



Benefits Guidebook

2025–2026 Benefits Plan Year

Benefits Enrollment Information

All benefits elections must be made online.

Open Enrollment elections for the July 1, 2025 – June 30, 2026 Plan Year must be made from May 5–19, 2025.

New hire elections must be made within 30 days of hire.



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Click on Employee Resources at the top of the ONE home page ([One.Jefferson.edu](https://one.jefferson.edu)) to find additional benefits information in the Working at Jefferson workspace.

Human Resources

ONLINE

ONE is the enterprise-wide intranet for all Jefferson colleagues.

Click on Employee Resources at the top of the ONE home page [One.Jefferson.edu](https://one.jefferson.edu) to find benefit details in the Working at Jefferson workspace.

Set Up the ONE (Unily) Mobile App!

- Download Unily Mobile from your device's app store.
- Enter the six-digit client code 301469.
- Log in with your campus ID and password.

Through the website you can access Workday to:

- View your current benefits
- Enroll in benefits
- Select and update your beneficiary designation
- View your pay stub
- Review and update your address and phone number

YOUR CAMPUS KEY AND PASSWORD

New colleagues can call IS&T at 215-955-7975 to obtain their Campus Key and password.

HR SERVICE CENTER

Can't find an answer to your question on ONE? Contact the HR Service Center at 215-503-4772 (select Option 8) or submit your question to bit.ly/JeffersonHRSC for information about benefits, policies, Workday and general payroll issues.

STEPS TO ACCESS WORKDAY SECURELY

Access From Work

Use Microsoft Edge or Google Chrome to visit <https://workday.jefferson.edu>.

Access From Home

Enrolling from locations outside the Jefferson network will prompt multifactor authentication (MFA) through the Microsoft Authenticator app when logging into Workday. Use Microsoft Edge or Google Chrome to visit <https://workday.jefferson.edu>.

If you need to set up MFA for any reason, detailed instructions can be found at Jeffersonhealth.org/AtoZ-MFA

Contact the IS&T Solution Center at 215-955-7975 if you need help setting up MFA or obtaining your Jefferson campus key or password.

Eligibility

All regular full-time colleagues scheduled to work at least 32 hours per week and regular part-time colleagues scheduled to work 20 or more hours per week but less than 32 in job classifications designated as benefit-eligible can participate in the Jefferson Benefits Program. **Waiting periods are noted below.**

Benefits Waiting Periods	Full-Time Faculty, Physicians, Executives, Other Benefits-Eligible Employees (20–40 hours per week)	Full-Time Residents, Full-Time Fellows, and Full-Time Postdoctoral Fellows
<ul style="list-style-type: none">• Medical/Rx• Supplemental Insurance• Dental• Vision• Life and AD&D• Short- & Long- Term Disability• Flexible Spending Accounts	1st of month on or after date of hire or date you move to an eligible status	1st day at work for Medical/Rx, Supplemental Insurance, Dental, Vision, Life and AD&D. 1st of month on or after date of hire or date you move to an eligible status for Short- & Long-Term Disability and Flexible Spending Accounts.
Voluntary Benefits Program	When your benefits begin depends on when you enroll. If you enroll between the 1st and 15th of the month, your benefits begin on the first of the next month. If you enroll between the 16th and 31st of the month, your benefits begin on the first of the month after 30 days.	

PART-TIME EMPLOYEE BENEFITS PROGRAM

The benefits program includes subsidized benefits for eligible part-time colleagues who elect to participate. You are eligible if you are a regular part-time colleague in a benefit-eligible job classification scheduled to work 20 hours or more per week but less than 32.

Eligible part-time colleagues may select options for Medical, Supplemental Insurance, Dental, Vision, Life and Accidental Death and Dismemberment Insurance, Spousal and Child(ren) Life and Accidental Death and Dismemberment Insurance, Voluntary Short-Term Disability, Voluntary Long-Term Disability, and the Flexible Spending Accounts. The medical and dental per-pay-period contributions are higher for part-time colleagues.

Non-benefit eligible colleagues and their child(ren) can enroll in the Jefferson First PPO medical/prescription drug plan. Student positions are not eligible for the Jefferson First PPO medical/prescription plan.

Eligible Dependents

You may enroll your eligible dependents in Jefferson medical, supplemental insurance, dental, vision, life insurance or AD&D coverage. Eligible dependents include your spouse and children up to age 26.

The Affordable Care Act regulations require us to report the Social Security Number (SSN) for all dependents covered under the medical plan. You will not be able to proceed with your online benefit enrollment unless you enter your dependent's SSN.

PROOF OF DEPENDENT STATUS

If you choose to enroll your dependents in benefits, you must upload your proof of eligibility while completing your benefit event.

If you were unable to upload your documentation in your benefit event, can you submit it online: bit.ly/JeffersonHRSC

If the required documentation is not received within 30 days of enrollment, that dependent will no longer be entitled to benefits and will be removed from coverage.

Who is **not** eligible for coverage?

- A former spouse
- A parent or grandchild who resides with you
- A legally domiciled adult and/or domestic partner,
- Any other person who does not meet the eligibility requirements

See acceptable documentation below.

<p>Legally Married Spouse (any one of these documents)</p>	<ul style="list-style-type: none"> • Current valid legal marriage certificate or license (must include date of marriage). • First page of your prior year Federal income tax return form 1040 that indicates "married filing jointly" or "married filing separately" (your spouse's name must appear on the tax form on the line provided after the "married filing separately" status). Financial information may be blocked out.
<p>Natural Child, Adopted Child or Child for whom you are the legal guardian under age 26* (any one of these documents)</p>	<ul style="list-style-type: none"> • Legal or hospital birth certificate showing the parent/child relationship with the employee. • First page of prior year Federal income tax return form 1040 showing the child listed as a dependent (financial information may be blocked out). • Baptism certificate showing the parent/child relationship with the employee. • Official court order (divorce decree/custody agreement) showing the parent/child relationship with the employee. • Legal adoption or placement for adoption papers showing the parent/child relationship with the employee. • Legal guardianship papers issued by the courts showing the guardian/child relationship. <p><i>*In addition, for a disabled child age 26 or older, an Application to Continue Coverage for a Handicapped Dependent Child must be submitted to Independence Administrators.</i></p>
<p>Stepchild under age 26* (any one of these documents)</p>	<ul style="list-style-type: none"> • Legal birth certificate showing parent/child relationship to the spouse of employee and valid legal marriage certificate between the employee and spouse. • First page of prior year Federal income tax return form 1040 showing the child listed as a dependent (financial information may be blocked out).** • Court order (divorce decree/custody agreement) showing joint or shared legal custody by your spouse.** • A Qualified Medical Child Support Order (QMCSO) that identifies the child as requiring benefit coverage through the employee's spouse.** <p><i>*In addition, for a disabled child age 26 or older, an Application to Continue Coverage for a Handicapped Dependent Child must be submitted to Independence Administrators.</i></p> <p><i>**If you are an employee providing documentation for a child of your spouse, documentation must also include any one of the documents listed for spouse even if your spouse is not covered by the Jefferson benefit plans.</i></p>

How and When to Enroll for Coverage

New hires must enroll in benefits within 30 days from date of hire. Colleagues that have a status change must enroll in benefits within 30 days of becoming eligible for benefits. You will need to enroll in benefits online at <https://workday.jefferson.edu>.

Eligible full-time colleagues will automatically be enrolled in Short-Term Disability (STD) Buy-Up and Long-Term Disability (LTD) Buy-Up coverage, which is employee-paid. You may opt out of the Buy-Up plans and select Core STD and Core LTD coverage, which is employer-paid. Eligible part-time colleagues must actively enroll in the Voluntary STD and Voluntary LTD. Otherwise you will have no STD or LTD coverage.

OPEN ENROLLMENT

Every spring you will have an opportunity to make changes to your benefits during Open Enrollment. Any changes you make at Open Enrollment take effect on the upcoming July 1.

CHANGING YOUR BENEFITS DURING THE YEAR DUE TO A LIFE EVENT

You can only change your benefit elections during the year if you have a life event, as defined by the IRS. That's why it's important to review your choices carefully to ensure the benefits you choose will meet the needs of you and your family throughout the year. If you have a life event, you can only make a change to your coverage that is consistent with the life event. **Any change you make must be made within 30 days of the event.**

Life Events include:

- Marital status change (marriage, divorce, death of spouse)
- Change in number of dependents (birth, adoption, death of dependent)
- You or one of your covered dependents gain or lose other benefits coverage
- Any other event recognized under applicable law and regulations as a reason to change an election under the Benefits Program

Life events can be submitted through Workday. Documentation must be uploaded while completing your benefit event. If you were unable to upload your documentation in your benefit event, you can submit it online: bit.ly/JeffersonHRSC

Benefits Enrollment Checklist

This checklist will assist you with reviewing and making benefit elections.

☐ REVIEW

Chat with ALEX, your online benefits counselor at <https://start.myalex.com/my-benefits>, review this Benefits Guidebook or click on Employee Resources at the top of the ONE home page at One.Jefferson.edu to find details in the Working at Jefferson workspace.

☐ ENROLL IN BENEFITS

Go to <https://workday.jefferson.edu>. Click on Benefits and Pay.

☐ PROOF OF ELIGIBILITY

If you enroll a spouse or dependent for the first time, you must upload your proof of eligibility while completing your benefit event.

☐ SOCIAL SECURITY NUMBERS

You must add the Social Security Number (SSN) for any of your dependents where missing. If an incorrect SSN is listed, please open a ticket with the HR Service Center to process a correction at bit.ly/JeffersonHRSC.

☐ VOLUNTARY BENEFITS

To enroll in Voluntary Benefits go to Jeffersonbenefitsplus.com within 30 days from date of hire or 30 days of becoming eligible for benefits. You will receive a confirmation email of your enrollment.

☐ BENEFICIARIES

Anytime during the year, you can review and/or update your Life and Accidental Death & Dismemberment (AD&D) insurance beneficiaries via <https://workday.jefferson.edu>. You can also review and/or update your retirement plan beneficiaries anytime during the year by visiting TIAA.org (Einstein colleagues can log in through Fidelity <http://www.netbenefits.com>).

When Coverage Ends

FOR YOU

Jefferson benefit coverage ends for you upon the following events:

- Medical, prescription, dental, vision and supplemental insurance benefits end on the last day of the month in which your employment ends or you no longer meet the applicable eligibility requirements of the plans
- Life insurance, disability and FSA benefits end on the date your employment ends or you no longer meet the applicable eligibility requirements of the plans
- Contact BenefitsPlus for portability options that may apply to your voluntary benefits

FOR YOUR DEPENDENTS

Jefferson benefit coverage ends for your dependents on the date:

- Your coverage ends
- Your dependent no longer meets the definition of an eligible dependent
- You remove a dependent from coverage due to a life event

Coverage may also end if you stop making required payments, you misrepresent your dependent's eligibility status or the plan ends.



COBRA

COBRA requires continuation coverage to be offered to covered colleagues, their spouses, their former spouses and their dependent children when group health coverage would otherwise be lost due to certain specific qualifying events. The chart below shows the specific qualifying events, the qualified beneficiaries and maximum coverage period.

Qualifying Event	Qualified Beneficiaries	Maximum Period of Continuation Coverage
Termination (for reasons other than gross misconduct) or reduction in hours of employment	Employee, Spouse, Dependent Child	18 months
Employee enrollment in Medicare	Spouse, Dependent Child	36 months
Divorce or legal separation	Spouse, Dependent Child	36 months
Death of employee	Spouse, Dependent Child	36 months
Loss of "dependent child" status under the plan	Dependent Child	36 months

Once the qualifying event has been reported to the HR Service Center, the qualified beneficiary will receive a COBRA notice in the mail to the home address on record by our third party administrator, WEX. For more information on COBRA, visit the DOL website, "An Employees' Guide to Health Benefits under COBRA" at <https://bit.ly/COBRA>, contact WEX at 866-451-3399 or the HR Service Center.

7/1/2025 –6/30/2026 Monthly COBRA Rates	Independence Administrators				Delta Dental of PA			Davis Vision by Metlife
	Jefferson First Medical	Jefferson Select Medical	Jefferson Choice Medical	Jefferson HDHP + HSA Medical	Platinum Dental	Gold Dental	DMO Dental	Davis Vision
Beneficiary Only	\$773.53	\$700.77	\$755.95	\$663.17	\$39.44	\$31.52	\$16.24	\$6.44
Beneficiary + Spouse	\$1,740.42	\$1,576.75	\$1,700.88	\$1,492.15	\$78.82	\$63.08	\$32.47	\$12.87
Beneficiary + Child(ren)	\$1,470.80	\$1,331.46	\$1,436.28	\$1,260.04	\$88.67	\$70.95	\$36.53	\$13.52
Family	\$2,475.24	\$2,242.47	\$2,419.00	\$2,122.15	\$118.21	\$94.57	\$52.76	\$18.83

Medical Plans

MEDICAL PLANS AT A GLANCE

Jefferson gives you a choice of four medical plans administered through Independence Administrators (Independence Blue Cross):

- Jefferson First PPO
- Jefferson Select PPO
- Jefferson Choice PPO
- HDHP w/HSA

You will have a choice of four coverage categories:

- Employee Only
- Employee + Spouse
- Employee + Child(ren)
- Family



Terms to Know

Here are some important terms to help you understand how the plans pay benefits.

Allowable Amount	Our benefit plans pay expenses based on the allowable amount. This is the average charge, or “going rate” for a specific service in a geographic area. Network providers have agreed to accept the allowable amount, while out-of-network (OON) providers may charge above the allowable amount. With an OON provider, you may be responsible for the amount over the allowable amount, in addition to any deductibles, coinsurance or copays your plan requires.
Coinsurance	The percentage of an eligible expense the plan pays (such as 70%). You pay the remaining percentage (such as 30%), and your payment counts toward the out-of-pocket maximum.
Copay	The flat dollar amount you pay for some services (such as \$20) at the time care is received. Copays count toward the out-of-pocket maximum.
Deductible	The amount of eligible expenses you pay before the plan pays benefits. The deductible counts toward the out-of-pocket maximum.
Out-of-Pocket Maximum	This is the maximum amount you or your family could pay in coinsurance, copays and deductibles toward eligible expenses in a plan year. Generally, when you reach the out-of-pocket maximum the plan will pay 100% for most eligible expenses. There is no out-of-pocket maximum for out-of-network services.
Pre-existing Limitations	The medical plans do not restrict benefits based on pre-existing conditions.

Cost of Coverage

The bi-weekly cost varies based on the:

- Medical option you choose
- Your salary
- Number of dependents you choose to cover
- Tobacco/nicotine use status for you and your spouse
- Your wellness program participation
- Whether or not your covered spouse is eligible for medical coverage through another employer

Tobacco/Nicotine Status

If you're enrolled in the medical plan and attest to using tobacco/nicotine products, you will be charged a \$35 premium per pay period. If your spouse uses tobacco/nicotine products, a \$35 premium per pay period will apply for your spouse. During the online enrollment process, you will answer questions regarding you and your spouse's tobacco/nicotine status. The premiums will apply if you indicate you or your spouse used tobacco/nicotine or if you do not answer the question, and enroll your spouse in the medical plan.

Working Spouse Status

If your spouse has access to their own employer-sponsored medical coverage, and you choose to cover your spouse under the Jefferson employee health plan, you will be charged a \$75 premium per pay period. All colleagues will need to attest to their spouse's working during the online enrollment process. When completing the attestation, keep in mind that failing to disclose that your spouse has access to their own employer-sponsored coverage would constitute an act of dishonesty in violation of our code of conduct, which could result in disciplinary action up to and including termination.

Colleagues that need to report a change in employee tobacco/nicotine status, spouse tobacco/nicotine status, or working spouse status must complete the **Tobacco/Nicotine or Working Spouse Premium Form** located on ONE. Click on Employee Resources at the top of the ONE home page One.Jefferson.edu to find the form in the Policies & Guidelines workspace. The completed form must be submitted to the HRSC at bit.ly/JeffersonHRSC.

The bi-weekly cost for the coverage tier you are enrolled in will be deducted from your bi-weekly paycheck. If you do not receive a paycheck and miss a deduction, your deductions will go into arrears. Future paychecks will have double deductions until the balance is paid in full.

Cost of Coverage

FULL-TIME EMPLOYEES – ANNUAL SALARY BAND I – UNDER \$45,000				
Independence Administrators Medical Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Jefferson First PPO	\$18.77	\$49.58	\$42.47	\$72.10
Jefferson Select PPO	\$23.70	\$54.52	\$47.41	\$77.04
Jefferson Choice PPO	\$49.88	\$102.25	\$90.78	\$159.61
Jefferson HDHP + HSA	\$49.88	\$102.25	\$90.78	\$159.61
FULL-TIME EMPLOYEES – ANNUAL SALARY BAND II – \$45,000 – \$74,999				
Independence Administrators Medical Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Jefferson First PPO	\$26.70	\$64.98	\$51.88	\$100.75
Jefferson Select PPO	\$31.74	\$70.01	\$56.91	\$105.78
Jefferson Choice PPO	\$58.51	\$124.64	\$111.92	\$188.25
Jefferson HDHP + HSA	\$58.51	\$124.64	\$111.92	\$188.25
FULL-TIME EMPLOYEES – ANNUAL SALARY BAND III – \$75,000 – \$119,999				
Independence Administrators Medical Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Jefferson First PPO	\$35.27	\$88.16	\$70.52	\$110.82
Jefferson Select PPO	\$47.78	\$98.55	\$85.85	\$145.09
Jefferson Choice PPO	\$74.51	\$143.19	\$133.02	\$211.87
Jefferson HDHP + HSA	\$74.51	\$143.19	\$133.02	\$211.87
FULL-TIME EMPLOYEES – ANNUAL SALARY BAND IV – \$120,000 – \$199,999				
Independence Administrators Medical Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Jefferson First PPO	\$40.30	\$98.23	\$78.08	\$118.37
Jefferson Select PPO	\$59.67	\$115.09	\$101.79	\$163.84
Jefferson Choice PPO	\$85.73	\$157.66	\$144.81	\$227.03
Jefferson HDHP + HSA	\$85.73	\$157.66	\$144.81	\$227.03
FULL-TIME EMPLOYEES – ANNUAL SALARY BAND V – \$200,000 AND ABOVE				
Independence Administrators Medical Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Jefferson First PPO	\$45.79	\$104.28	\$83.92	\$124.62
Jefferson Select PPO	\$70.25	\$126.21	\$112.77	\$175.44
Jefferson Choice PPO	\$99.87	\$169.92	\$156.94	\$239.95
Jefferson HDHP + HSA	\$99.87	\$169.92	\$156.94	\$239.95
PART-TIME EMPLOYEES – ALL SALARY TIERS				
Independence Administrators Medical Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Jefferson First PPO	\$48.31	\$193.20	\$157.11	\$250.66
Jefferson Select PPO	\$107.20	\$241.93	\$234.30	\$338.54
Jefferson Choice PPO	\$127.03	\$279.56	\$259.73	\$378.70
Jefferson HDHP + HSA	\$127.03	\$279.56	\$259.73	\$378.70
ACA NON-BENEFIT ELIGIBLE EMPLOYEES – ALL SALARY TIERS				
Independence Administrators Medical Plan	Employee Only		Employee + Child(ren)	
Jefferson First PPO	\$48.31		\$255.70	

Independence Administrators Jefferson First, Select, Choice, and HDHP with HSA Plans

HOW INDEPENDENCE ADMINISTRATORS PLANS WORK

Jefferson First PPO plan offers coverage that will cost you nothing for virtually all services received at a Jefferson provider, including LVHN. The exception is the Emergency Room copay, which is \$250 regardless of where you go. You have the freedom to choose other providers, but you will pay more to do so.

