplies/monitors
Durable medical equipment, prosthetic devices and medical supplies★ Durable medical equipment Prosthetic devices Medical supplies	 15% coinsurance DME must be obtained from JHP network providers only. JHP will not reimburse purchases made at out-of-network retail or on-line stores 20% coinsurance 20% coinsurance
Fitness program	$0 copay for SilverSneakers® membership or membership in the Salvation Army Kroc Center of Philadelphia
Home health care★	$0 copay

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	Jefferson Health Plans Elite (018)
Opioid treatment program services	$25 copay
Partial hospitalization★	$55 copay per day
Podiatry services Medicare-covered services include: • Diagnosis and the medical or surgical treatment of injuries and diseases of the feet (such as hammer toe or heel spurs) • Foot care for members with certain medical conditions affecting the lower limbs	$20 copay for Medicare-covered services
Routine foot care, including corn/callus treatment, nail care and other preventive/ maintenance care.	$20 copay for routine foot care (limited to 1 visit every three months)
Pulmonary rehabilitation services	$0 copay
Supplemental Flex Card	Members are able to receive $625 every year for additional vision, dental and hearing spend. Unused amounts will not be rolled over.
Telehealth You have the option of receiving physician and certain other services either through an in-person visit or via telehealth using electronic audio-video technology. If you choose to receive one of these services via telehealth, then you must use a provider that is set up to provide the service through telehealth.	$0 copay for each PCP telehealth service $20 copay for each specialist telehealth service $25 copay for each mental health specialty individual session $25 copay for each psychiatric service individual session Note: Prior authorization is not required for the telehealth process. However, services that require authorization for in-person visits also require authorization when provided through telehealth.

★ Prior authorization is required. ☆ Prior authorization may be required.

	Jefferson Health Plans Elite (018)
Telemonitoring An in-home telemonitoring program is covered for members who have congestive heart failure (CHF), hypertension or uncontrolled diabetes. Members will be provided access to clinical support while on the program.	$0 copay for telemonitoring services
Worldwide emergency/ urgent coverage	$0 copay up to $50,000 maximum every year
★ Prior authorization is required. ☆ Prior authorization may be required.	

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to Member Relations at 1-866-901-8000 (TTY 1-877-454-8477).

Understanding the Benefits

- [ ] The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit www.JeffersonHealthPlans.com/medicare/find-a-doctor/ or call 1-866-901-8000 (TTY 1-877-454-8477) to view a copy of the EOC.
- [ ] Review the *Provider & Pharmacy Directory* (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- [ ] Review the *Provider & Pharmacy Directory* to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- [ ] Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- [ ] In addition, **you must continue to pay your Medicare Part B premium**. This premium is normally taken out of your Social Security check each month.
- [ ] Benefits, premiums, deductibles and/or copayments/co-insurance may change on January 1, 2028.
- [ ] If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.