Benefits at a glance

JEFFERSON SILVER

Please read the important information at the end of this Benefits at a Glance.

This summary shows the Coinsurance percentage the Plan pays for various services. All payments are based on the Plan's allowance for the services performed.

Benefit	JEFFERSON HEALTH PARTNER NETWORK		INDEPENDENCE ADMINISTRATORS	OUT -OF-NETWORK[1]
BENEFIT PERIOD	Plan Year*	Plan Year*	Plan Year*	Plan Year*
DEDUCTIBLE (EMBEDDED)[2 3]				
• Individual	$1,000	$1,500	$3,750	$11,000
• Family	$3,000	$4,500	$11,250	$33,000
OUT OF POCKET MAXIMUM (EMBEDDED)[4 5]				
• Individual	$5,500	$5,500	$6,550	$0
• Family	$11,000	$11,000	$13,100	$0
LIFETIME MAXIMUM	Unlimited	Unlimited	Unlimited	Unlimited

Benefit	JEFFERSON HEALTH PARTNER NETWORK	INDEPENDENCE ADMINISTRATORS	OUT -OF-NETWORK[1]
PREVENTIVE SERVICES			
• Preventive Services	100%	100%	40% after deductible
• Adult Immunizations	100%	100%	40% after deductible
• Pediatric Immunizations	100%	100%	40% after deductible
• Adult Exams 1 Visits per year[6]	100%	100%	40% after deductible
• Child Exams 3 Visits per 12 Months per 12 Months[6] 7 Visits per 12 Months per 12 Months[6] 1 Visits per year for ages 3-18 years[6]	100%	100%	40% after deductible
• Annual Gynecological Exam 1 Visits per year[6]	100%	100%	40% after deductible
• Annual Pap Smear 1 Visits per year[6]	100%	100%	40% after deductible
• Breast Pumps 1 Items per 3 Years[6]	100%	100%	40% after deductible
• Mammogram	100%	100%	40%
• HPV 1 Visits per 36 Months[6]	100%	100%	40% after deductible
• Lung Cancer Screening 1 Visits per year[6]	100%	100%	40% after deductible
• Misuse of Alcohol and/or Drugs 5 Visits per year[6]	100%	100%	40% after deductible
• Obesity and Healthy Diet Screening/Counseling 26 Visits per year[6]	100%	100%	40% after deductible
• Sexually Transmitted Infection Counseling 2 Visits per year[6]	100%	100%	40% after deductible
• Use of Tobacco Products Screening/Counseling 8 Visits per year[6]	100%	100%	40% after deductible
OUTPATIENT MEDICAL SERVICES			
• Primary Office Visit/Consultation	100%	$40 copay / 100%	60% after deductible	40% after deductible

Benefit	JEFFERSON HEALTH PARTNER NETWORK		INDEPENDENCE ADMINISTRATORS	OUT -OF-NETWORK[1]
• Specialist Office Visit/Consultation	$60 copay / 100%	$100 copay / 100%	60% after deductible	40% after deductible
URGENT CARE				
• Urgent Care	$75 copay / 100%	$85 copay / 100%	60% after deductible	40% after deductible
RETAIL CLINIC (MINUTE CLINIC)	$40 copay / 100%	$50 copay / 100%	60% after deductible	40% after deductible
THERAPY/COUNSELING SERVICES				
• Physical Therapy 60 Visits per year[6]	80% after deductible	70% after deductible	60% after deductible	40% after deductible
• Occupational Therapy 60 Visits per year[6]	80% after deductible	70% after deductible	60% after deductible	40% after deductible
• Speech Therapy 60 Visits per year[6]	80% after deductible	70% after deductible	60% after deductible	40% after deductible
• Cardiac Rehabilitation	80% after deductible	70% after deductible	60% after deductible	40% after deductible
• Pulmonary Therapy	80% after deductible	70% after deductible	60% after deductible	40% after deductible
• Orthoptic/Pleoptic Therapy (Vision Therapy)	80% after deductible	70% after deductible	60% after deductible	40% after deductible
EMERGENCY MEDICAL FACILITY				
• Emergency Medical	80% after deductible	80% after deductible	80% after deductible	80% after deductible
• Non Emergency	Not Covered	Not Covered	Not Covered	Not Covered
AMBULANCE SERVICES				
• Emergency Ambulance	100%	100%	100%	100%
• Non-Emergency Ambulance	60%	60%	60%	50% after deductible
INPATIENT MEDICAL SERVICES				
• Inpatient Hospital Services	80% after deductible	70% after deductible	60% after deductible	40% after deductible
• Inpatient Professional Services	80% after deductible	70% after deductible	60% after deductible	40% after deductible
OUTPATIENT SURGICAL PROCEDURES				
• Outpatient Surgical Procedures	80% after deductible	70% after deductible	60% after deductible	40% after deductible