Jefferson Select PPO and Jefferson Choice PPO plans also offer a preferred tier for Jefferson and affiliated providers, and pediatrics. It is less costly to see affiliated providers and preferred pediatric providers than the Jefferson First PPO plan. These plans also provide a less costly benefit in the Independence tier.

Fertility and hearing aid coverage is only available in the Jefferson Choice PPO plan.

The HDHP + HSA plan is a qualified high deductible plan with a Health Savings Account attached to it. Jefferson will make bi-weekly contributions to your HSA, in addition to what you elect to save on your own. WEX will administer the HSA; there is more information on this account later in the guidebook.

This plan works differently than the other plans in that all services, whether received at Jefferson or not, apply towards your deductible first. This also includes prescriptions. Once your deductible is met, however, you will pay less if you see Jefferson and affiliated providers.

Independence Administrators Jefferson First PPO is the only plan available to colleagues in a non-benefit eligible status. Colleagues and their child(ren) will be eligible to enroll in the Jefferson First PPO plan. Spouses of non-benefit eligible colleagues are not eligible for coverage. More information is available in the 7/1/2025 – 6/30/2026 ACA Benefits Guidebook, accessible by clicking on Employee Resources at the top of the ONE home page ([One.Jefferson.edu](#)) to find it in the Working at Jefferson workspace.

Jefferson FIRST	
Network 1 (\$)	You receive care from a Jefferson Only Network provider
Network 2 (\$\$)	You receive care from an Affiliates and Preferred Pediatrics Network provider
Network 3 (\$\$\$)	You receive care from an Independence Administrators provider
Network 4 (\$\$\$\$)	You receive care from a provider outside of the network

Jefferson SELECT, CHOICE and HDHP with HSA	
Network 1 (\$)	You receive care from a Jefferson and Affiliates Network provider
Network 2 (\$\$)	You receive care from a Preferred Pediatric Network provider
Network 3 (\$\$\$)	You receive care from an Independence Administrators provider
Network 4 (\$\$\$\$)	You receive care from a provider outside of the network

HELPSCRIPT

HelpScript is a program that is used to help with the cost of specialty medications used to treat chronic or genetic conditions. This program reduces the cost of medical specialty drugs to a \$0 copay for members if enrolled in the Independence Administrators Jefferson First, Select or Choice PPO medical plans.

What drugs are eligible for \$0 copay?

Specialty medications are expensive drugs used to treat complex, chronic conditions like cancer, rheumatoid arthritis, and multiple sclerosis. Some of these drugs can be accessed through the medical benefit, requiring administration by a healthcare professional. The HelpScript program applies to these drugs.

Do I have to enroll in HelpScript?

No, enrollment is not needed. Members who have been prescribed one of the approved specialty drugs in the last six months will receive a letter in the mail about HelpScript. Once contacted, the member can engage with a HelpScript liaison and can opt in to HelpScript.

USING OUTPATIENT LABORATORY SERVICES

- Colleagues are highly encouraged to have their laboratory services done through a Jefferson Network lab, which includes Labcorp, to ensure that you pay less out of pocket.
- If you bring a prescription from your physician to a Jefferson network lab, be sure to tell them not to send your specimen to an outside laboratory.
- If you have your blood taken and tested at an in-network lab with Independence Administrators but they are not part of the first two networks, the Independence Administrators network benefits will apply.
- Quest Diagnostics is considered Out-of-Network. If you receive services at Quest Diagnostics, Out-of-Network benefits will apply.

If you receive care at a Jefferson Only (in the Jefferson First PPO Plan) or Jefferson and Affiliates network (in the Jefferson Select PPO, Jefferson Choice PPO or HDHP Plan) network facility or provider, you receive the highest level of benefits. This higher level of benefit applies if the service is available through a first level network provider. Some services or specialists may not be available in the Jefferson network.

If you are transferred from a first level network facility to a second level network facility or an Independence Administrator network facility, you will incur the higher out-of-pocket expenses (copay, deductible, coinsurance)

<p>Providers, specialists, hospitals and facilities are designated in four different networks. The first two networks are different for the new Jefferson First Plan, while the third and fourth networks are the same across all four medical plan options. Prior to enrolling, view the updated network at www.ibxtpa.com/Jefferson. Once you are an Independence Administrators member, you can create an account at myibxtpabenefits.com to search.</p> <p>PROVIDERS ON THE INDEPENDENCE ADMINISTRATORS' WEBSITE WILL BE IDENTIFIED IN THREE CATEGORIES:</p> <p>Tier 1 Jefferson Only Network (for the First Plan) or Jefferson Affiliates (for the Select, Choice and HDHP plan)</p> <p>Tier 2 Affiliates and Preferred Pediatrics Network (for the First Plan) or Preferred Pediatric Network (for the Select, Choice and HDHP plan)</p> <p>Tier 3 Independence Administrators Network</p>	PLAN	TIER	DESCRIPTION
	Independence Administrators Jefferson First PPO Plan	Jefferson Only Network	<ul style="list-style-type: none"> • Jefferson and LVHN Facilities, and employed providers • Lehigh Valley Reilly Children's Hospital • Bala Endoscopy Center • Rothman Ortho in Bensalem
		Affiliates and Preferred Pediatrics Network	<ul style="list-style-type: none"> • Jefferson and LVHN affiliated providers • Main Line Health facilities and providers • Advocare • Children's Hospital of Philadelphia • St. Christopher's Hospital for Children • Nemours/duPont • Marvin Behavioral Health • Wills Eye Center City
		Independence Administrators Network	<ul style="list-style-type: none"> • All other Independence Administrators providers and Blue Card
		Out-of-Network	<ul style="list-style-type: none"> • Providers outside of the Independence Administrators network
	Independence Administrators Jefferson Select, Jefferson Choice, and HDHP w/HSA	Jefferson and Affiliates Network	<ul style="list-style-type: none"> • Jefferson and LVHN facilities, employed providers and affiliated providers • Lehigh Valley Reilly Children's Hospital • Main Line Health facilities and providers • Advocare • Marvin Behavioral Health • Rothman Ortho in Bensalem • Wills Eye Center City • Bala Endoscopy Center
		Preferred Pediatric Network	<ul style="list-style-type: none"> • Children's Hospital of Philadelphia • St. Christopher's Hospital for Children • Nemours/duPont
		Independence Administrators Network	<ul style="list-style-type: none"> • All other IBX providers and Blue Card
		Out-of-Network	<ul style="list-style-type: none"> • Providers outside of the Independence Administrators network

Telehealth Services

JEFFCONNECT ON-DEMAND URGENT CARE VIDEO VISITS (AVAILABLE 24/7)

For issues that arise when your primary care provider or specialist is not immediately available, Jefferson offers On-Demand (near immediate) video appointments through our JeffConnect platform or through MyChart. These unscheduled visits with a Jefferson provider are accessible to patients located in Pennsylvania, New Jersey, and Delaware. To access this service, simply download the free JeffConnect On-Demand app from the App Store or Google Play or visit JeffConnect.org.

There is no charge for all Jefferson employee medical plan members.

Scheduled Video Visits

Jefferson offers a quick and convenient way to schedule video visits with their Jefferson primary or specialist provider. These visits are available for patients in Pennsylvania, New Jersey, or Delaware, provided that the primary care provider or specialist holds a medical license in the state where the patient is located. Patients should schedule appointments in advance. The applicable copay, deductible and/or coinsurance will apply.

For providers that offer video visits (telemedicine) in the Affiliates & Preferred Pediatrics or Independence Administrators network (in the Independence Administrators First PPO plan) or the Preferred Pediatrics or Independence Administrators (in the Independence Administrators Jefferson Select, Choice or HDHP plan) the applicable copay, deductible and/or coinsurance will apply.

Virtual Primary Care (VPC)

Virtual Primary Care (VPC) is designed for people who prefer convenient, easy access seeing their Jefferson primary care provider virtually. With VPC, you see your primary care provider via telehealth for all your visits, offering comfort and convenience with the same level of care you'd expect from Jefferson. Should your provider determine something requires you to be seen in-person – such as lab tests, imaging, specialist care – our team will assist in getting you where you need to go.

Being fully virtual means you can also always connect with your VPC care team via secure messaging when you sign up for MyJeffersonHealth.

The applicable copay, deductible and/or coinsurance will apply.

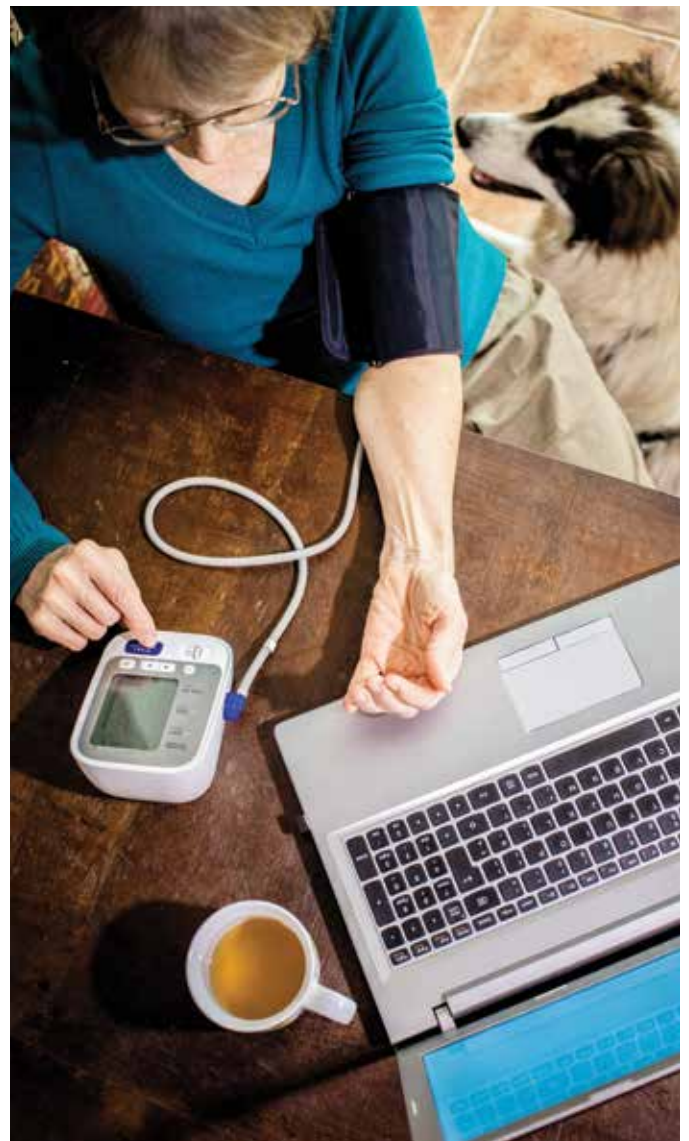
Visit [Telehealth Services – Virtual Primary Care | Jefferson Health](#) for more information,

Symptom Checker

Do you have concerning medical symptoms but aren't sure where to turn? [Jefferson Health's Symptom Checker](#) can help direct you to the right kind of medical attention. There's no copay for using the Symptom Checker, and MyJeffersonHealth users can connect the assessment to their health information and seamlessly schedule needed appointments. Always consult with a medical expert for significant medical issues.

Same Day/Next Day Cancer Care

When you've been newly diagnosed with cancer, timely professional guidance can help ease anxieties and help you identify your next steps. At Sidney Kimmel Comprehensive Cancer Center, you can see an oncology clinician via telehealth in **48 hours or less**. Appointments are available on weekdays, evenings and weekends.



Independence Administrators Jefferson First PPO Plan | July 1, 2025 – June 30, 2026 Plan Summary

Benefits	Jefferson Only Network	Affiliates & Preferred Pediatrics Network	Independence Administrators Network	Out-of-Network*
PLAN YEAR DEDUCTIBLE				
<ul style="list-style-type: none"> Individual⁸ Family⁸ 	None None	\$500 \$1,500	\$3,750 \$11,250	\$11,000 \$33,000
Benefit Period	Plan Year	Plan Year	Plan Year	Plan Year
Coinsurance (percentage paid by plan except hearing aid benefit)	Plan pays 100% after deductible unless otherwise noted	Plan pays 70% after deductible unless otherwise noted	Plan pays 50% after deductible unless otherwise noted	Plan pays 40% after deductible unless otherwise noted
PLAN YEAR OUT-OF-POCKET MAXIMUM***				
<ul style="list-style-type: none"> Individual Family 	\$1,000 \$2,000	\$3,500 \$7,000	\$6,550 \$13,100	Unlimited Unlimited
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
DOCTOR'S OFFICE VISITS				
<ul style="list-style-type: none"> Primary Care Services Telemedicine is included with applicable copay, deductible or coinsurance Specialist Services Telemedicine is included with applicable copay, deductible or coinsurance 	\$0 copay \$0 copay	\$50 copay \$75 copay	\$100 copay \$150 copay	40% after deductible 40% after deductible
Preventive Care for Adults & Children	100%	100%	100%	40% after deductible
Pediatric Immunizations	100%	100%	100%	40% after deductible
Routine Gynecological Exam/Pap (1 routine exam/pap test per plan year for women of any age ¹)	100%	100%	100%	40% after deductible
MAMMOGRAM				
<ul style="list-style-type: none"> Screening Diagnostic 	100% 100%	100% 70% after deductible	100% 50% after deductible	40% after deductible 40% after deductible
Nutrition Counseling for Weight Management	100%	100%	100%	40% after deductible
OUTPATIENT DIAGNOSTIC SERVICES				
<ul style="list-style-type: none"> Routine Radiology Advanced Radiology – MRI/MRA/CAT/PET Laboratory 	100% 100% 100%	70% after deductible 70% after deductible 70% after deductible	50% after deductible 50% after deductible 50% after deductible	40% after deductible 40% after deductible 40% after deductible
ALLERGY				
<ul style="list-style-type: none"> Testing Extract / Injections 	100% 100%	70% after deductible 100%	50% after deductible 100% after deductible	40% after deductible 40% after deductible
MATERNITY				
<ul style="list-style-type: none"> First OB Visit Hospital⁶ 	100% 100%	\$75 copay 70% after deductible	\$150 copay 50% after deductible	40% after deductible 40% after deductible

Independence Administrators Jefferson First PPO Plan | July 1, 2025 – June 30, 2026 Plan Summary

Benefits	Jefferson Only Network	Affiliates & Preferred Pediatrics Network	Independence Administrators Network	Out-of-Network*
Contraceptives	100%	100%	100%	40% after deductible
Fertility Treatment	Not covered	Not covered	Not covered	Not covered
Elective Abortion⁵	100%	70% after deductible	50% after deductible	40% after deductible
INPATIENT HOSPITAL SERVICES**				
• Facility	100%	70% after deductible	50% after deductible	40% after deductible
• Professional ⁵	100%	70% after deductible	50% after deductible	40% after deductible
Inpatient Hospital Days¹	365	365	365	365
Emergency Room (including Observation)	\$250 copay (copay waived if admitted)	\$250 copay (copay waived if admitted)	\$250 copay (copay waived if admitted)	\$250 copay (copay waived if admitted)
Urgent Care Center	100%	\$70 copay	\$70 copay	40% after deductible
Retail Clinic	100%	\$55 copay	\$55 copay	40% after deductible
OUTPATIENT SURGERY				
• Facility	100%	70% after deductible	50% after deductible	40% after deductible
• Professional ⁵	100%	70% after deductible	50% after deductible	40% after deductible
AMBULANCE				
• Emergency	100%	100%	100%	100%
• Non-Emergency	100%	70% after deductible	50% after deductible	40% after deductible
THERAPY SERVICES				
Physical, Speech and Occupational; 60 visits per plan year ²	100%	70% after deductible	50% after deductible	40% after deductible
• Cardiac Rehabilitation	100%	70% after deductible	50% after deductible	40% after deductible
• Pulmonary Rehabilitation	100%	70% after deductible	50% after deductible	40% after deductible
• Respiratory Therapy	100%	70% after deductible	50% after deductible	40% after deductible
• Orthoptic/Pleoptic	100%	70% after deductible	50% after deductible	40% after deductible
HEARING AID				
• Exam (1 per plan year)	Not covered	Not covered	Not covered	Not covered
• Reimbursement (2 hearing aids every 36 months ¹)	Not covered	Not covered	Not covered	Not covered
Cranial Prosthesis	100%	70% after deductible	50% after deductible	40% after deductible
Restorative Services, including Chiropractic Care (30 visits per plan year ¹)	100%	70% after deductible	50% after deductible	40% after deductible
Chemo / Radiation / Dialysis	100%	70% after deductible	50% after deductible	40% after deductible

Independence Administrators Jefferson First PPO Plan | July 1, 2025 – June 30, 2026 Plan Summary

Benefits	Jefferson Only Network	Affiliates & Preferred Pediatrics Network	Independence Administrators Network	Out-of-Network*
SKILLED NURSING FACILITY				
120 days per plan year ¹ • Professional	100% 100%	70% after deductible 70% after deductible	50% after deductible 50% after deductible	40% after deductible 40% after deductible
Home Health Care (120 days per plan year ¹)	100%	70% after deductible	50% after deductible	40% after deductible
Hospice • Professional	100% 100%	70% after deductible 70% after deductible	50% after deductible 50% after deductible	40% after deductible 40% after deductible
Infusion Therapy	100%	70% after deductible	50% after deductible	40% after deductible
MENTAL HEALTH CARE/SERIOUS MENTAL ILLNESS CARE				
• Outpatient/Partial Services	Counseling: 100% Medication Management: 100%	Counseling: \$50 copay Medication Management: \$75 copay	Counseling: \$100 copay Medication Management: \$150 copay	40% after deductible
• Marvin Telemedicine Counseling	N/A	\$50 copay	N/A	N/A
• Inpatient Facility Services	100%	70% after deductible	50% after deductible	40% after deductible
• Professional	100%	70% after deductible	50% after deductible	40% after deductible
SUBSTANCE ABUSE TREATMENT				
• Outpatient/Partial Services	Counseling: 100% Medication Management: 100%	Counseling: \$50 copay Medication Management: \$75 copay	Counseling: \$100 copay Medication Management: \$150 copay	40% after deductible
• Inpatient Rehabilitation	100%	70% after deductible	50% after deductible	40% after deductible
• Detoxification	100%	70% after deductible	50% after deductible	40% after deductible
ORAL SURGERY/DENTAL CARE				
For the removal of impacted wisdom teeth, which are partially or totally covered by bone; must coordinate through dental plan coverage				
• Professional	100%	70% after deductible	50% after deductible	40% after deductible
Durable Medical Equipment	100%	50%	50%	40% after deductible
Prosthetics	100%	50%	50%	40% after deductible
Outpatient Diabetic Education	100%	100%	100%	40% after deductible
Transplant Services	100%	70% after deductible ⁶	50% after deductible ⁶	40% after deductible
Voluntary Sterilization	100%	100%	100%	40% after deductible
Diabetic Equipment⁷	100%	100%	100%	40% after deductible

* Non-Preferred Providers may bill you the differences between the Plan allowance, which is the amount paid by Independence Administrators, and the actual charge of the provider. This amount may be significant. Claims for Non-Preferred Professional Providers (physicians) are based on the lesser of the Medicare Professional Allowable Payment or the actual charges of the provider. For covered services that are not recognized or reimbursed by Medicare, payment is based on the lesser of the Independence Administrators applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or Independence Administrators fee schedule, payment is 60% of the actual charges of the provider. It is important to note that all percentages for out-of-network services are percentages of the Plan allowance, not the actual charge of the provider.

