

## 2024 Medicare Advantage Plans for Pennsylvania Residents



### PPO Plans

With our PPO plans, you get more benefits than Original Medicare with added freedom. Plus, you get the same affordable copays in- and out-of-network\* for most covered services. Take a look at our PPO plans and how they compare below.

	Flex (PPO)	Flex Plus (PPO)
<b>Monthly Premium</b>	\$0	\$49
<b>Annual Medical Deductible</b>	\$0	\$0
<b>PCP Visits</b>	\$0 copay	\$0 copay
<b>Specialist Visits</b>	\$35 copay	\$20 copay
<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>	\$240	\$225
<b>Inpatient Hospital</b>	\$250 copay, days 1-7	\$400 copay, unlimited days
<b>Outpatient Surgery</b> Ambulatory Surgical Center	\$245 copay	\$150 copay
Hospital Outpatient	\$375 copay	\$250 copay
<b>Physical/Occupational/ Speech Therapy</b> Outpatient	\$35 copay	\$20 copay
<b>Lab Services</b>	\$0	\$0
<b>Radiology</b> X-ray	\$40	\$35
Diagnostic (such as MRI/CT/PET)	\$250	\$250
<b>Diabetes</b> Test Strips, Monitors & Self- Monitoring Training	\$0	\$0
Other Diabetes Supplies	\$0 - 20%	\$0 - 20%
<b>Maximum Annual Out-of-Pocket</b>	\$7,000 (in network) \$10,000 (combined)	\$5,900 (in network) \$9,000 (combined)
<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>	30-day: \$10 100-day: \$20	30-day: \$10 100-day: \$20

## Additional Benefits

	Flex (PPO)	Flex Plus (PPO)
<b>Flex Card</b>	\$2,250; dental, vision and hearing spending	\$2,500; dental, vision and hearing spending
<b>OTC Benefit</b>	\$70 per quarter	\$125 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>	\$100	\$200
<b>Hearing &amp; Hearing Aids</b>	Hearing exam: \$0 copay \$1,000, every two years	Hearing exam: \$0 copay \$1,000, every two years
<b>Transportation</b>	Not covered	Not covered
<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
<b>JeffConnect</b>	Included	Included
<b>Worldwide Emergency Coverage</b>	\$50,000	\$50,000

\*Copays for many out-of-network services are equal to in-network copays.

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

### Jefferson Health Plans Flex (PPO) and Jefferson Health Plans Flex Plus (PPO)

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

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.