Benefit	JEFFERSON HEALTH PARTNER NETWORK	INDEPENDENCE ADMINISTRATORS	OUT -OF-NETWORK[1]
• Short Procedure Facility	80% after deductible	70% after deductible	60% after deductible	40% after deductible
DIAGNOSTIC TESTING OUTPATIENT				
• Diagnostic Medical	80% after deductible	70% after deductible	60% after deductible	40% after deductible
• Simple Radiology	80% after deductible	70% after deductible	60% after deductible	40% after deductible
• Advanced Radiology	80% after deductible	70% after deductible	60% after deductible	40% after deductible
• Lab and Pathology	80% after deductible	70% after deductible	60% after deductible	40% after deductible
• Diagnostic Mammogram	80% after deductible	70% after deductible	60% after deductible	40% after deductible
MATERNITY CARE				
• Initial Prenatal Care Visit	$60 copay / 100%	$100 copay / 100%	60% after deductible	40% after deductible
• Subsequent Prenatal Care Visit	80% after deductible	70% after deductible	60% after deductible	40% after deductible
CRANIAL PROSTHESIS - WIG/HAIRPIECE	60%	60%	60%	40% after deductible
CHIROPRACTIC SERVICES				
• Chiropractic Services 30 Visits per year[6]	60% after deductible	60% after deductible	60% after deductible	40% after deductible
ALLERGY INJECTIONS	80% after deductible	70% after deductible	60% after deductible	40% after deductible
NUTRITIONAL COUNSELING	100%	100%	100%	40% after deductible
DIALYSIS/HEMODIALYSIS	80% after deductible	70% after deductible	60% after deductible	40% after deductible
PRIVATE DUTY NURSING	Not Covered	Not Covered	Not Covered	Not Covered
SKILLED NURSING FACILITY 120 Days per year[6]	80% after deductible	70% after deductible	60% after deductible	40% after deductible
HOME HEALTH CARE 120 Visits per year[6]	80% after deductible	70% after deductible	60% after deductible	40% after deductible
INPATIENT HOSPICE CARE	80% after deductible	70% after deductible	60% after deductible	40% after deductible
HOME INFUSION THERAPY	80% after deductible	70% after deductible	60% after deductible	40% after deductible
DURABLE MEDICAL EQUIPMENT	60%	60%	60%	40% after deductible
ORTHOTICS/PROSTHETICS DEVICES	60%	60%	60%	40% after deductible

Benefit	JEFFERSON HEALTH PARTNER NETWORK		INDEPENDENCE ADMINISTRATORS	OUT -OF-NETWORK[1]
OUTPATIENT MENTAL NERVOUS				
• Psychotherapy Office Visit/Consultation	100%	$40 copay / 100%	60% after deductible	40% after deductible
• Psychotherapy Visit	80% after deductible	70% after deductible	60% after deductible	40% after deductible
• Mental Health Office Visit Consultations	100%	$40 copay / 100%	60% after deductible	40% after deductible
• Medication Management	$60 copay / 100%	$100 copay / 100%	60% after deductible	40% after deductible
DIABETIC SERVICES				
• Diabetic Education	100%	100%	100%	40% after deductible
• Diabetic Equipment	100%	100%	100%	40% after deductible
• Diabetic	100%	100%	100%	40% after deductible