** NOTE: For inpatient hospital admissions through the emergency room at Affiliated & Preferred Pediatrics Network facilities, the claim is to be processed as a Jefferson Only admission. For inpatient hospital admissions through the emergency room at Independence Administrators or Blue Card facilities, the claim is to be processed as an Affiliates & Preferred Pediatrics Admission. For inpatient hospital admissions through the emergency room at an Out-of-Network facility, the claim is to be processed as an Independence Administrators admission.

*** In-network out-of-pocket maximum includes deductible, copays and coinsurance.

- ¹ Combined all networks.
- ² Inpatient hospital day limit combined for all out-of-network inpatient medical, maternity, mental health, serious mental illness and substance abuse services.
- ³ Inpatient copay waived if readmitted within 10 days of discharge.
- ⁴ Combined first three Networks.
- ⁵ Not all anesthesia providers utilized in Jefferson Only or Affiliates & Preferred Pediatrics facilities are Jefferson Only or Affiliates & Preferred Pediatrics providers. You may incur a higher member responsibility.
- ⁶ Transplants not performed at an Independence Administrators designated Institute of Excellence will be paid at the out-of-network level.
- ⁷ This does not include Insulin or other diabetic medications.
- ⁸ All deductibles are reset every plan year.

Independence Administrators Jefferson Select PPO Plan | July 1, 2025 – June 30, 2026 Plan Summary

Benefits	Jefferson & Affiliates Network	Preferred Pediatrics Network	Independence Administrators Network	Out-of-Network*
PLAN YEAR DEDUCTIBLE				
<ul style="list-style-type: none"> Individual⁸ Family⁸ 	\$300 \$900	\$500 \$1,500	\$2,750 \$8,250	\$8,000 \$24,000
Benefit Period	Plan Year	Plan Year	Plan Year	Plan Year
Coinsurance (percentage paid by plan except hearing aid benefit)	Plan pays 90% after deductible unless otherwise noted	Plan pays 80% after deductible unless otherwise noted	Plan pays 60% after deductible unless otherwise noted	Plan pays 40% after deductible unless otherwise noted
PLAN YEAR OUT-OF-POCKET MAXIMUM***				
<ul style="list-style-type: none"> Individual Family 	\$4,000 \$8,000	\$4,500 ⁴ \$9,000 ⁴	\$6,550 ⁴ \$13,100 ⁴	Unlimited Unlimited
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
DOCTOR'S OFFICE VISITS				
<ul style="list-style-type: none"> Primary Care Services Telemedicine is included with applicable copay, deductible or coinsurance Specialist Services Telemedicine is included with applicable copay, deductible or coinsurance 	\$10 copay \$45 copay	\$30 copay \$75 copay	\$100 copay \$150 copay	40% after deductible 40% after deductible
Preventive Care for Adults & Children	100%	100%	100%	40% after deductible
Pediatric Immunizations	100%	100%	100%	40% after deductible
Routine Gynecological Exam/Pap (1 routine exam/pap test per plan year for women of any age ¹)	100%	100%	100%	40% after deductible
MAMMOGRAM				
<ul style="list-style-type: none"> Screening Diagnostic 	100% \$25 copay	100% \$50 copay	100% \$100 copay	40% 40% after deductible
Nutrition Counseling for Weight Management	100%	100%	100%	40% after deductible
OUTPATIENT DIAGNOSTIC SERVICES				
<ul style="list-style-type: none"> Routine Radiology Advanced Radiology – MRI/MRA/CAT/PET Laboratory 	\$25 copay \$75 copay 100%	\$50 copay \$100 copay \$50 copay	\$100 copay 60% after deductible \$100 copay	40% after deductible 40% after deductible 40% after deductible
ALLERGY				
<ul style="list-style-type: none"> Testing Extract / Injections 	90% after applicable PCP or Specialist copay 100%	80% after applicable PCP or Specialist copay 100%	60% after deductible 60% after deductible	40% after deductible 40% after deductible
MATERNITY				
<ul style="list-style-type: none"> First OB Visit Hospital⁵ 	\$45 copay 90% after deductible	\$75 copay 80% after deductible	\$150 copay 60% after deductible	40% after deductible 40% after deductible

Independence Administrators Jefferson Select PPO Plan | July 1, 2025 – June 30, 2026 Plan Summary

Benefits	Jefferson & Affiliates Network	Preferred Pediatrics Network	Independence Administrators Network	Out-of-Network*
Contraceptives	100%	100%	100%	40% after deductible
Fertility Treatment	Not covered	Not covered	Not covered	Not covered
Elective Abortion⁵	90% after deductible	80% after deductible	60% after deductible	40% after deductible
INPATIENT HOSPITAL SERVICES**				
• Facility	90% after deductible	80% after deductible	60% after deductible	40% after deductible
• Professional ⁵	90% after deductible	80% after deductible	60% after deductible	40% after deductible
Inpatient Hospital Days¹	365	365	365	365
Emergency Room (including Observation)	\$250 copay (copay waived if admitted)	\$250 copay (copay waived if admitted)	\$250 copay (copay waived if admitted)	\$250 copay (copay waived if admitted)
Urgent Care Center	\$65 copay	\$75 copay	\$75 copay	40% after deductible
Retail Clinic	\$30 copay	\$50 copay	\$50 copay	40% after deductible
OUTPATIENT SURGERY				
• Facility	90% after deductible	80% after deductible	60% after deductible	40% after deductible
• Professional ⁵	90% after deductible	80% after deductible	60% after deductible	40% after deductible
AMBULANCE				
• Emergency	100%	100%	100%	100%
• Non-Emergency	90%	80%	60%	40% after deductible
THERAPY SERVICES				
Physical, Speech and Occupational; 60 visits per plan year ²	\$25 copay	\$50 copay	\$100 copay	40% after deductible
• Cardiac Rehabilitation	90% after deductible	80% after deductible	60% after deductible	40% after deductible
• Pulmonary Rehabilitation	90% after deductible	80% after deductible	60% after deductible	40% after deductible
• Respiratory Therapy	90% after deductible	80% after deductible	60% after deductible	40% after deductible
• Orthoptic/Pleoptic	90% after deductible	80% after deductible	60% after deductible	40% after deductible
HEARING AID				
• Exam (1 per plan year)	Not covered	Not covered	Not covered	Not covered
• Reimbursement (2 hearing aids every 36 months ¹)	Not covered	Not covered	Not covered	Not covered
Cranial Prosthesis	60%	60%	60%	40% after deductible
Restorative Services, including Chiropractic Care (30 visits per plan year ¹)	\$25 copay	\$50 copay	\$100 copay	40% after deductible
Chemo / Radiation / Dialysis	90% after deductible	80% after deductible	60% after deductible	40% after deductible

Independence Administrators Jefferson Select PPO Plan | July 1, 2025 – June 30, 2026 Plan Summary

Benefits	Jefferson & Affiliates Network	Preferred Pediatrics Network	Independence Administrators Network	Out-of-Network*
SKILLED NURSING FACILITY				
120 days per plan year ¹ • Professional	90% after deductible 90% after deductible	80% after deductible 80% after deductible	60% after deductible 60% after deductible	40% after deductible 40% after deductible
Home Health Care (120 days per plan year ¹)	90% after deductible	80% after deductible	60% after deductible	40% after deductible
Hospice • Professional	90% after deductible 90% after deductible	80% after deductible 80% after deductible	60% after deductible 60% after deductible	40% after deductible 40% after deductible
Infusion Therapy	90% after deductible	80% after deductible	60% after deductible	40% after deductible
MENTAL HEALTH CARE/SERIOUS MENTAL ILLNESS CARE				
• Outpatient/Partial Services	Counseling: \$10 copay Medication Management: \$45 copay	Counseling: \$30 copay Medication Management: \$75 copay	Counseling: \$100 copay Medication Management: \$150 copay	40% after deductible
• Marvin Telemedicine Counseling	\$10	N/A	N/A	N/A
• Inpatient Facility Services	90%	80% after deductible	60% after deductible	40% after deductible
• Professional	90%	80% after deductible	60% after deductible	40% after deductible
SUBSTANCE ABUSE TREATMENT				
• Outpatient/Partial Services	Counseling: \$10 copay Medication Management: \$45 copay	Counseling: \$30 copay Medication Management: \$75 copay	Counseling: \$100 copay Medication Management: \$150 copay	40% after deductible
• Inpatient Rehabilitation	90% after deductible	80% after deductible	60% after deductible	40% after deductible
• Detoxification	90% after deductible	80% after deductible	60% after deductible	40% after deductible
ORAL SURGERY/DENTAL CARE				
For the removal of impacted wisdom teeth, which are partially or totally covered by bone; must coordinate through dental plan coverage				
• Professional	90% after deductible and office copay(s)	80% after deductible	60% after deductible	40% after deductible
Durable Medical Equipment	90%	60%	60%	40% after deductible
Prosthetics	90%	60%	60%	40% after deductible
Outpatient Diabetic Education	100%	100%	100%	40% after deductible
Transplant Services	90% after deductible	80% after deductible ⁶	60% after deductible ⁶	40% after deductible
Voluntary Sterilization	100%	100%	100%	40% after deductible
Diabetic Equipment⁷	100%	100%	100%	40% after deductible

* Non-Preferred Providers may bill you the differences between the Plan allowance, which is the amount paid by Independence Administrators, and the actual charge of the provider. This amount may be significant. Claims for Non-Preferred Professional Providers (physicians) are based on the lesser of the Medicare Professional Allowable Payment or the actual charges of the provider. For covered services that are not recognized or reimbursed by Medicare, payment is based on the lesser of the Independence Administrators applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or Independence Administrators fee schedule, payment is 60% of the actual charges of the provider. It is important to note that all percentages for out-of-network services are percentages of the Plan allowance, not the actual charge of the provider.

** NOTE: For inpatient hospital admissions through the emergency room at Preferred Pediatrics facilities, the claim is to be processed as a Jefferson & Affiliates admission. For inpatient hospital admissions through the emergency room at Independence Administrators or Blue Card facilities, the claim is to be processed as a Preferred Pediatrics admission. For inpatient hospital admission through the emergency room at an Out-of-Network facility, the claim is to be processed as an Independence Administrators admission.

*** In-network out-of-pocket maximum includes deductible, copays and coinsurance.

- ¹ Combined all networks.
- ² Inpatient hospital day limit combined for all out-of-network inpatient medical, maternity, mental health, serious mental illness and substance abuse services.
- ³ Inpatient copay waived if readmitted within 10 days of discharge.
- ⁴ Combined first three Networks.
- ⁵ Not all anesthesia providers utilized in Jefferson & Affiliates Network or Preferred Pediatrics facilities are Jefferson & Affiliates or Preferred Pediatrics providers. You may incur a higher member responsibility.
- ⁶ Transplants not performed at an Independence Administrators designated Institute of Excellence will be paid at the out-of-network level
- ⁷ This does not include Insulin or other diabetic medications.
- ⁸ All deductibles are reset every plan year.

Independence Administrators Jefferson Choice PPO Plan | July 1, 2025 – June 30, 2026 Plan Summary

Benefits	Jefferson & Affiliates Network	Preferred Pediatrics Network	Independence Administrators Network	Out-of-Network*
PLAN YEAR DEDUCTIBLE				
<ul style="list-style-type: none"> Individual⁸ Family⁸ 	\$200 \$600	\$250 \$750	\$2,000 \$6,000	\$6,000 \$18,000
Benefit Period	Plan Year	Plan Year	Plan Year	Plan Year
Coinsurance (percentage paid by plan except hearing aid benefit)	Plan pays 100% after deductible unless otherwise noted	Plan pays 90% after deductible unless otherwise noted	Plan pays 60% after deductible unless otherwise noted	Plan pays 50% after deductible unless otherwise noted
PLAN YEAR OUT-OF-POCKET MAXIMUM***				
<ul style="list-style-type: none"> Individual Family 	\$3,500 \$7,000	\$3,500 \$7,000	\$5,000 \$10,000	Unlimited Unlimited
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
DOCTOR'S OFFICE VISITS				
<ul style="list-style-type: none"> Primary Care Services Telemedicine is included with applicable copay, deductible or coinsurance Specialist Services Telemedicine is included with applicable copay, deductible or coinsurance 	\$5 copay \$25 copay	\$20 copay \$50 copay	\$75 copay \$120 copay	50% after deductible 50% after deductible
Preventive Care for Adults & Children	100%	100%	100%	50% after deductible
Pediatric Immunizations	100%	100%	100%	50% after deductible
Routine Gynecological Exam/Pap (1 routine exam/pap test per plan year for women of any age ¹)	100%	100%	100%	50% after deductible
MAMMOGRAM				
<ul style="list-style-type: none"> Screening Diagnostic 	100% 100%	100% \$30 copay	100% \$65 copay	50% after deductible 50% after deductible
Nutrition Counseling for Weight Management	100%	100%	100%	50% after deductible
OUTPATIENT DIAGNOSTIC SERVICES				
<ul style="list-style-type: none"> Routine Radiology Advanced Radiology – MRI/MRA/CAT/PET Laboratory 	100%, no deductible 100% after deductible 100%, no deductible	\$30 copay 90% after deductible \$30 copay	\$65 copay 60% after deductible \$45 copay	50% after deductible 50% after deductible 50% after deductible
ALLERGY				
<ul style="list-style-type: none"> Testing Extract / Injections 	100% at PCP \$45 copay at Specialist 100%	100% after applicable PCP or Specialist copay 100%	60% after deductible 60% after deductible	50% after deductible 50% after deductible
MATERNITY				
<ul style="list-style-type: none"> First OB Visit Hospital⁵ 	\$25 copay 100% after deductible	\$50 copay 90% after deductible	\$120 copay 60% after deductible	50% after deductible 50% after deductible

Independence Administrators Jefferson Choice PPO Plan | July 1, 2025 – June 30, 2026 Plan Summary

Benefits	Jefferson & Affiliates Network	Preferred Pediatrics Network	Independence Administrators Network	Out-of-Network*
Contraceptives	100%	100%	100%	50% after deductible
Fertility Diagnosis and Treatment (\$20,000 per lifetime ¹)	100% after applicable PCP or Specialist copay	N/A	60% after deductible	50% after deductible
Elective Abortion ⁵	100% after deductible	90% after deductible	60% after deductible	50% after deductible
INPATIENT HOSPITAL SERVICES**				
• Facility	100% after deductible	90% after deductible	60% after deductible	50% after deductible
• Professional ⁵	100% after deductible	90% after deductible	60% after deductible	50% after deductible
Inpatient Hospital Days ¹	365	365	365	365
Emergency Room (including Observation)	\$250 copay (copay waived if admitted)	\$250 copay (copay waived if admitted)	\$250 copay (copay waived if admitted)	\$250 copay (copay waived if admitted)
Urgent Care Center	\$30 copay	\$55 copay	\$55 copay	50% after deductible
Retail Clinic	\$20 copay	\$40 copay	\$40 copay	50% after deductible
OUTPATIENT SURGERY				
• Facility	100% after deductible	90% after deductible	60% after deductible	50% after deductible
• Professional ⁵	100% after deductible	90% after deductible	60% after deductible	50% after deductible
AMBULANCE				
• Emergency	100%	100%	100%	100%
• Non-Emergency	100%, no deductible	90%, no deductible	60%, no deductible	50% after deductible
THERAPY SERVICES				
Physical, Speech and Occupational; 60 visits per plan year ²	\$20 copay	\$40 copay	\$75 copay	50% after deductible
• Cardiac Rehabilitation	100% after deductible	90% after deductible	60% after deductible	50% after deductible
• Pulmonary Rehabilitation	100% after deductible	90% after deductible	60% after deductible	50% after deductible
• Respiratory Therapy	100% after deductible	90% after deductible	60% after deductible	50% after deductible
• Orthoptic/Pleoptic	100% after deductible	90% after deductible	60% after deductible	50% after deductible
HEARING AID				
• Exam (1 per plan year)	100%	100%	100%	50% after deductible
• Reimbursement (2 hearing aids every 36 months ¹)	Plan reimburses 25% of allowable amount	Plan reimburses 25% of allowable amount	Plan reimburses 25% of allowable amount	50% after deductible
Cranial Prosthesis	60%, no deductible	60%, no deductible	60%, no deductible	50% after deductible
Restorative Services, including Chiropractic Care (30 visits per plan year ¹)	\$25 copay	\$50 copay	\$50 copay	50% after deductible
Chemo / Radiation / Dialysis	100% after deductible	90% after deductible	60% after deductible	50% after deductible

