

2027 Summary of Benefits

Jefferson Health Plans (H3124)

Jefferson Health Plans Premier (PPO) (003)

This is a summary of drug and medical services covered by Jefferson Health Plans Premier 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 Premier, you must be entitled to Medicare Part A and be enrolled in Medicare Part B.

Our service area for the Jefferson Health Plans Premier (003) 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.gov or 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.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call Member Relations or see the *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

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 Premier (003)
Monthly Plan Premium You must continue to pay your Medicare Part B premium.	\$55
Deductible	This plan does not have a deductible for medical services or prescription drugs.
Maximum Out-of-Pocket Amount <i>(does not include prescription drugs)</i>	In-Network: \$7,000 Combined: \$10,000 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 Premier (003)	
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	\$5 copay	\$15 copay
Tier 3: Preferred Brand Insulins	25% coinsurance \$35 copay	25% coinsurance \$105 copay
Tier 4: Non-Preferred Drug Insulins	29% coinsurance \$35 copay	29% 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 Premier (003)
Hospital	
Inpatient hospital coverage [★]	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 hospital services [☆] Observation services	 \$350 copay \$350 copay per stay
Ambulatory surgery center [★]	\$250 copay
Doctor Visits and Preventive Care	
Doctor visits Primary care provider Specialist	 \$0 copay \$20 copay
Preventive care Annual Physical Visit Annual Wellness Visit Barium Enemas	 \$0 copay \$0 copay \$0 copay
★ Prior authorization is required. ☆ Prior authorization may be required.	

	Jefferson Health Plans Premier (003)
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)★	\$250 copay
Lab services★	\$0 copay
Diagnostic tests and procedures★	\$0 copay
Outpatient X-rays	\$30 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.
★ Prior authorization is required. ☆ Prior authorization may be required.	

Jefferson Health Plans Premier (003)	
Dental services Medicare-covered dental services Supplemental preventive and comprehensive dental services	\$45 copay for Medicare-covered dental services \$0 copay for access to \$550 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 Routine eye exam (non-medicare) Routine eyewear (non-medicare)	\$45 copay for Medicare-covered services (Specialist copay may additionally apply) \$0 copay for routine eye exams (limited to 1 visit every year) You pay a \$0 copay for your choice of one of the following, up to \$200 every year: • One pair of eyeglasses (lenses and frames) • Contact lenses (unlimited)
Mental Health Services	
Inpatient visits[★]	For each hospital admission/stay you pay: • \$300 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.
[★] Prior authorization is required. [☆] Prior authorization may be required.	

	Jefferson Health Plans Premier (003)
Outpatient visits★ Individual and group therapy Individual and group psychiatric services	\$25 copay \$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 Physical, Speech and language therapy	\$15 copay \$15 copay
Medical Transportation	
Ambulance Ground☆ Air☆	\$225 copay This cost-sharing is NOT waived if you're admitted to the same facility as the Emergency Room visit. 20% coinsurance
Medicare Part B Drugs	
Medicare Part B drugs Chemotherapy drugs★ Other Part B drugs★ Insulin	0% - 20% coinsurance 0% - 20% coinsurance Step therapy may apply 0% - 20% coinsurance You pay no more than \$35 every month
★ Prior authorization is required. ☆ Prior authorization may be required.	

Additional Benefits

	Jefferson Health Plans Premier (003)
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. \$0 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	\$15 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	20% 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 The plan provides up to a \$300 allowance per year for use at an approved out-of-network fitness facility that is not part of the Silver Sneakers® network.
★ Prior authorization is required. ☆ Prior authorization may be required.	

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	Jefferson Health Plans Premier (003)
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 to your monthly plan premium, **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.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services, the provider must agree to treat you. Except in an emergency or urgent situation, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- ☐ 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.