

## 2024 Medicare Advantage Plans for Pennsylvania 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 Pennsylvania HMO plans and how they compare below.

	Complete (HMO-POS)	Giveback (HMO-POS)	Prime (HMO-POS)
<b>Monthly Premium</b>	\$0	\$0/\$105 giveback	\$40.20
<b>Annual Medical Deductible</b>	\$0	\$0	\$0
<b>PCP Visits</b>	\$0 copay	\$0 copay	\$0 copay
<b>Specialist Visits</b>	\$25 copay; 20% for out-of-network providers	\$40 copay; 20% for out-of-network providers	\$20 copay; 20% for out-of-network providers
<b>Referrals</b>	Not required	Not required	Not required
<b>Urgent Care</b>	\$55 copay	\$55 copay	\$55 copay
<b>Emergency Room</b>	\$100 copay (waived if admitted within 24 hours)	\$100 copay (waived if admitted within 24 hours)	\$100 copay (waived if admitted within 24 hours)
<b>Ambulance (Ground)</b>	\$210	\$210	\$210
<b>Inpatient Hospital</b>	\$250 copay per day, days 1-6; \$0 copay per day, days 7-90	\$275 copay per day, days 1-6; \$0 copay per day, days 7-90	\$235 copay per day, days 1-5; \$0 copay per day, days 6-90
<b>Outpatient Surgery</b>			
Ambulatory Surgical Center	\$200 copay	\$300 copay	\$200 copay
Hospital Outpatient	\$300 copay	\$350 copay	\$300 copay
<b>Physical/ Occupational/ Speech Therapy</b>			
Outpatient	\$25 copay	\$25 copay occupational therapy \$40 copay physical and speech therapy	\$20 copay
<b>Lab Services</b>	\$0	\$0	\$0
<b>Radiology</b>			
X-ray	\$30	\$30	\$30
Diagnostic (such as MRI/CT/PET)	\$250	\$250	\$250
<b>Diabetes</b>			
Test Strips, Monitors & Self-Monitoring Training	\$0	\$0	\$0
Other Diabetes Supplies	\$0 - 20%	\$0 - 20%	\$0 - 20%
<b>Maximum Annual Out-of-Pocket</b>	\$4,000	\$7,500	\$7,900
<b>Prescription Drugs: Copays for 30-day retail and mail order; 100-day retail and mail order</b>			
<b>Part D Deductible</b>	\$0	\$200 on tiers 3, 4 and 5	\$0
<b>Preferred Generic</b>	30-day: \$0 100-day: \$0	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	30-day: \$10 100-day: \$20
<b>Preferred Brand</b>	30-day: \$47 100-day: \$94	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	30-day: \$100 100-day: \$200
<b>Specialty</b>	30-day: 33% 100-day: N/A	30-day: 30% 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	30-day: \$0; includes gap coverage 100-day: \$0; includes gap coverage
<b>Preferred Insulin</b>	30-day: \$10 100-day: \$20	30-day: \$10 100-day: \$20	30-day: \$10 100-day: \$20

## Additional Benefits

	Complete (HMO-POS)	Giveback (HMO-POS)	Prime (HMO-POS)
<b>Flex Card</b>	\$2,250; dental, vision and hearing spending	\$2,250; dental, vision and hearing spending	\$2,250; dental, vision and hearing spending
<b>OTC Benefit</b>	\$150 per quarter	\$30 per quarter	\$165 per quarter
<b>Dental Exams &amp; Cleanings</b>	\$0 copay; three visits per year	\$0 copay; three visits per year	\$0 copay; three visits per year
<b>Dental Allowance</b>	\$2,000	\$2,000; includes dental implant coverage	\$2,000
<b>Annual Vision Exam</b>	\$0 copay	\$0 copay	\$0 copay
<b>Vision Allowance</b>	\$400	\$200	\$300
<b>Hearing &amp; Hearing Aids</b>	Hearing exam: \$0 copay \$1,000, every two years	Hearing exam: \$0 copay \$1,000, every two years	Hearing exam: \$0 copay \$1,500, every two years
<b>Transportation</b>	22 one-way trips	Not covered	50 one-way trips
<b>Fitness Center Memberships</b>	\$0 copay for SilverSneakers® membership; or membership to the Kroc Center or PASSi Evergreen Center	\$0 copay for SilverSneakers® membership; or membership to the Kroc Center or PASSi Evergreen Center	\$0 copay for SilverSneakers® membership; or membership to the Kroc Center or PASSi Evergreen Center
<b>JeffConnect</b>	Included	Included	Included
<b>Worldwide Emergency Coverage</b>	\$50,000	\$50,000	\$50,000

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

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

Berks, Bucks, Carbon, Chester, Cumberland, Dauphin, Delaware, Lancaster, Lebanon, Lehigh, Montgomery, Northampton, Perry, Philadelphia, Schuylkill

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

Berks, Bucks, Carbon, Chester, Cumberland, Dauphin, Delaware, Lancaster, Lebanon, Lehigh, Montgomery, Northampton, Perry, Philadelphia, Schuylkill

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

Bucks, Montgomery and Philadelphia

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.