Independence Administrators Jefferson Choice PPO Plan | July 1, 2025 – June 30, 2026 Plan Summary

Benefits	Jefferson & Affiliates Network	Preferred Pediatrics Network	Independence Administrators Network	Out-of-Network*
SKILLED NURSING FACILITY				
120 days per plan year ¹ • Professional	100% after deductible 100% after deductible	90% after deductible 90% after deductible	60% after deductible 60% after deductible	50% after deductible 50% after deductible
Home Health Care (120 days per plan year ¹)	100% after deductible	90% after deductible	60% after deductible	50% after deductible
Hospice • Professional	100% after deductible 100% after deductible	90% after deductible 90% after deductible	60% after deductible 60% after deductible	50% after deductible 50% after deductible
Infusion Therapy	100% after deductible	90% after deductible	60% after deductible	50% after deductible
MENTAL HEALTH CARE/SERIOUS MENTAL ILLNESS CARE				
• Outpatient/Partial Services	Counseling: \$5 copay Medication Management: \$25 copay	Counseling: \$20 copay Medication Management: \$50 copay	Counseling: \$75 copay Medication Management: \$120 copay	50% after deductible
• Marvin Telemedicine Counseling	\$5	N/A	N/A	N/A
• Inpatient Facility Services	100% after deductible	90% after deductible	60% after deductible	50% after deductible
• Professional	100% after deductible	90% after deductible	60% after deductible	50% after deductible
SUBSTANCE ABUSE TREATMENT				
• Outpatient/Partial Services	Counseling: \$5 copay Medication Management: \$25 copay	Counseling: \$20 copay Medication Management: \$50 copay	Counseling: \$75 copay Medication Management: \$120 copay	50% after deductible
• Inpatient Rehabilitation	100% after deductible	90% after deductible	60% after deductible	50% after deductible
• Detoxification	100% after deductible	90% after deductible	60% after deductible ³	50% after deductible
ORAL SURGERY/DENTAL CARE				
For the removal of impacted wisdom teeth, which are partially or totally covered by bone; must coordinate through dental plan coverage				
• Professional	100% after deductible	90% after deductible	60% after deductible	50% after deductible
Durable Medical Equipment	100%	90%	60%	50% after deductible
Prosthetics	100%	90%	60%	50% after deductible
Outpatient Diabetic Education	100%	100%	100%	50% after deductible
Transplant Services	100% after deductible	90% after deductible ⁶	60% after deductible ⁶	50% after deductible
Voluntary Sterilization	100%	100%	100%	50% after deductible
Diabetic Equipment⁷	100%	100%	100%	50% after deductible

* Non-Preferred Providers may bill you the differences between the Plan allowance, which is the amount paid by Independence Administrators, and the actual charge of the provider. This amount may be significant. Claims for Non-Preferred Professional Providers (physicians) are based on the lesser of the Medicare Professional Allowable Payment or the actual charges of the provider. For covered services that are not recognized or reimbursed by Medicare, payment is based on the lesser of the Independence Administrators applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or Independence Administrators fee schedule, payment is 60% of the actual charges of the provider. It is important to note that all percentages for out-of-network services are percentages of the Plan allowance, not the actual charge of the provider.

** NOTE: For inpatient hospital admissions through the emergency room at Preferred Pediatrics facilities, the claim is to be processed as a Jefferson & Affiliates admission. For inpatient hospital admissions through the emergency room at Independence Administrators or Blue Card facilities, the claim is to be processed as a Preferred Pediatrics admission. For inpatient hospital admission through the emergency room at an Out-of-Network facility, the claim is to be processed as an Independence Administrators admission.

*** In-network out-of-pocket maximum includes deductible, copays and coinsurance.

- ¹ Combined all networks.
- ² Inpatient hospital day limit combined for all out-of-network inpatient medical, maternity, mental health, serious mental illness and substance abuse services.
- ³ Inpatient copay waived if readmitted within 10 days of discharge.
- ⁴ Combined for the first three Networks.
- ⁵ Not all anesthesia providers utilized in Jefferson & Affiliates Network or Preferred Pediatric Network facilities are Jefferson & Affiliates or Preferred Pediatric providers. You may incur a higher member responsibility.
- ⁶ Transplants not performed at an Independence Administrators designated Institute of Excellence will be paid at the out-of-network level.
- ⁷ This does not include Insulin or other diabetic medications.
- ⁸ All deductibles are reset every plan year.

Independence Administrators Jefferson HDHP + HSA Plan | July 1, 2025 – June 30, 2026 Plan Summary

Benefits	Jefferson & Affiliates Network	Preferred Pediatrics Network	Independence Administrators Network	Out-of-Network*
HSA Employer Contribution	FT Employees – \$650 for Employee Only coverage tier; \$1,300 for employees covering dependents PT Employees – \$325 for Employee Only coverage tier; \$650 for employees covering dependents			
HSA Contribution Maximum (includes employer contribution and employee pre-tax contribution)	The HSA contribution limits for 2025 are \$4,300 for self-only coverage and \$8,550 for family coverage. Those 55 and older can contribute an additional \$1,000 as a catch-up contribution.			
PLAN YEAR DEDUCTIBLE				
• Individual ⁸ • Family ⁸	\$1,800 \$4,500	\$1,800 \$4,500	\$2,500 \$6,250	\$6,000 \$18,000
Benefit Period	Plan Year	Plan Year	Plan Year	Plan Year
Coinsurance (percentage paid by plan except hearing aid benefit)	100% after deductible	90% after deductible	70% after deductible	50% after deductible
PLAN YEAR OUT-OF-POCKET MAXIMUM***				
• Individual • Family	\$3,600 \$9,000	\$3,600 \$9,000	\$5,000 \$12,500	Unlimited Unlimited
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
DOCTOR'S OFFICE VISITS				
• Primary Care Services Telemedicine is included with applicable copay, deductible or coinsurance	100% after deductible	100% after deductible	\$10 copay after deductible	50% after deductible
• Specialist Services Telemedicine is included with applicable copay, deductible or coinsurance	\$20 copay after deductible	\$30 copay after deductible	\$40 copay after deductible	50% after deductible
Preventive Care for Adults & Children	100%	100%	100%	50% after deductible
Pediatric Immunizations	100%	100%	100%	50% after deductible
Routine Gynecological Exam/Pap (1 routine exam/pap test per plan year for women of any age ¹)	100%	100%	100%	50% after deductible
MAMMOGRAM				
• Screening • Diagnostic	100% 100% after deductible	100% 90% after deductible	100% 70% after deductible	50% after deductible 50% after deductible
Nutrition Counseling for Weight Management	100%	100%	100%	50% after deductible
OUTPATIENT DIAGNOSTIC SERVICES				
• Routine Radiology	100% after deductible	90% after deductible	70% after deductible	50% after deductible
• Advanced Radiology – MRI/MRA/CAT/PET	100% after deductible	90% after deductible	70% after deductible	50% after deductible
• Laboratory	100% after deductible	90% after deductible	70% after deductible	50% after deductible
ALLERGY				
• Testing • Extract / Injections	100% after deductible 100% after deductible	90% after deductible 90% after deductible	70% after deductible 70% after deductible	50% after deductible 50% after deductible

Independence Administrators Jefferson HDHP + HSA Plan | July 1, 2025 – June 30, 2026 Plan Summary

Benefits	Jefferson & Affiliates Network	Preferred Pediatrics Network	Independence Administrators Network	Out-of-Network*
MATERNITY				
• First OB Visit	100% after deductible	90% after deductible	70% after deductible	50% after deductible
• Hospital ⁵	100% after deductible	90% after deductible	70% after deductible	50% after deductible
Contraceptives	100%	100%	100%	50% after deductible
Fertility Treatment	Not covered	Not covered	Not covered	Not covered
Elective Abortion⁵	100% after deductible	90% after deductible	70% after deductible	50% after deductible
INPATIENT HOSPITAL SERVICES**				
• Facility	100% after deductible	90% after deductible	70% after deductible	50% after deductible
• Professional/Physician ⁵	100% after deductible	90% after deductible	70% after deductible	50% after deductible
Inpatient Hospital Days¹	365	365	365	365
Emergency Room (including Observation)	\$250 copay after Jefferson & Affiliates Network deductible; then covered at 100%; Copay waived if admitted	\$250 copay after Jefferson & Affiliates Network deductible; then covered at 100%; Copay waived if admitted	\$250 copay after Jefferson & Affiliates Network deductible; then covered at 100%; Copay waived if admitted	\$250 copay after Jefferson & Affiliates Network deductible; then covered at 100%; Copay waived if admitted
Urgent Care Center	100% after deductible	90% after deductible	70% after deductible	40% after deductible
Retail Clinic	100% after deductible	90% after deductible	70% after deductible	40% after deductible
OUTPATIENT SURGERY				
• Facility	100% after deductible	90% after deductible	70% after deductible	50% after deductible
• Professional ⁵	100% after deductible	90% after deductible	70% after deductible	50% after deductible
AMBULANCE				
• Emergency	100% after deductible	100% after deductible	100% after deductible	100% after deductible
• Non-Emergency	100% after deductible	90% after deductible	70% after deductible	50% after deductible
THERAPY SERVICES				
Physical, Speech and Occupational; 60 visits per plan year ²	100% after deductible	90% after deductible	70% after deductible	50% after deductible
• Cardiac Rehabilitation	100% after deductible	90% after deductible	70% after deductible	50% after deductible
• Pulmonary Rehabilitation	100% after deductible	90% after deductible	70% after deductible	50% after deductible
• Respiratory Therapy	100% after deductible	90% after deductible	70% after deductible	50% after deductible
• Orthoptic/Pleoptic	100% after deductible	90% after deductible	70% after deductible	50% after deductible
HEARING AID				
• Exam (1 per plan year)	Not covered	Not covered	Not covered	Not covered
• Reimbursement (2 hearing aids every 36 months ¹)	Not covered	Not covered	Not covered	Not covered
Cranial Prosthesis	100% after deductible	90% after deductible	70% after deductible	50% after deductible
Restorative Services, including Chiropractic Care (30 visits per plan year ¹)	100% after deductible	90% after deductible	70% after deductible	50% after deductible
Chemo / Radiation / Dialysis	100% after deductible	90% after deductible	70% after deductible	50% after deductible

Independence Administrators Jefferson HDHP + HSA Plan | July 1, 2025 – June 30, 2026 Plan Summary

Benefits	Jefferson & Affiliates Network	Preferred Pediatrics Network	Independence Administrators Network	Out-of-Network*
SKILLED NURSING FACILITY				
120 days per plan year ¹ • Professional	100% after deductible 100% after deductible	90% after deductible 90% after deductible	70% after deductible 70% after deductible	50% after deductible 50% after deductible
Home Health Care (120 days per plan year ¹)	100% after deductible	90% after deductible	70% after deductible	50% after deductible
Hospice • Professional	100% after deductible 100% after deductible	90% after deductible 90% after deductible	70% after deductible 70% after deductible	50% after deductible 50% after deductible
Infusion Therapy	100% after deductible	90% after deductible	70% after deductible	50% after deductible
MENTAL HEALTH CARE/SERIOUS MENTAL ILLNESS CARE				
• Outpatient/Partial Services	Counseling: \$100% after deductible; Medication Management: \$20 copay after deductible	Counseling: 100% after deductible; Medication Management: \$30 copay after deductible	Counseling: \$10 copay after deductible; Medication Management: \$40 copay after deductible	50% after deductible
• Marvin Telemedicine Counseling	100% after deductible	100% after deductible	\$10 copay after deductible	50% after deductible
• Inpatient Facility Services	100% after deductible	90% after deductible	70% after deductible	50% after deductible
• Professional	100% after deductible	90% after deductible	70% after deductible	50% after deductible
SUBSTANCE ABUSE TREATMENT				
• Outpatient/Partial Services	Counseling: \$100% after deductible; Medication Management: \$20 copay after deductible	Counseling: \$100% after deductible; Medication Management: \$30 copay after deductible	Counseling: \$10 copay after deductible; Medication Management: \$40 copay after deductible	50% after deductible
• Inpatient Rehabilitation	100% after deductible	90% after deductible	70% after deductible	50% after deductible
• Detoxification	100% after deductible	90% after deductible	70% after deductible	50% after deductible
ORAL SURGERY/DENTAL CARE				
For the removal of impacted wisdom teeth, which are partially or totally covered by bone; must coordinate through dental plan coverage				
• Professional	100% after deductible	90% after deductible	70% after deductible	50% after deductible
Durable Medical Equipment	100% after deductible	90% after deductible	70% after deductible	50% after deductible
Prosthetics	100% after deductible	90% after deductible	70% after deductible	50% after deductible
Outpatient Diabetic Education	100%	100%	100%	50% after deductible
Transplant Services	100% after deductible	90% after deductible ⁶	70% after deductible ⁶	50% after deductible
Voluntary Sterilization	100% after deductible	90% after deductible	70% after deductible	50% after deductible
Diabetic Equipment⁷	100% after deductible	90% after deductible	70% after deductible	50% after deductible

* Non-Preferred Providers may bill you the differences between the Plan allowance, which is the amount paid by Independence Administrators, and the actual charge of the provider. This amount may be significant. Claims for Non-Preferred Professional Providers (physicians) are based on the lesser of the Medicare Professional Allowable Payment or the actual charges of the provider. For covered services that are not recognized or reimbursed by Medicare, payment is based on the lesser of the Independence Administrators applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or Independence Administrators fee schedule, payment is 60% of the actual charges of the provider. It is important to note that all percentages for out-of-network services are percentages of the Plan allowance, not the actual charge of the provider.

** NOTE: For inpatient hospital admissions through the emergency room at Preferred Pediatrics facilities, the claim is to be processed as a Jefferson & Affiliates admission. For inpatient hospital admissions through the emergency room at Independence Administrators or Blue Card facilities, the claim is to be processed as a Preferred Pediatrics admission. For inpatient hospital admission through the emergency room at an Out-of-Network facility, the claim is to be processed as an Independence Administrators admission.

*** In-network out-of-pocket maximum includes deductible, copays and coinsurance.

- ¹ Combined all networks.
- ² Inpatient hospital day limit combined for all out-of-network inpatient medical, maternity, mental health, serious mental illness and substance abuse services.
- ³ Inpatient copay waived if readmitted within 10 days of discharge.
- ⁴ Combined first three Networks.
- ⁵ Not all anesthesia providers utilized in Jefferson & Affiliates Network or Preferred Pediatrics Network facilities are Jefferson & Affiliates Network or Preferred Pediatrics Network providers. You may incur a higher member responsibility.
- ⁶ Transplants not performed at an Independence Administrators designated Institute of Excellence will be paid at the out-of-network level.
- ⁷ This does not include Insulin or other diabetic medications.
- ⁸ All deductibles are reset every plan year.

HSA Overview

If you participate in the qualified High Deductible Health Plan (HDHP) you may be eligible to participate in a Health Savings Account (HSA). An HSA is a great way to save money by allowing you to set aside pre-tax dollars, via payroll deductions, to pay for qualified healthcare, dental, and vision expenses. The funds in your HSA will accumulate from year to year and can be invested. If you change jobs or retire, you can take your HSA with you.

HSA ELIGIBILITY

To qualify for an HSA, you must:

- Have coverage under an HSA-qualified, high deductible health plan (HDHP)
- Not have other health coverage (even as a dependent on a spouse's plan)
- Not be contributing to a Healthcare FSA (this includes your spouse, if applicable)
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else's tax return

For more details on eligibility requirements, visit www.irs.gov/publications/p969#en_US_2019_publink1000204025.

*Note: It is the employee's responsibility to make sure they are eligible to contribute to an HSA. Jefferson does not track eligibility.

HSA TRIPLE TAX ADVANTAGES

HSAs offer tax advantages in 3 ways:

- Contributions are tax deductible
- You can spend the money tax-free
- Growth is tax free.

HSA QUALIFIED HEALTHCARE EXPENSES

You can use the funds in your HSA to pay for qualified healthcare expenses such as:

- Doctor visits
- Dental care, including extractions and braces
- Vision care, including contact lenses, prescription sunglasses and LASIK surgery
- Prescription medications
- Chiropractic services
- Acupuncture
- Hearing aids and batteries
- Over the counter (OTC) medications
- Menstrual care products

IS THE HDHP WITH HSA RIGHT FOR YOU?

HSAs are a growing trend in health care and offer many advantages, but whether it's the right choice for you depends on several factors. Comparing the HSA/HDHP to the traditional health plans can be difficult, as each has pros and cons.

In the HDHP, you may have more out-of-pocket medical expenses, but you can use your HSA to cover those costs. Once you hit your deductible, you'll pay less for care at Jefferson, LVHN, and its affiliates. If you don't use all the money in your HSA, it will carry over year to year.

If you are generally healthy, have a reasonable idea of your annual health care expenses, do not live close to Jefferson providers, or are financially able to absorb out of pocket expenses while you grow your HSA, then the HDHP might be for you.

However, if you are more prone to illness or unexpected medical conditions, prefer certainty in medical costs over the possible risk of unexpected out-of-pocket expenses, or are close to Medicare age, you may want to choose the Independence Administrators Jefferson First, Select or Choice plans.

Employer contributions will be bi-weekly and pro-rated for colleagues enrolling in the HDHP mid-plan year

If you choose to enroll in the new HDHP and contribute to the HSA plan, you are still eligible to enroll in the Critical Illness, Accident and Hospital Indemnity benefits available through Lincoln Financial.

YOUR HSA CONTRIBUTIONS

While you're not required to make your own personal contributions to your HSA, you can use the opportunity to lower your taxable income and save money on your eligible expenses. The IRS places limits on the total amount you and Jefferson can contribute.

Important: Jefferson contributes to your HSA based on our benefit plan year, which runs July 1 – June 30. However, IRS contribution limits run on a calendar year basis (January 1 – December 31).

This means **it's important to keep track of your contributions**, so you do not exceed IRS limits. If you're unsure or need help, consider contacting a tax professional or financial advisor for personalized advice.

