

## 2024 Medicare Advantage Plans for New Jersey Residents



Our Medicare Advantage plans offer more benefits than Original Medicare at an affordable price. In most cases, you'll pay less for the services you receive. Take a look at our New Jersey plans and how they compare below.

	Silver (HMO-POS)	Platinum (HMO-POS)
<b>Monthly Premium</b>	\$0	\$20
<b>Annual Medical Deductible</b>	\$0	\$0
<b>PCP Visits</b>	\$0 copay	\$0 copay
<b>Specialist Visits</b>	\$30 copay; 20% for out-of-network providers	\$0 copay; 20% for out-of-network providers
<b>Referrals</b>	Not required	Not required
<b>Urgent Care</b>	\$55 copay	\$55 copay
<b>Emergency Room</b>	\$100 copay (waived if admitted within 24 hours)	\$100 copay (waived if admitted within 24 hours)
<b>Ambulance (Ground)</b>	\$210 copay	\$210 copay
<b>Inpatient Hospital</b>	\$290 copay per day, days 1-5; \$0 copay per day, days 6-90	\$250 copay per day, days 1-5; \$0 copay per day, days 6-90
<b>Outpatient Surgery</b>		
Ambulatory Surgical Center	\$200 copay	\$200 copay
Hospital Outpatient	\$300 copay	\$300 copay
<b>Physical/Occupational/ Speech Therapy</b>		
Outpatient	\$25 copay	\$25 copay
<b>Lab Services</b>	\$0 copay	\$0 copay
<b>Radiology</b>		
X-ray	\$30 copay	\$30 copay
Diagnostic (such as MRI/CT/PET)	\$250 copay	\$250 copay
<b>Diabetes</b>		
Test Strips, Monitors & Self-Monitoring Training	\$0 copay	\$0 copay
Other Diabetes Supplies	\$0 - 20%	\$0 - 20%
<b>Maximum Annual Out-of-Pocket</b>	\$5,500	\$5,400
<b>Prescription Drugs: Copays for 30-day retail and mail order; 100-day retail and mail order</b>		
<b>Part D Deductible</b>	\$0	\$0
<b>Preferred Generic</b>	30-day: \$0 100-day: \$0	30-day: \$0 100-day: \$0
<b>Generic</b>	30-day: \$10 100-day: \$20	30-day: \$10 100-day: \$20
<b>Preferred Brand</b>	30-day: \$47 100-day: \$94	30-day: \$47 100-day: \$94
<b>Non-Preferred Brand</b>	30-day: \$100 100-day: \$200	30-day: \$100 100-day: \$200
<b>Specialty</b>	30-day: 33% 100-day: N/A	30-day: 33% 100-day: N/A
<b>Select Care Drugs</b>	30-day: \$0; includes gap coverage 100-day: \$0; includes gap coverage	30-day: \$0; includes gap coverage 100-day: \$0; includes gap coverage
<b>Preferred Insulin</b>	Any insulin on formulary is \$10/\$20; not on formulary is \$35	Any insulin on formulary is \$10/\$20; not on formulary is \$35

## Additional Benefits

	Silver (HMO-POS)	Platinum (HMO-POS)
<b>Flex Card</b>	\$2,500 for additional vision, dental, hearing spending	\$2,500 for additional vision, dental, hearing spending
<b>OTC Benefit</b>	\$75 per quarter	\$75 per quarter
<b>Dental Exams &amp; Cleanings</b>	\$0 copay; three visits per year	\$0 copay; three visits per year
<b>Dental Allowance</b>	\$1,000	\$2,000
<b>Annual Vision Exam</b>	\$0 copay	\$0 copay
<b>Vision Allowance</b>	\$200	\$200
<b>Hearing Services</b>	\$0 for annual hearing exam	\$0 for annual hearing exam
<b>Fitness Center Memberships</b>	\$0 copay for SilverSneakers® membership or membership in the Salvation Army Kroc Center in Camden	\$0 copay for SilverSneakers® membership or membership in the Salvation Army Kroc Center in Camden
<b>JeffConnect</b>	Included	Included
<b>Worldwide Emergency Coverage</b>	\$50,000	\$50,000

## Jefferson Health Plans Medicare Advantage plans are available in the following New Jersey counties:

### Jefferson Health Plans Silver (HMO-POS)

Atlantic, Burlington, Camden, Gloucester, Mercer

### Jefferson Health Plans Platinum (HMO-POS)

Atlantic, Burlington, Camden, Gloucester, Mercer

To enroll, visit [JeffersonHealthPlans.com/SL](https://JeffersonHealthPlans.com/SL) or call 1-866-598-2156 (TTY 1-877-454-8488) to speak with a licensed benefit advisor

October 1 – March 31, we're available 8 a.m. – 8 p.m. seven days a week.

April 1 – September 30, we're available 8 a.m. – 8 p.m. Monday through Friday.

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.