	Calendar Year 2025 Total Maximum Pre-Tax Contribution (1/1/2025 – 12/31/2025)	Plan Year Jefferson Contribution (7/1/2025 – 6/30/2026)
Full-Time Employees		
Employee Only	\$4,300	\$650
Family Coverage	\$8,550	\$1,300
Part-Time Employees		
Employee Only	\$4,300	\$325
Family Coverage	\$8,550	\$650

If you're age 55 or older, you're eligible to contribute an additional \$1,000 as a catch-up contribution.

What Is Not Covered Under the Four Medical Plans?

- Services not medically necessary
- Services or supplies which are experimental or investigative except routine costs associated with clinical trials
- Reversal of voluntary sterilization
- Expenses related to organ donation for non-member recipients
- Alternative therapies/complementary medicine
- Dental care, including dental implants, and non-surgical treatment of temporomandibular joint syndrome (TMJ)
- Music therapy, equestrian therapy, and hippotherapy
- Treatment of sexual dysfunction not related to organic disease except for sexual dysfunction resulting from injury
- Routine foot care, unless medically necessary or associated with the treatment of diabetes
- Foot orthotics, except for orthotics and podiatric appliances required for the prevention of complication associated with diabetes
- Routine physical exams for non-preventive purposes such as insurance of employment applications, college, or premarital examinations
- Immunizations for travel or employment
- Service or supplies payable under Workers' Compensation, Motor Vehicle Insurance, or other legislation of similar purpose
- Cosmetic services/supplies
- Self-injectable drugs
- Fertility Treatment under the First, Select and HDHP w/HSA plans
- Hearing aid services under the First, Select and HDHP w/HSA plans
- Bariatric surgery at providers in the second, third or fourth network levels. (Bariatric surgery limited to one surgery per lifetime at the first level network providers only.)

Access to Care

Getting our colleagues the right care, at the right time, at lower cost, is our goal. Say goodbye to long waits in a crowded emergency room for non-emergencies and hello to quicker, more convenient and more affordable access to medical care. **Below is a helpful chart for where to go for care after an unexpected symptom has arrived:**

Jefferson Primary Care Provider	JeffConnect Video Visits	Jefferson Urgent Care
Routine medical care: Provides preventive care & immunizations; perform comprehensive physical exams; diagnose and treat common medical conditions such as high blood pressure, diabetes and urinary tract infections; teach healthy lifestyle behaviors to help with things like weight loss, smoking cessation and stress management; coordinate with other specialists when necessary	Conditions: Allergies, arthritic pain, asthma, bronchitis, cold & flu symptoms, diarrhea, infections, insect bites, "pink eye" or conjunctivitis, rashes, respiratory infections, sinusitis, skin inflammations, sore throats, sprains & strains, urinary tract infections, vomiting, other non-emergency conditions Services: Care Coordination	Conditions: Cold, cough & flu symptoms, fever, sinus infections, earaches, seasonal allergies, migraines, muscle aches & pains, partial tears of tendons & ligaments, sprains & fractures, stitches, lacerations, minor burns, minor eye injuries, skin rashes, abscesses, and other conditions Services: Care Coordination, Electrocardiograms (EKGs), Intravenous Fluids, Nebulizer Therapy, On-Site X-rays, On-site Lab, Point-of-Care lab testing, Physicals, Vaccinations (where available)
By appointment (includes video visits)	On-Demand Video Visits 24/7/365 with a full-time Jefferson Provider	No appointment needed Jefferson UC hours: 8a-8p Monday-Friday 8a-6p Saturday-Sunday
If you need a PCP, go to www.MyIBXTPAbenefits.com	Download app or create an account at jeffconnect.org	To find the closest UC to you, go to www.MyIBXTPAbenefits.com
Emergency Room		
Potentially long wait time for non-emergencies		
Dial 911 or go to the ER immediately for any medical concerns that appear life-threatening		

Please see the plan summary grids on [pages 12-27](#) for more plan coverage details.

JEFFERSON EMPLOYEE PRIORITY SCHEDULING (JEPSL)

The Jefferson Employee Priority Scheduling Line at 1-833-OUR-JEFF is answered by a team of experienced Jefferson Health schedulers who can assist you with your outpatient appointment needs at all Jefferson Health locations for both new and follow-up appointments. Our goal is to answer all calls within 20 seconds, to minimize wait time.

If the scheduler is unable to secure an appointment within the timeframe you need, they will assist with coordinating a scheduling request on your behalf. For non-urgent appointment requests, our goal is to offer you an appointment within 14 days; however, access can be challenging in some areas. Our team will always offer the first available option at any of our Jefferson Health locations. If an expedited appointment is needed, please keep in mind you may be best served by traveling to another location or seeing one of our experienced Advanced Practice Clinicians.

WHO CAN USE THE JEPSL?

All Jefferson colleagues and their dependents enrolled in the Jefferson employee health plan have access to JEPSL. They can also connect you with Einstein and LVHN for scheduling care.

WHAT HOURS ARE THE JEPSL AVAILABLE?

Monday through Friday, 8AM to 5PM

Online scheduling with some Jefferson providers is available through MyJeffersonHealth my.jeffersonhealth.org

Prescription Plan

If you enroll in the Independence Administrators Jefferson First, Select, Choice or HDHP medical plan, you are automatically enrolled in the prescription plan. CVS Caremark administers the plan. The prescription drug program offers many ways to obtain your medications at Jefferson-owned pharmacies. See [page 34](#) for locations. You may also utilize your local retail pharmacy or the CVS Caremark Mail Service Pharmacy.

HOW THE PLANS WORK

Jefferson uses the CVS Caremark Pharmacy Management Advanced Control Formulary. The formulary is a list of preferred medications developed by CVS Caremark and a group of independent doctors and pharmacists. They look at how new and existing drugs should be covered by the plan. They review drug safety and effectiveness and recommend quality drugs that provide the best value. The formulary is updated several times a year and is available at www.caremark.com. You can check the coverage of drugs under your plan at www.caremark.com in the CVS Caremark member portal once you are a plan member. You will pay less for preferred medications.

If you need to file an appeal to an excluded drug on the Advanced Control Formulary Preferred Drug List, your doctor can start the appeal process by contacting CVS Caremark Prior Authorization department.

You can receive up to a 30-day supply of medication at any of the Jefferson-owned pharmacies or at a participating retail pharmacy, with the exception of Walgreens. You pay less out-of-pocket when you use a Jefferson-owned pharmacy. Medications that you take on a regular long-term basis ("maintenance medications") must be filled at a Jefferson-owned pharmacy, CVS Retail Store, or the CVS Caremark Mail Service Pharmacy after the first two fills. You can receive up to a 90-day supply of medication for one maintenance copay. Jefferson-owned pharmacies will mail prescriptions upon request.

SPECIALTY MEDICATION

Jefferson Specialty Pharmacy is the preferred pharmacy for specialty medications. The specialty pharmacy team will assist you and your prescriber with any prior authorization, appeals and financial assistance needs as well as enroll you into the PrudentRx Copay Program to receive your specialty medications at no cost to you. The PrudentRx Copay Program is not available in enrolled in the HDHP w/HSA medical plan.

PRUDENT Rx

Specialty medications are expensive drugs used to treat certain serious medical conditions. If you are prescribed specialty drugs, **enroll into the PrudentRx Copay Program to receive your specialty medications at no cost to you.** Jefferson Specialty Pharmacy staff will assist you to enroll in the PrudentRx Copay Program. Otherwise, you will be responsible for 30 percent of the cost of your specialty medications. If applicable, you will receive more information from PrudentRx.

Note: PrudentRx is not available in the HDHP w/HSA plan.

MANDATORY GENERIC DRUGS

You are required to purchase generic drugs when they are available. If you or your doctor chooses a brand name drug when a generic is available, you will be required to pay the difference in cost between the generic and the brand, along with the applicable brand copay.

PRESCRIPTION MANAGEMENT PROGRAMS

The prescription plan has several management programs to improve care and help manage costs:

- **Prior Authorization Program:** requires authorization for some medications that are only approved or effective in treating specific illnesses, cost more or may be prescribed for conditions for which safety and effectiveness have not been well-established.
- **Quantity Limit Program:** sets limits based on the FDA approved indications, the manufacturer's package labeling instructions and well-accepted or published clinical recommendations.
- **Step Therapy Program:** encourages you to try first-line medications that deliver similar value, safety and effectiveness, but cost less than others.

Prescription Benefits at a Glance

If you enroll in the Independence Administrators Jefferson First, Select or Choice plan, you are automatically enrolled in the Prescription plan listed below.

Prescription Drug Plan	Generic	Preferred Brand	Non-Preferred Brand
Plan Year Deductible	None	\$200 individual / \$400 family	
Jefferson-owned Pharmacy ¹ Non-Maintenance (up to 30-day supply)	\$15	\$40 after deductible	\$60 after deductible
Retail Pharmacy ^{1,2} Non-Maintenance (up to 30-day supply)	\$20	20% (\$40 min– \$100 max) after deductible	40% (\$60 min–\$150 max) after deductible
Maintenance Medications Jefferson-owned Pharmacy or CVS Caremark Home Delivery (up to 90-day supply) ¹	\$30	20% (\$100 max) after deductible	40% (\$150 max) after deductible
Non-Specialty Maintenance Medications at CVS Retail Store (up to 90-day supply) ¹	\$40	25% (\$125 max) after deductible	45% (\$175 max) after deductible
All Specialty Medications (up to 30-day supply) through the Jefferson Specialty Pharmacy	Your cost is reduced to a \$0 copay if opting into the PrudentRx Copay Program, otherwise 30% ³		
Plan Year Out-of-Pocket Maximum	\$2,000 individual / \$4,000 family		

If you enroll in the Jefferson HDHP w/HSA, you are automatically enrolled in the Prescription plan listed below.

Prescription Drug Plan	Generic	Preferred Brand	Non-Preferred Brand
Plan Year Deductible	Integrated with Medical Plan deductible ⁴		
Jefferson-owned Pharmacy ¹ Non-Maintenance (up to 30-day supply)	\$15 after deductible	\$40 after deductible	\$60 after deductible
Retail Pharmacy ^{1,2} Non-Maintenance (up to 30-day supply)	\$20 after deductible	20% (\$40 min– \$100 max) after deductible	40% (\$60 min–\$150 max) after deductible
Maintenance Medications Jefferson-owned Pharmacy or CVS Caremark Home Delivery (up to 90-day supply) ¹	\$30 after deductible	20% (\$100 max) after deductible	40% (\$150 max) after deductible
Non-Specialty Maintenance Medications at CVS Retail Store (up to 90-day supply) ¹	\$40 after deductible	25% (\$125 max) after deductible	45% (\$175 max) after deductible
All Specialty Medications (up to 30-day supply) through the Jefferson Specialty Pharmacy	30% after deductible		
Plan Year Out-of-Pocket Maximum	Integrated with Medical Plan deductible		

¹ Weight loss medications (including but not limited to Wegovy and Saxenda) have a \$60 copay after deductible. Wegovy and Saxenda can only be filled at Jefferson Specialty Pharmacy and all others can be filled at a Jefferson-owned pharmacy. Weight-loss medication is limited to a 30-day supply per fill.

² **Walgreens is out-of-network.**

³ PrudentRx will contact impacted members directly.

⁴ Integrated with Jefferson & Affiliates Network deductible and out-of-pocket maximum

Save on Prescriptions

REDUCE YOUR OUT-OF-POCKET EXPENSE WHEN YOU USE A JEFFERSON-OWNED PHARMACY.

Facility	Location	Address	Phone	Hours: Mon.–Fri.	Hours: Saturday	Hours: Sunday
Jefferson Apothecary	Gibbon Building Lobby	111 South 11th Street, Philadelphia, PA	215-955-8845	7 a.m. – 6 p.m.	9 a.m. – 4 p.m.	N/A
Jefferson Pharmacy	Honickman Center	1101 Chestnut Street, Philadelphia, PA	445-289-4000	8:30 a.m. – 5:30 p.m.	9 a.m. – 1 p.m.	N/A
Jefferson Pharmacy	1st Floor Lobby	833 Chestnut Street, Philadelphia, PA	215-955-4400	8:30 a.m. – 5:30 p.m.	9 a.m. – 1 p.m.	N/A
Jefferson Pharmacy	Walnut Street	908 Walnut Street, Philadelphia, PA	215-503-1135	8:30 a.m. – 5:30 p.m.	9 a.m. – 1 p.m.	N/A
Jefferson Pharmacy	Navy Yard	3 Crescent Drive, 1st Floor, Philadelphia, PA	215-890-2000	8:30 a.m. – 5 p.m.	N/A	N/A
Methodist Hospital Apothecary	Broad Street	2301 S. Broad Street, Philadelphia, PA	215-952-9385	8:30 a.m. – 5 p.m.	N/A	N/A
Torresdale Pharmacy	MOB Torresdale First Floor	10800 Knights Road, Philadelphia, PA	215-612-4949	8:30 a.m. – 5 p.m.	N/A	N/A
Alliance Pharmacy	JHA Main Campus	1245 Highland Avenue, Abington, PA	215-481-4318	7:30 a.m. – 5:30 p.m.	N/A	N/A
Jefferson Health-New Jersey	Stratford	18 E. Laurel Road, Stratford, NJ	856-346-6473	7 a.m. – 4 p.m.	N/A	N/A
Einstein LiveWell Pharmacy	Philadelphia	1321 W. Tabor Road, Philadelphia, PA	215-456-4660	7 a.m. – 7:30 p.m.	N/A	N/A
Jefferson Specialty Pharmacy	Medications are hand delivered to your home or office as requested; remote locations are shipped.		215-955-8154	8:30 a.m. – 5 p.m.	N/A	N/A
LVHN Pharmacy	Cedar Crest	1202 S Cedar Crest Blvd., Allentown, PA	610-402-8444	7 a.m. – 7 p.m.	9 a.m. – 3 p.m.	9 a.m. – 3 p.m.
LVHN Pharmacy	17th Street	1637 Chew St., Allentown, PA	610-969-2780	7 a.m. – 6 p.m.	N/A	N/A
LVHN Pharmacy	Muhlenberg	2545 Schoenersville Rd., Bethlehem, PA	484-884-7004	8 a.m. – 6 p.m.	9 a.m. – 3 p.m.	N/A
LVHN Pharmacy	Pocono	206 E Brown St., East Stroudsburg, PA	272-762-6337	8:30 a.m. – 5 p.m.	N/A	N/A
LVHN Pharmacy	Schuylkill	700 East Norwegian St., Pottsville, PA	570-621-4110	8:30 a.m. – 5 p.m.	N/A	N/A
LVHN Pharmacy	Hazleton	101 East St., Hazleton, PA	570-501-4850	9 a.m. – 5 p.m.	N/A	N/A
LVHN Specialty Pharmacy	2024 Lehigh St	2024 Lehigh St., Suite 600, Allentown, PA	610-402-2748	8:30 a.m. – 5 p.m.	N/A	N/A
LVHN Pharmacy*	Carbon	2128 E Blakeslee Boulevard Dr., Lehigh, PA	484-224-9805	9 a.m. – 3 p.m.	N/A	N/A
LVHN Pharmacy*	Dickson City	330 Main St., Dickson City, PA	570-614-2020	9 a.m. – 5:30 p.m.	9 a.m. – 1 p.m.	9 a.m. – 1 p.m.
LVHN Pharmacy*	Hecktown Oaks	3788 Hecktown Rd., Easton, PA	610-333-8900	9 a.m. – 5 p.m.	9 a.m. – 1 p.m.	9 a.m. – 1 p.m.

*These locations require 48 hours notice to fulfill refill requests



Initial Script for Maintenance Medications (30–90 day fills)	<ul style="list-style-type: none"> • Get a prescription from your doctor for up to a 90-day supply, plus refills for up to one year (if needed). • Ask your doctor to fax your prescription to your Jefferson-owned pharmacy or CVS retail pharmacy; or drop off your prescription.
Jefferson-owned Pharmacies	<ul style="list-style-type: none"> • Pick up or have your prescription mailed to you (usually within 24–48 hours).
CVS Retail Pharmacy	<ul style="list-style-type: none"> • Pick up your prescription in person, usually within 24 hours. There is a higher copay and coinsurance when you fill your maintenance prescriptions through a CVS retail pharmacy.

GETTING STARTED WITH RX DELIVERY BY MAIL FROM CVS CAREMARK

Choose one of these ways to fill your first prescription using Rx Delivery by Mail from CVS Caremark:

Online	<ul style="list-style-type: none"> • Login to www.caremark.com • Select Manage your prescriptions • Select Start Rx Delivery by Mail
By Mail	<ul style="list-style-type: none"> • Get a prescription from your doctor for up to a 90-day supply, plus refills for up to one year (if needed). • Go to caremark.com and download an order form. • Mail the new prescription and order form to the address provided on the form.
With Your Doctor	<ul style="list-style-type: none"> • Get a prescription from your doctor for up to a 90-day supply, plus refills for up to one year (if needed). • Ask your doctor to electronically submit your prescription using their e-prescribing service, or fax it to 1-800-378-0323 (TTY: 711).
CVS Caremark App	<ul style="list-style-type: none"> • Download the CVS Caremark App from the Apple App Store or Google Play. • Transfer a retail prescription to home delivery

TIMING

Once CVS Caremark Mail Service receives your order, your medication should arrive within 10 business days. Completed refill orders should arrive in about seven business days. You can also get your 90-day prescription filled at a Jefferson-owned pharmacy.

To fill a maintenance medication faster, use a Jefferson-owned pharmacy. Your doctor can send your 90-day prescription to one of our Jefferson-owned pharmacies for quick turnaround, usually within 24-48 hours. You can fill your maintenance medication at a Jefferson-owned pharmacy for the same out-of-pocket cost as mail order. A CVS retail store can also be utilized for maintenance, at a higher out-of-pocket expense, see the chart on [page 32](#).

MANAGE YOUR CVS CAREMARK MAIL ORDER PRESCRIPTIONS ON THE CVS CAREMARK WEBSITE OR APP

Once you have submitted a home delivery prescription, you can use the CVS Caremark website or App to:

- **Refill prescriptions:** Refill current CVS Caremark Mail Order prescriptions. Check or Deselect any medications you do not want to refill at this time.
- **Renew prescriptions:** Request to renew a mail order prescription if you are out of refills.
- **Check order status:** Check the status of your mail order delivery medication orders.

GETTING PRESCRIPTIONS FILLED WHILE AWAY FROM HOME

The CVS Caremark Pharmacy Network offers a wide network with over 50,000 pharmacies across the nation. Simply present your I.D. card. CVS Caremark participating pharmacies are online via computer with CVS Caremark and will submit your claim electronically at the time the prescription is filled. You pay only your applicable copay or coinsurance.

CHARGES NOT COVERED

Some prescription drugs and supplies are not covered under this plan.

The plan does not cover:

- Allergy serum (covered under the medical plan if administered in your physician's office)
- Dietary aids, cosmetic or other health and beauty aids
- Over-the-counter drugs
- Non-legend vitamins
- Medical appliances, such as back braces, bandages, cervical collars
- Ostomy products (covered under the medical plan)
- Charges for the administration of any drug

DEDUCTIBLE

In the Independence Administrators Jefferson First, Select, and Choice plans, the prescription drug benefit has a plan year deductible of \$200 per person / \$400 per family. The deductible only applies to brand (preferred brand or non-preferred brand) prescriptions. It does not apply to generic prescriptions. The deductible resets every plan year.

In the HDHP w/HSA plan, the annual deductible is integrated with the medical plan. All services, including prescriptions, will apply to the Jefferson network deductible of \$1,800 for individuals or \$4,500 for families. The deductible resets every plan year.

OUT-OF-POCKET MAXIMUM

The plan year out-of-pocket maximum in the Rx plan is \$2,000 per person or \$4,000 per family if enrolled in the Independence Administrators Jefferson First, Select and Choice plan. Once you reach the out-of-pocket limit, all covered prescriptions will be paid by Jefferson at 100%. If enrolled in the HDHP plan, the out-of-pocket maximum is integrated with the medical plan deductible.

In the Independence Administrators Jefferson Choice medical plan there is a \$6,000 lifetime maximum on fertility medications in the prescription drug benefit. Fertility coverage is only available if you elect the Independence Administrators Jefferson Choice medical plan. The maximum is combined for preferred brand and non-preferred brand medications.

WAYS TO SAVE

- Fill non-maintenance prescription at a Jefferson-owned pharmacy rather than a retail pharmacy
- Consider enrolling in a Flexible Spending Account (FSA) if you expect to have prescription expenses. Use the convenience of a FSA debit card to pay for prescription deductibles, copays, and coinsurance. You can also save on your taxes. See [pages 60-62](#) for more information on FSAs.



Smoking Cessation

Support is available to help you and your family members quit smoking. Over-the-counter (OTC) and prescription smoking cessation products will be available at no cost. OTC products will require a prescription from your provider.

Selecting The Right Medical Plan For You

Understanding the differences between the plans and the things to consider when selecting your plan can help make your decision easier. The examples on the next page illustrate how the plans work in real life and can serve as a guide as you estimate your expenses.

How the features of the four Independence Administrators plans compare	Jefferson First PPO	Jefferson Select PPO	Jefferson Choice PPO	Jefferson HDHP + HSA
Premium Contributions	You'll pay the least	You'll pay less	You'll pay more	You'll pay more
Out of pocket costs when you go to the doctor	You'll pay more, except for care at Jefferson	You'll pay less	You'll pay the least, except for care at Jefferson	You'll pay the most up-front
Plan administered by Independence Administrators for the third network	✓	✓	✓	✓
No referral requirement	✓	✓	✓	✓
Lower costs when you use the first and second network	✓	✓	✓	✓, but only after deductible
\$0 copay for Primary Care Physicians in the first network	✓			
Fertility Treatment and Medications	Not covered	Not covered	Covered up to lifetime maximum	Not covered
Hearing Aids	Not covered	Not covered	Plan pays 25% of the allowable amount	Not covered
HSA Compatible				✓

FACTORS TO CONSIDER WHEN CHOOSING THE RIGHT PLAN FOR YOU AND YOUR FAMILY:

- Your share of the cost—your medical premium contribution (including the working spouse premium), deductible, copays and coinsurance.
- How often you or your family members go to the doctor or fill prescriptions.
- Any planned procedures, surgeries or chronic conditions you need to manage.
- Where you go for care—the first or second network, Independence Administrators Network or out-of-network providers.
- How you prefer to pay for your health care—pay more up front through higher per pay premiums or pay more when you use health care services.

You cannot anticipate every healthcare cost, but by estimating how much you usually spend annually and adding any services you know are coming up during the next year, you can better decide which plan is right for you.

Need More Help?

If you need more help choosing a medical plan, visit ALEX.
<https://start.myalex.com/my-benefits>



Jefferson Employee Benefit Election Scenario

MEET SAM

Sam is a respiratory therapist who lives in Ardmore, PA.

WHAT IS SAM'S FAMILY LIKE?

- He's married, with 3 children: a 15-year-old daughter and 9-year-old twin boys.
- His daughter is a Type 1 diabetic: it's generally under control but she's been hospitalized once in the past.
- One of his sons has asthma.
- His wife is self-employed and expecting baby #4 this summer.

HOW OFTEN DOES HIS FAMILY EXPECT TO USE CARE?

- Everyone gets an annual physical and his wife will need prenatal care. She has an OB/GYN at Lankenau that she loves and wants to continue to see.
- They see some specialists at CHOP to keep on top of his daughter's diabetes and his son's asthma.
- They'll have some prescriptions related to their conditions.

WHICH MEDICAL PLAN IS RIGHT FOR SAM?

While Sam generally gets his care at Jefferson, he wants to make sure he has the highest level of coverage at CHOP and Lankenau for his children and wife. He will either choose the Independence Administrators Jefferson Choice PPO or Independence Administrators Select plan. Sam also chooses to put aside money in a Healthcare FSA to pay for the expected out-of-pocket expenses he has coming up.

The claim examples below show how Sam can save money by going to Jefferson and affiliated providers such as Lankenau, when possible. Sam chooses to utilize CHOP for his children, even though it will cost a little more than going to Jefferson. In the example below, he has decided on the Independence Administrators Jefferson Choice PPO plan

	Charges	Jefferson & Affiliates Network	Preferred Pediatrics Network	IA Network	Out-of-Network
Sam's Claim Costs					
Annual Physical	\$150	\$0	\$0	\$0	\$0
Sam's Total Cost		\$0	\$0	\$0	\$0
Sam's Wife's Claim Costs					
Prenatal Office Visits (2)	\$4,000	\$50	N/A	\$240	\$2,000
Routine Ultrasounds + Testing	\$1,500	\$0	N/A	\$0	\$0
Provider Delivery Charges - August Delivery	\$2,000	\$200	N/A	\$800	\$1,000
Facility Delivery Charges - August Delivery	\$4,000	\$0	N/A	\$2,320	\$2,000
Sam's Wife's Total Cost		\$250	N/A	\$3,360	\$5,000
Sam's Daughter's Claim Costs					
Annual Physical	\$150	\$0	\$0	\$0	\$0
Emergency Room Visit	\$2,000	\$250	\$250	\$250	\$250
Specialist Visit	\$450	\$25	\$50	\$120	\$225
Inpatient Stay - October Inpatient Stay	\$20,000	\$200	\$2,225	\$4,630	\$13,000
Specialist Follow-up	\$400	\$25	\$50	\$0	\$225
Sam's Daughter's Total Cost		\$500	\$2,575	\$5,000	\$13,700
Sam's Sons' Claim Costs					
Annual Physicals (2)	\$150	\$0	\$0	\$0	\$0
Specialist Visit	\$450	\$25	\$50	\$120	\$225
Sam's Sons' Total Cost		\$25	\$50	\$120	\$225
Sam's Total Claims Cost Options		\$775	\$2,625	\$8,480	\$18,925
Sam's Total Claims Cost		\$250	\$2,625	N/A	N/A
	\$2,875				

Note: For illustrative purposes only.

Jefferson Employee Benefit Election Scenario

MEET JUSTIN!

Justin is a professor who lives in Society Hill, Philadelphia.

WHAT IS JUSTIN'S FAMILY LIKE?

- Justin is single; he has a circle of friends with whom he likes to train and run marathons.
- He is focused on saving money now, so he's ready if he grows his family in the future.

HOW OFTEN DOES JUSTIN EXPECT TO USE CARE?

- Justin plans to get his annual physical and preventive screenings.
- Once in a while, he gets a sinus infection or a running injury, so he may need to see a doctor occasionally.

WHICH MEDICAL PLAN IS RIGHT FOR JUSTIN?

His preventive care will be covered at 100% regardless of which plan he chooses, but he likes the idea of the HDHP w/ HSA so he can save money for future health care needs. If he has a doctor appointment or two throughout the year, he can financially absorb the cost without touching the HSA money; he will likely invest it, so it continues to grow. There are tax advantages with an HSA, and his accountant has been telling him he needs to find more ways to save on taxes.

Justin's total out-of-pocket costs and the amount of money he was able to put aside for the future is illustrated below:

Justin's Salary Band: \$200,000 +	Justin's Out-of-Pocket Costs	
HDHP w/HSA		
12-month Contribution Cost	\$2,597	
HSA Annual Contribution from Jefferson	\$650	
HSA Employee Payroll Contributions	\$3,650	
Justin's Claim Costs	Charges	Justin Pays
Jefferson & Affiliates Network Annual Physical	\$150	\$0
Jefferson & Affiliates Network Urgent Care Visit	\$200	\$200
Independence Administrators Network Specialist Visit (2)	\$900	\$900
Justin's Total Claims Cost Options		\$1,100
Justin's Out-of-Pocket Cost for the Year	\$3,697	
New Dollars Saved and Invested	\$4,300	

Note: For illustrative purposes only.

Jefferson Employee Benefit Election Scenario

MEET ANNA!

Anna is physical therapist who lives in Perkasie, PA.

WHAT IS ANNA’S HOME LIFE LIKE?

- Anna works on site at Jefferson Moss-Magee Rehab in Lansdale.
- Her wife teaches at Lehigh University and enrolls in Lehigh’s coverage.
- They both love to snowboard in the winter and kayaking and hiking when it’s warmer.

HOW OFTEN DOES ANNA EXPECT TO USE CARE?

- Anna gets her annual preventive visits every year, sees her PCP a few extra times per year to keep an eye on her blood pressure, and regularly sees an allergist for some severe food allergies.
- Since she and her wife are so active outdoors, they sometimes need to visit an urgent care for things like twisted ankles.

WHICH MEDICAL PLAN IS RIGHT FOR ANNA?

Anna decides to try the Jefferson First plan because it can save her money out of her paycheck and she will not pay for any care at Jefferson or LVHN providers, unless she goes to the ER. Her PCP and allergist are both Jefferson physicians, and she can easily get to a Jefferson or LVHN urgent care or hospital if needed. She enrolls in single coverage and her wife enrolls in her own coverage through Lehigh. Anna also decides to put \$2,500 in a Healthcare FSA to cover any out-of-pocket expenses on the plan and to pay for her and her wife’s contacts and glasses.

The claim examples below show how Anna can keep her claim costs at zero by utilizing Jefferson providers when possible.

	Charges	Jefferson & Affiliates Network	Preferred Pediatrics Network	IA Network	Out-of-Network
Anna’s Claim Costs					
Annual Physical	\$150	\$0	\$0	\$0	\$0
PCP Visit (3)	\$450	\$0	\$150	\$300	\$450
Specialist - Allergist	\$250	\$0	\$75	\$150	\$250
Urgent Care Visit	\$200	\$0	\$70	\$70	\$200
Anna’s Total Out-of-Pocket Cost		\$0	\$295	\$520	\$900

Note: For illustrative purposes only.

MEET LUCY!

Lucy is a compliance specialist who lives in Hershey, PA

WHAT IS LUCY’S HOME LIFE LIKE?

- She is able to work remotely most of the time.
- She has one daughter who is 9 years old

HOW OFTEN DOES ANNA EXPECT TO USE CARE?

- Lucy gets her annual preventive visits every year, eats healthy, and exercises, but was born with a heart condition that she needs to monitor for the rest of her life. She sees a cardiologist every six months.
- Lucy’s daughter has cystic fibrosis and often requires medical treatment.

WHICH MEDICAL PLAN IS RIGHT FOR LUCY?

Since Lucy lives in Hershey and it’s not practical for her or her daughter to get care at Jefferson or LVHN providers, she opts for the HDHP w/HSA. Even though she knows she will have medical expenses, they are somewhat predictable, and she likes the idea of saving in a Health Savings Account. Since Jefferson will also contribute \$1,300 on her behalf, she will have some help putting money away to pay for her and her daughter’s care. Once they hit their deductible, she only has a \$10 or \$40 copay to see their PCPs and specialists. If neither of them has any hospitalizations and they don’t use all the money she contributes to the HSA, it will roll over year after year.

Supplemental Insurance for Financial Protection

Supplemental insurance provides an additional layer of financial protection in the event of a serious accident or illness. The Critical Illness Insurance, Accident Insurance, and Hospital Indemnity insurance is administered by Lincoln Financial Group.

CRITICAL ILLNESS INSURANCE PLAN

- Provides cash benefits if you or a covered family member is diagnosed with a critical illness or event
- Benefits are paid in addition to what is covered under your health insurance
- Features group rates for employees
- Includes access to a personal health advocate who can assist you in managing healthcare services for you and your entire family
- There are no waiting periods or overall plan maximums

Guaranteed Critical Illness Insurance					
Coverage Amount					
Employee	\$10,000, \$20,000, \$30,000, or \$40,000	Spouse*	\$10,000, \$20,000, \$30,000, or \$40,000 (up to 100% of the employee coverage amount)	Dependent Children	Your dependent children automatically receive 50% of your coverage at no extra cost.
Premium per \$1,000 of Coverage					
Employee Attained Age	Employee monthly per \$1,000	Spouse Attained Age	Spouse monthly per \$1,000	Dependent Children	
under 24	\$0.27	under 24	\$0.27	Child rates embedded in rates shown	
25-29	\$0.29	25-29	\$0.29		
30-34	\$0.41	30-34	\$0.41		
35-39	\$0.57	35-39	\$0.57		
40-44	\$0.87	40-44	\$0.87		
45-49	\$1.31	45-49	\$1.31		
50-54	\$1.86	50-54	\$1.86		
55-59	\$2.58	55-59	\$2.58		
60-64	\$3.70	60-64	\$3.70		
65-69	\$5.55	65-69	\$5.55		
70+	\$8.62	70+	\$8.62		

*You can secure Critical Illness Insurance for your spouse when you choose coverage for yourself.

BENEFITS AT A GLANCE

Covered Conditions	Benefit Percentage
Heart attack	100%
Sudden cardiac arrest resulting in death	100%
Stroke	100%
Invasive Cancer	100%
End Stage Renal (kidney) Failure	100%
Major organ failure (heart, lung, liver, pancreas, or intestine)	100%
Arterial/vascular disease	100%
Mitral or aortic valve disease	10%
Noninvasive cancer (in situ)	25%
Skin Cancer (other than melanoma)	\$500 per lifetime
Supplemental Conditions	Benefit Percentage
Advanced Huntington's disease	100%
Advanced COPD	100%
AIDS	100%
Advanced ALS/Lou Gehrig's disease	100%
Advanced Alzheimer's disease	100%
Advanced Parkinson's disease	100%
Advanced multiple sclerosis	100%
Benign brain tumor	100%
Advanced multiple sclerosis	100%
Accidental Injuries Benefit	Benefit Percentage
Severe burns, permanent paralysis or traumatic brain injuries (includes coma)	100%
Occupational Disease (employee only)	Benefit Percentage
HIV	100%
Hepatitis (B, C, D)	100%
Invasive MRSA Infection	25%
Tuberculosis	25%
Tetanus	25%
Rabies	25%

Additional Childhood Conditions	Benefit Percentage
Cerebral palsy	100%
Cleft lip, cleft palate	100%
Cystic Fibrosis	100%
Down syndrome	100%
Muscular dystrophy	100%
Spina bifida	100%
Type 1 Diabetes	100%

Health Assessment / Wellness Benefit	Your Cash Benefit
You receive a cash benefit every year you and any of your covered family members complete a single covered exam or screening	\$50

Additional Plan Benefit(s)	
Health Advocate Services	Included
Portability	Included
Waiver of Premium	Included (2 years OR to age 65)

BENEFIT EXCLUSIONS

The plan includes only covered conditions or losses that occur when the insurance is in force. Benefits are not payable for any covered conditions or loss caused or contributed to by:

1. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
2. Committing or attempting to commit a felony; participation in a felony; committing a felony;
3. War or any act of war, declared or undeclared;
4. Participation in a riot, insurrection or rebellion of any kind; active participation in a riot, insurrection or rebellion; voluntary participation in a riot, insurrection or rebellion; participation in a riot or insurrection; or
5. A covered condition sustained while residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months. A Covered Condition sustained while residing outside the United States, its possessions, Canada, or Mexico for more than 12 months, unless the Covered Condition is rediagnosed/confirmed in the United States.

Benefits will not be payable if the insured person is incarcerated in any type of penal or detention facility. A benefit for heart attack or sudden cardiac arrest is not payable if the event occurs during a medical procedure.

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

ACCIDENT INSURANCE PLAN

- Provides cash benefits if you or a covered family member is accidentally injured
- Features group rates for employees
- Benefits are focused on the family, safety, and accident prevention
- The Low Plan costs the least and provides the lowest benefit amount. The High Plan costs the most and provides the highest benefit.

BENEFITS AT A GLANCE

Emergency treatment	Low Plan	High Plan
Ambulance	\$400	\$500
Air ambulance	\$1,500	\$1,500
Emergency care/treatment	\$200	\$250
Initial care visit	\$100	\$125
Major diagnostic exam	\$200	\$300
X-ray	\$200	\$300

Dislocations*	Low Plan	High Plan
Ankle	\$1,125	\$1,500
Collarbone (acromio and separation)	\$1,000	\$1,550
Collarbone (sternoclavicular)	\$1,500	\$2,000
Elbow	\$1,000	\$1,500
Fingers	\$200	\$250
Foot (except toes)	\$1,125	\$1,500
Hand (except fingers)	\$1,000	\$1,500
Hip	\$5,000	\$6,000
Lower jaw	\$1,000	\$1,500
Knee (except kneecap)	\$2,500	\$3,000
Shoulder	\$1,000	\$1,500
Toes	\$200	\$250
Wrist	\$1,000	\$1,500
Surgical treatment	Two times nonsurgical benefit	Two times nonsurgical benefit
Partial dislocation	25% of dislocation benefit	25% of dislocation benefit

* Dislocation benefits listed are nonsurgical. Treatment for the dislocation must occur within 90 days of the accident. The combined maximum of all dislocations is two times the highest dislocation payable.

COST OF COVERAGE

Tiers	Monthly Low Premium	Monthly High Premium
Employee Only	\$11.00	\$15.33
Employee & Spouse	\$16.38	\$22.83
Employee & Child(ren)	\$20.89	\$29.11
Family	\$26.92	\$37.52

Fractures*	Low Plan	High Plan
Ankle	\$750	\$1,000
Arm (shoulder to elbow)	\$2,000	\$2,500
Arm (elbow to wrist)	\$1,000	\$1,500
Coccyx	\$750	\$1,000
Collarbone	\$1,150	\$1,675
Elbow	\$575	\$575
Bones of the face	\$2,000	\$2,000
Fingers	\$300	\$500
Foot (except toes)	\$750	\$1,200
Hand (except fingers)	\$1,000	\$1,000
Hip	\$5,000	\$6,000
Jaw upper	\$2,000	\$2,500
Jaw lower	\$1,000	\$1,500
Kneecap	\$750	\$1,000
Leg (hip to knee)	\$5,000	\$5,000
Leg (knee to ankle)	\$2,000	\$3,000
Nose	\$2,000	\$2,000
Pelvis	\$2,250	\$3,000
Rib	\$1,000	\$1,500
Shoulder blade	\$1,150	\$1,675
Skull depressed	\$5,000	\$6,000
Skull non-depressed	\$2,500	\$3,000
Sternum	\$1,150	\$1,150
Toes	\$300	\$500
Vertebral Body	\$2,250	\$2,500
Vertebral process	\$575	\$1,000
Wrist	\$1,000	\$1,000
Surgical treatment surgery	Two times nonsurgical benefit	Two times nonsurgical benefit
Chip fracture	25% of fracture benefit	25% of fracture benefit

Specific Injuries	Low Plan	High Plan
Blood, plasma, platelets, and other non-blood substitute IV solutions	\$375	\$500
2nd degree burns: Based upon surface area burned	\$100-\$1,450	\$125-\$1,925
3rd degree burns: Based upon surface area burned	\$1,300-\$15,000	\$1,725-\$20,000
Skin grafts	25% of burn benefit	25% of burn benefit
Concussion	\$300	\$400
Dental crown	\$350	\$400
Dental extraction	\$125	\$150
Eye (surgical repair)	\$350	\$400
Eye (removal of foreign object)	\$250	\$300
Laceration: Based upon the need for and length of sutures	\$75-\$1,500	\$75-\$1,500
Severe traumatic brain injury	\$7,500	\$10,000
Surgical benefits:*		
Arthroscopic	\$500	\$600
Cranial	\$1,750	\$2,000
Hernia	\$200	\$250
Other surgery under conscious sedation	\$225	\$300
Other surgery under general anesthesia	\$450	\$600
Repair of knee cartilage	\$1,125	\$1,250
Repair of ligaments, tendons, rotator cuff	\$1,125	\$1,250
Repair of ruptured disc	\$1,125	\$1,250
Open abdominal or thoracic	\$1,875	\$2,250

* Benefits will be paid up to two times the highest surgical benefit payable for all surgeries.

Recovery assistance	Low Plan	High Plan
Family care	\$250	\$250
Companion lodging (100+ miles from home)	\$200 per day	\$200 per day
Transportation (100+ miles from home)	\$400 per trip	\$400 per trip

Hospitalization and ongoing care	Low Plan	High Plan
Accident hospital admission	\$1,500	\$2,000
Accident hospital daily confinement	\$300	\$400
Accident intensive care admission	\$3,000	\$4,000
Accident intensive care daily confinement	\$600	\$800
Physical, occupational, and chiropractic therapy (up to 10 sessions)	\$80	\$80
Physician follow-up visits (up to six visits)	\$155	\$155
Alternative care/rehab facility daily confinement/rehabilitative confinement	\$300	\$300
Epidural/cortisone pain management (up to one injection)	\$120	\$120
Medical mobility devices	\$200	\$200
Wheelchair (expected use one year or more)	\$900	\$900
Wheelchair (expected use less than one year)	\$250	\$250
Prosthesis (per limb)	\$1,000	\$1,000

Moving Vehicle Benefits	Low Plan	High Plan
Moving vehicle injury	\$100	\$150
Moving vehicle death	\$2,500	\$3,750
Safe driver injury/death: Seat belt	Additional 25% of motor vehicle injury or death benefit	Additional 25% of motor vehicle injury or death benefit
Safe driver injury/death: Air bag	Additional 25% of motor vehicle injury or death benefit	Additional 25% of motor vehicle injury or death benefit
Safe driver injury/death: Motor vehicle helmet	Additional 25% of motor vehicle injury or death benefit	Additional 25% of motor vehicle injury or death benefit
Safe rider: Other helmet (bicycle, scooter, skateboard, etc.)	\$100	\$150

Accidental Death & Dismemberment benefit	Low Plan	High Plan
Accidental death		
Your death	\$50,000	\$75,000
Your spouse or life partner	\$25,000	\$37,500
Your child	\$12,500	\$18,750
Common carrier death*		
Your death	\$100,000	\$150,000
Your spouse or life partner	\$50,000	\$75,000
Your child	\$25,000	\$37,500
Transportation of remains (100+ miles)	\$12,500	\$15,000
Loss of hand, foot, arm, leg, eye, or hearing in one ear	\$12,500	\$15,000
Loss of finger, thumb, toe	\$1,625	\$2,000
Loss of sight in both eyes	\$32,500	\$45,000
Loss of hearing in both ears	\$32,500	\$45,000
Loss of speech	\$32,500	\$45,000
Loss of both arms	\$32,500	\$45,000
Loss of both legs	\$32,500	\$45,000
Loss of arm and leg	\$32,500	\$45,000
Paraplegia	\$32,500	\$45,000
Hemiplegia	\$32,500	\$45,000
Loss of both arms and both legs	\$32,500	\$45,000
Quadriplegia	\$32,500	\$45,000
Education: This benefit is paid if an insured person dies within 365 days of a covered accident and is survived by one or more full-time students.	10% of accidental death benefit	10% of accidental death benefit
Spouse training: This benefit is paid if a covered employee or dependent spouse dies within 365 days of a covered accident, and the surviving spouse is enrolled as a student.	10% of accidental death benefit	10% of accidental death benefit
Modification to home/auto: This benefit is payable for modifications to make the principal residence accessible or the vehicle rideable if the insured suffers a severe loss.	\$3,500	\$4,000

* A common carrier is any land, air, or water conveyance licensed to transport passengers for hire.

Health Assessment/Wellness Benefit	Your Cash Benefit
You receive a cash benefit every year you and any of your covered family members complete a single covered assessment test.	\$75

Additional Plan Benefits	
Portability	Included
Child Sports Injury Benefit	Included

BENEFIT EXCLUSIONS

Accident insurance covers many injuries that result from a covered event. The policy exclusions are:

1. Disease, physical or mental infirmity, sickness, or medical or surgical treatment of these
2. Suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane
3. Voluntary intake or use by any means of any drugs, poison, gas, or fumes, voluntary use of controlled substance, voluntary intake or use by any means of any drug, except when:
 - a. Prescribed or administered by a physician, and
 - b. Taken in accordance with the physician's instructions
4. Committing or attempting to commit a felony, participation in a felony, voluntary participation in a felony, voluntary committing or attempting to commit a felony
5. War or any act of war, declared or undeclared, war or any act of war other than terrorism, declared or undeclared, war or any act of war, declared or undeclared while serving in the military or an auxiliary unit attached to the military or working in an area of war, whether voluntarily or as required by an employer
6. Participation in a riot, insurrection, or rebellion of any kind
7. Military duty, including the Reserves or National Guard
8. Travel or flight in or on any aircraft, except:
 - a. As a fare-paying passenger on a regularly scheduled commercial flight; or
 - b. As a passenger, pilot, or crew member in the group policyholder's aircraft while flying for the group policyholder's business, provided:
 - i. The aircraft has a valid U.S. airworthiness certificate or foreign equivalent; and
 - ii. The pilot has a valid pilot's certificate with a nonstudent rating authorizing him to fly the aircraft
9. Driving a vehicle while intoxicated, as defined by the jurisdiction where the accident occurred. For accidental death and dismemberment only, benefits are not payable for any loss sustained or contracted in consequence of your or your insured dependent being intoxicated or under the influence of any narcotic; operating a motor vehicle while intoxicated, as defined by the law of the state in which the accident occurred, if it is a felony
10. Cosmetic or elective surgery, physician determination of cosmetic or elective surgery, cosmetic surgery, surgery to improve appearance, cosmetic or elective surgery when it is to improve appearance rather than restore function or correct a deformity resulting from an injury
11. Being incarcerated in any type of penal or detention facility, injury sustained while confined to jail, workhouse, or other corrections facility when it is due to an act of the facility and law enforcement is liable
12. Under the influence of narcotics, unless prescribed and taken in accordance with the prescription by a physician
13. Participating in, practicing for, or officiating any semi-professional or professional sport
14. Riding in or driving in any motor driven vehicle for race, stunt show, or speed test
15. An injury sustained while residing outside the U.S., U.S. territories, Canada, or Mexico for more than 12 months
16. Bungee cord jumping, mountaineering, or base jumping
17. Skydiving, parachuting, or jumping from any aircraft for recreational purposes

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

HOSPITAL INDEMNITY INSURANCE PLAN

If you or a covered family member have to go to the hospital for an accident or injury, hospital indemnity insurance provides a lump-sum cash benefit to help you take care of unexpected expenses — anything from deductibles to child care to everyday bills. Because you're selecting this coverage through your company, you can take advantage of group rates. You don't have to answer medical questions to receive coverage; this is guarantee issue coverage.

COST OF COVERAGE

Tiers	Monthly Low Premium	Monthly High Premium
Employee Only	\$13.95	\$26.51
Employee & Spouse	\$29.50	\$56.59
Employee & Child(ren)	\$21.74	\$41.14
Family	\$38.96	\$74.33

BENEFITS AT A GLANCE

Core Hospital Benefits	Low Plan	High Plan
Hospital admission For the initial day of admission to a hospital for treatment of a sickness/an injury	\$500 per day up to 1 day per calendar year	\$1,500 per day up to 1 day per calendar year
Hospital confinement For each day of confinement in a hospital as a result of a sickness/an injury	\$100 per day up to 365 days per calendar year starting on day 2 of confinement	\$150 per day up to 365 days per calendar year starting on day 2 of confinement
Hospital intensive care unit (ICU) admission For the initial day of admission to an ICU for treatment as the result of a sickness/an injury	\$1,000 per day up to 1 day per calendar year	\$3,000 per day up to 1 day per calendar year
Hospital ICU confinement For each full or partial day of confinement in an ICU as a result of a sickness/an injury	\$200 per day up to 15 days per calendar year starting on day 2 of confinement	\$300 per day up to 15 days per calendar year starting on day 2 of confinement
Complications of pregnancy	Included	Included

- Admission or Admitted means accepted for inpatient services in a hospital or intensive care unit for a period of more than 20 hours
- If admitted to a hospital or ICU within 90 days after being discharged from a preceding stay for the same or related cause, the subsequent admission will be considered part of the first admission.
- If both hospital and ICU admission or hospital and ICU confinement become payable for the same day, only the Hospital ICU Admission benefit will be paid.

Additional Confinement Benefits	Low Plan	High Plan
Rehabilitation facility For each day of inpatient confinement to a rehabilitation facility as a result of a sickness/an injury	\$100 per day up to 30 days per calendar year	\$150 per day up to 30 days per calendar year
Substance abuse treatment For each day of inpatient confinement to a substance abuse treatment facility for care or treatment as a result of substance abuse	\$100 per day up to 30 days per calendar year	\$150 per day up to 30 days per calendar year
Mental disorder treatment For each day of inpatient confinement to a mental disorder treatment facility for care or treatment of a mental disorder	\$100 per day up to 30 days per calendar year	\$150 per day up to 30 days per calendar year
Newborn care For each full or partial day of confinement in an ICU as a result of a sickness/an injury	\$100 per day up to 2 days per calendar year	\$100 per day up to 2 days per calendar year

- Organizations providing care mainly for the aged or for the treatment of alcoholism, mental illness, or drug abuse are not considered rehabilitation facilities.
- The substance abuse treatment or mental disorder treatment benefits will not be paid for any day on which a hospital or ICU confinement benefit is payable.
- Substance abuse and mental disorder benefits will only be paid for treatment in a facility that is located outside of a hospital.
- If both the substance abuse and the mental disorder treatment benefits become payable for the same sickness, only the larger of the two benefits will be paid.

Health Assessment/Wellness Benefit	Your Cash Benefit
Health assessment benefit Receive a cash benefit every year you and any of your covered family members complete a single covered exam, screening, or immunization.	\$50

Enhanced Benefits	Benefit Percent
Hospital NICU admission Increases the hospital ICU admission benefit for a newborn child.	25%
Hospital NICU confinement Increases the hospital ICU confinement benefit for a newborn child	25%
Affiliated facility Increases benefits when confined to a hospital owned, operated, or controlled by the employer and applies to Hospital Admission, Hospital Intensive Care Unit Admission, Hospital Confinement, Hospital Intensive Care Unit Confinement, Hospital Neonatal Intensive Care Unit (NICU) Admission, Hospital Neonatal Intensive Care Unit (NICU) Confinement.	20%

Additional Plan Benefit(s)	
Continuation of coverage due to approved leave	Included
Portability if you leave your employer	Included

Note: See the policy for details and specific requirements for each of these benefit options.

BENEFIT EXCLUSIONS (GENERAL EXCLUSIONS)

The policy covers only sicknesses and injuries that occur while insurance is in force. No indemnities will be paid for a sickness or injury that occurs before the effective date of the insurance. Benefits are not payable for any loss caused or contributed to by:

1. Suicide, attempted suicide, or any intentionally self-inflicted injury while sane or insane*
2. Voluntary intake or use by any means of any drugs, poison, gas, or fumes, except when:
 - a. Prescribed or administered by a physician
 - b. Taken in accordance with the physician's instructions
3. Committing or attempting to commit a felony
4. War or any act of war, declared or undeclared
5. Participation in a riot, insurrection, or rebellion of any kind
6. Participation in an act of terrorism
7. Military duty, including the Reserves or National Guard
8. Travel or flight in or on any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight, or as a passenger, pilot, or crew member in the group policyholder's aircraft while flying for group policyholder business, provided:
 - a. The aircraft has a valid U.S. airworthiness certificate (or foreign equivalent)
 - b. The pilot has a valid pilot's certificate with a non-student rating authorizing them to fly the aircraft
9. Driving a vehicle while intoxicated, as defined by the jurisdiction where the accident occurred
10. Cosmetic or elective surgery, unless the treatment is the result of a covered event
11. Treatment for dental care or dental procedures, unless the treatment is the result of a covered event
12. Treatment of a mental illness*
13. Treatment of alcoholism, drug addiction, chemical dependency, or complications thereof*
14. Treatment through experimental procedures
15. Travel outside the United States and its possessions for the sole purpose of receiving medical care or treatment
16. Participating in, practicing for, or officiating any semi-professional or professional sport
17. Riding in or driving in any motor driven vehicle for race, stunt show, or speed test
18. Being incarcerated in any type of penal or detention facility
19. Scuba diving
20. Mountaineering or spelunking
21. Bungee cord jumping, hang gliding, sail gliding, parasailing, parakiting, kitesurfing, base jumping, or any similar activities
22. Skydiving, parachuting, jumping, or falling from any aircraft for recreational purposes
23. Residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months

*Exceptions to the exclusions are accepted when substance abuse and mental disorder benefits are selected. This is a partial list of benefit exclusions. A complete list is included in the policy. State variations apply.

Dental Plans

DENTAL PLANS AT A GLANCE

Jefferson gives you a choice of one DMO (DeltaCare USA) and two PPO dental plans administered by Delta Dental of PA.

- Platinum Dental
- Gold Dental
- DMO Dental

All dental plans cover preventive, basic and restorative, and major services. Orthodontia is not covered under the Gold plan. **Implants are not covered under the DeltaCare USA DMO plan.**

ABOUT THE PLATINUM AND GOLD DPPO PLANS

The Platinum and Gold plans have deductibles and plan year dollar limits.

Coverage is available with network providers and out-of-network providers.

The Delta Dental DPPO dental plans allow you to use a dentist of your choice. You have lower out-of-pocket costs when using a provider who participates in the Delta Dental DPPO Network. Delta Dental dentists charge you a discounted amount for services—so you generally pay less than you would when using a non-Delta Dental dentist.

Orthodontia is covered under the Platinum plan (and the DMO).

ABOUT THE DMO PLAN

The DeltaCare USA DMO plan will have the lowest employee contributions.

There are no deductibles or plan year dollar limits.

Orthodontia is covered under the Delta Care USA DMO (and the Platinum plan).

Members need to choose a primary dentist (PCD) and see providers in the network to receive benefits through the DMO plan. Each family member can choose their own PCD.

Colleagues are encouraged to review the network providers available under the DeltaCare USA DMO plan. Once your enrollment is processed, Delta Dental will contact you with instructions for selecting your PCD. Members can also select their PCD on the Delta Dental member portal once they register with their Delta Dental member ID.

Members need a referral to see most specialists except for orthodontists.



Dental Plans	PLATINUM	GOLD	DELTACARE USA DMO
Plan Year Deductible	\$50 per person / \$150 per family	\$50 per person / \$150 per family	None
Plan Year Maximum (per person)	\$2,000 PPO network \$1,700 Premier network or out of network providers	\$1,250 PPO network \$1,000 Premier network or out of network providers	Unlimited for network providers only
Preventive and Diagnostic	100% (no deductible)	100% (no deductible)	100% (after applicable copay)
Basic and Restorative Services	80% (after deductible)	70% (after deductible)	100% (after applicable copay)
Major Services	60% (after deductible)	50% (after deductible)	100% (after applicable copay)
Orthodontia	50% (\$2,000 separate lifetime maximum)	Not covered	100% (after applicable copay)

DELTA DENTAL OF PA

Dental Provider Search

Regardless of the plan you elect, we encourage you to search for Delta Dental providers at www.deltadentalins.com (instructions below) or call 1-800-932-0783 for the PPO plans or 1-800-422-4234 for the DeltaCare USA DMO plan.

**Platinum & Gold PPO
Group# 23392
DMO Group# 70172**

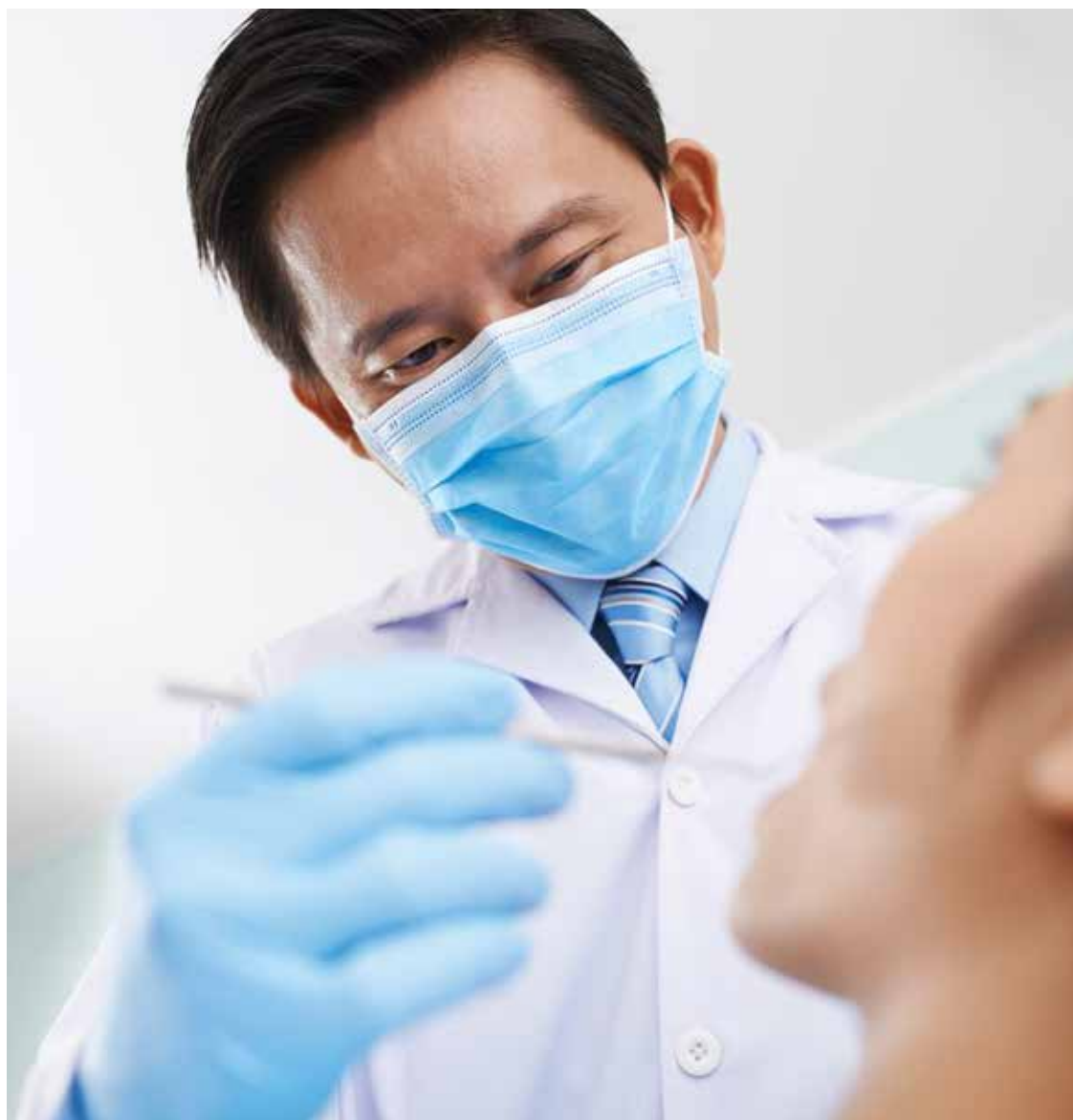
Instructions

Step 1: Visit Delta Dental's website at www.deltadentalins.com

Step 2: Click on "Find a Dentist"

Step 3: In the Network drop down list you can search by Delta Dental PPO and Delta Dental Premier for providers that accept the Platinum and Gold plans or call 1-800-932-0783 Search by DeltaCare USA for providers in the DMO network, or call 1-800-422-4234 for assistance.

Dental Contribution Rates—Per Pay Period			
FULL-TIME EMPLOYEES	PLATINUM	GOLD	DELTACARE USA DMO
Employee Only	\$10.71	\$8.56	\$4.41
Employee + Spouse	\$21.39	\$17.12	\$8.82
Employee + Child(ren)	\$24.08	\$19.26	\$9.92
Family	\$32.10	\$25.68	\$14.32
PART-TIME EMPLOYEES	PLATINUM	GOLD	DELTACARE USA DMO
Employee Only	\$16.84	\$13.76	\$7.35
Employee + Spouse	\$33.71	\$27.55	\$14.69
Employee + Child(ren)	\$37.92	\$30.98	\$16.53
Family	\$50.54	\$41.29	\$23.88



DAVIS VISION BY METLIFE PREMIER PLAN BENEFITS AT A GLANCE

Davis Vision by MetLife administers the vision plan. You can elect vision coverage for yourself and your eligible dependents and pay for that coverage with pre-tax deductions.



BENEFIT	FREQUENCY	IN-NETWORK COVERAGE
Eye Examination	once per plan year	\$0 copay Includes dilation, prescription and refraction for glasses, when professionally indicated
EYEGLOSS BENEFIT – FRAME		
Frame Allowance (Retail)	once per plan year	Up to \$150 OR Free Frame allowance up to \$300.00 at Visionworks ¹ Plus a 20% discount on any overage ²
Davis Vision Exclusive Collection ³ (in lieu of Allowance)	once per plan year	Fashion \$0 copay / Designer \$0 copay / Premier \$0 copay
EYEGLOSS BENEFIT – SPECTACLE LENSES		
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)	once per plan year	\$0 copay
Progressive Lenses	once per plan year	Standard \$50 copay / Premium \$90 copay / Ultra \$140 copay / Ultimate \$175
CONTACT LENS BENEFIT (IN LIEU OF EYEGASSES)		
Contact Lens: Materials Allowance Standard & Specialty Lens Types <ul style="list-style-type: none"> • Evaluation • Fitting & Follow-Up Care 	once per plan year	Materials: Non-collection up to \$200 plus a 15% discount on any overage ² Evaluation and Fitting: 15% discount ²
Exclusive Collection Contact Lenses³ (in lieu of Allowance) <ul style="list-style-type: none"> • Evaluation • Fitting & Follow-Up Care 	once per plan year	Materials: Disposable OR Planned Replacement up to 8 OR 4 boxes. Evaluation and Fitting: Covered in full
Visually Required Contacts Lenses (with prior approval) <ul style="list-style-type: none"> • Evaluation • Fitting & Follow-Up Care 	once per plan year	Covered in full for Materials Evaluation and Fitting: 15% discount ²

¹ Free frame allowance up to \$300, member pays balance above allowance, please contact Visionworks on exclusions

² Additional discounts not applicable at Walmart, Sam's Club, or Costco locations or where limited by law or manufacturer restrictions.

³ Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

PARTICIPATING PROVIDERS

When you use a Davis Vision by MetLife Participating Provider, the plan provides a higher level of benefits. To locate a participating provider go to www.metlife.com/mybenefits. You can also call Davis Vision by MetLife at 833-393-5433.

For more information, such as savings on optional frames, lens types and coatings and other discounts, visit the Working at Jefferson workspace in Employee Resources at One.Jefferson.edu for a Davis Vision by MetLife brochure.

OUT-OF-NETWORK BENEFITS

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement.

OUT-OF-NETWORK REIMBURSEMENT SCHEDULE: ALLOWANCE UP TO

Eye Examination: \$40	Single Vision Lenses: \$40	Trifocal Lenses: \$80	Elective Contact Lenses: \$100
Frame: \$50	Bifocal/ Progressive Lenses: \$75	Lenticular Lenses: \$100	Visually Required CL: \$300

VISION CONTRIBUTION RATES PER PAY PERIOD

FULL & PART-TIME EMPLOYEES	BI-WEEKLY EMPLOYEE CONTRIBUTION
Employee Only	\$2.91
Employee + Spouse	\$5.82
Employee + Child(ren)	\$6.12
Family	\$8.52



How to Access Benefits ID Cards

Everyone enrolled in coverage in the July 1, 2025 – June 30, 2026 plan year will receive new ID cards in the mail for medical, prescription and dental whether you are new to coverage or not. Vision ID cards are available online only. You may access ID cards digitally as of July 1, 2025, using the instructions below.

Independence Administrators Medical

RETURNING USERS

1. If you already created an account, go directly to www.myibxtpabenefits.com to log in.

CREATE AN ACCOUNT

1. Navigate to www.myibxtpabenefits.com and click on the **"LOGIN"** button in the top right corner of the screen. This will link you to the registration page for the member website.
2. Once there, new members will click on **"REGISTER"** and then follow the prompts to create a username and password.
 - You will be required to enter your:
 - Social Security Number
 - First and Last Name
 - Date of Birth
 - Home Zip Code
3. Once logged in, there are options to view, print, or send ID cards on the homepage or menu.

DOWNLOAD THE APP

In addition, Independence Administrators offers an app. Download the **"myIBXTPABenefits"** app on your mobile device. Using the same username and password, you can use the app to access your family's information, view ID cards, find a doctor, and more!

Davis Vision by MetLife

RETURNING USERS

1. If you already created an account, go directly to <https://mybenefits.metlife.com> to log in.

CREATE AN ACCOUNT

1. Go to <https://mybenefits.metlife.com>.
2. Enter **"Jefferson Health"** under Access MyBenefits – Type and select your organization.
3. Click **"REGISTER NOW"** and create a username and password that will work on the website and the Mobile App.
 - You will be required to enter the policyholder's Social Security Number (SSN), Last Name, and Date of Birth.
 - You will then be prompted to create a username and password.
 - Davis Vision by MetLife will send you a confirmation email in order to activate your account.

DOWNLOAD THE APP

You may then download the **"Davis Vision Member"** app and, using the same username and password, you may access your electronic ID card and view the plan details.

CVS Caremark Pharmacy

RETURNING USERS

1. If you already created an account, go directly to www.caremark.com/welcome-center to log in.

CREATE AN ACCOUNT

1. Navigate to www.caremark.com/welcome-center and scroll down to **"Register for an online account"**. This will link to the registration page for the member website.
2. Once there, select **"Personal Information"** and then follow the prompts to create a username and password.
 - You will be required to enter your:
 - Social Security Number
 - First and Last Name
 - Date of Birth
 - Home Zip Code

DOWNLOAD THE APP

In addition, CVS Caremark offers an app. Download the **"CVS Caremark"** app on your mobile device. Using the same username and password, you can use the app to access your family's information, view ID cards, find a pharmacy, and more!

Delta Dental

CREATE AN ACCOUNT

1. Visit the Delta Dental member login page at www1.deltadentalins.com/login and click **"Create an account."**
2. Select **"Enrollee/Adult Dependent"** from the User Type menu and click Next.
3. Enter your personal information. If you don't have your enrollee ID, you can also use your Social Security number with no dashes or spaces.
4. Create your username and password and enter your email address.
5. Choose a challenge question and answer to use if you forget your password.
6. Log in to your account.
7. You can print or e-mail ID card once logged in.

Healthy Living

As healthcare providers and leaders in the community, we are dedicated to improving the lives of our patients and students. It is important for each of us to embrace wellness and care for ourselves. Taking advantage of our wellness credit and preventive care programs can help you minimize medical care and expenses while positively impacting your health and quality of life.

Wellness Credit

Congratulations to all eligible colleagues who completed the wellness requirements by the March 31, 2025 deadline! As long as you're enrolled in a Jefferson employee medical plan for the upcoming benefit plan year, you're on track to receive your wellness credit starting in July 2025.

NEW WELLNESS REWARDS PROGRAM

More details about the enhanced Wellness Benefits Rewards Program will be shared in the coming months. We're excited to introduce fresh opportunities to engage and new ways to support your well-being. Stay tuned for updates as we roll out what's next!

To access your wellness portal, log in or register at myibxtpabenefits.com.

Visit the ONE digital workplace (One.Jefferson.edu) to access more information on the wellness credit requirements and related FAQs.



Jefferson Comprehensive Weight Management Program

All Jefferson colleagues and covered dependents ages 18+ who take GLP-1 weight loss medications (including but not limited to Wegovy and Saxenda) and receive medical and prescription coverage through a Jefferson employee medical plan are required to see a provider with Jefferson Comprehensive Weight Management (JCWM). Call 833-OUR-JEFF (687-5333) to schedule an appointment.

The GLP-1 weight loss medications are required to be filled by Jefferson Specialty Pharmacy and will be delivered to your home via FedEx or driver/courier service.

- To help support weight management efforts, JCWM has an integrated weight management program for all plan members who take these medications. This program will provide access to valuable resources to support weight management goals.
- Weight loss medication prescriptions from providers outside this JCWM program will not be approved by the plan.
- Dependents under the age of 18 can remain with their current provider and fill their GLP-1 prescriptions at Jefferson Specialty Pharmacy.
- Please note the requirement to use a JCWM provider does not apply to GLP-1s used specifically for diabetes (Ozempic, Mounjaro, Trulicity, Rybelsus).
- There will not be any out-of-pocket costs associated with your visits to JCWM if you are enrolled in the Independence Administrators Jefferson First, Select and Choice PPO plan. HDHP members will have applicable cost share for a provider visit.

Jefferson Diabetes Management Program

In collaboration with Independence Administrators, colleagues and dependents (age 18+) who have a diagnosis of Type 1 or Type 2 diabetes and are enrolled in a Jefferson medical plan can work directly with Jefferson's Population Health and Pharmacy teams to help you manage your diabetes.

This program includes a range of services and resources designed to support you in effectively managing your diabetes and maintaining a healthy and balanced lifestyle, including a free blood glucose meter and supplies after you connect with a qualified team member. To get started visit ibxtpa.com/JeffersonProgram.

Baby Beginnings

Baby Beginnings maternity management program, provided by Independence Administrators, is designed to help expecting mothers successfully manage their health before, during, and after baby is born.

If you are enrolled in a Jefferson medical plan, enrolling in Baby Beginnings is simple and there is no cost to you. There are two ways to enroll:

- Call 1-833-242-1777.
- Email babybeginnings@ahatpa.com with "Enroll" in the subject line. A nurse will reach out within two business days.



Pathways to Parenthood

Pathways to Parenthood is the go-to guide for growing families at Jefferson. You'll find resources to help guide you through the exciting journeys of adoption or pregnancy, saving you time and money when utilizing Jefferson services. Find information about our adoption assistance benefit as well as resources to help you before, during and after pregnancy. Scan the QR code to find this dedicated page of resources on the Healthy Living page under Family Well-being on One.Jefferson.edu.



Care Management – Better Health Champion

With your Independence Administrators coverage, you have a Champion to support you. Your Champion is ready to help you live your healthiest life and make the best decisions based on your health plan. We want to make sure you have the support you need along your unique health journey. You can count on your Champion for all your health care needs. With one call, you can get everything you need, including:

- **Information about your benefits** from someone who is trained specifically on your health plan and ready to help you get the most out of it
- **One-on-one support** from your dedicated Registered Nurse Health Coach for your physical, mental, emotional, and even financial well-being — and personalized outreach based on your health
- **A multi-specialty care team** to help you navigate your health care journey

Learn more at: myibxtpabenefits.com or call 844-242-1700.

Color

Jefferson offers colleagues complimentary access to Color's confidential health service to help you personalize your health with genetic insights. Get started today at color.com/jefferson. For questions about Color, email support@color.com or call (844) 352-6567.

Independence Administrators Wellness Reimbursement Program

Colleagues and dependents enrolled in a Jefferson medical plan can take advantage of the following wellness reimbursement programs through Independence Administrators:

- **Weight management:** Receive up to a \$150 reimbursement when you enroll in either an onsite/online Weight Watchers® program or an in-network hospital-based program.
- **Bicycle helmets:** Get a \$25 reimbursement when purchasing a bike helmet that meets the Consumer Product Safety Commission Standards.
- **Fitness reimbursement:** You can get reimbursed up to \$150 of your yearly fees. Fees can include fitness club fees or subscriptions to programs that you join online or a combination of in-person and virtual program costs when you meet all requirements.
- **Tobacco cessation incentive:** Receive up to a \$150 reimbursement when you complete a tobacco cessation program.

Please email your requests for reimbursement to the Independence Administrators Wellness Reimbursement Department at Healthaccountplus@ibxtpa.com.

Holistic Health

Each of us is multi-dimensional—and that’s reflected in many aspects of our lives, including how we maintain our health. That’s why Jefferson has made a commitment to look at employee health and wellbeing from a well-rounded, holistic perspective. Scan the QR code (right) to access to a comprehensive community on ONE that highlights resources from all areas of the enterprise aligned to eight dimensions of employee health and wellbeing—what we’re calling “Holistic Health.”



Mental Health Support Programs

Employee Assistance Program (EAP):

EAP helps Jefferson colleagues and their families sort out the difficulties that may be causing them trouble at home or in the workplace. EAP is provided at no cost to all colleagues and their household members.

Services include: 5 free counseling sessions with a licensed counselor; 24-hour live telephone coverage; referrals to specialists, treatment programs or support groups; on-site trainings and much more.

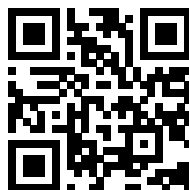
Work-Life Services:

As part of your EAP benefit, a Work-Life Specialist will assist you to help with life management concerns such as financial issues, childcare, eldercare, legal documents, wellness resources and college planning.

VENDOR	FACILITY	PHONE	WEBSITE / EMAIL
Carebridge	<ul style="list-style-type: none">• Jefferson Abington Hospital• Jefferson Lansdale Hospital• Jefferson Cherry Hill Hospital• Jefferson Stratford Hospital• Jefferson Washington Township Hospital• Jefferson Moss-Magee Rehabilitation Hospital – Center City• Jefferson Einstein Hospital• Jefferson Einstein Montgomery Hospital• Jefferson Moss-Magee Rehabilitation Hospital – Elkins Park• Jefferson Health Plans	800-437-0911	www.carebridgenow.com Access code: ABSDA
FirstCall	<ul style="list-style-type: none">• Thomas Jefferson University – Center City Campus• Thomas Jefferson University Hospital• Jefferson Hospital for Neuroscience• Jefferson Methodist Hospital• Jefferson Frankford Hospital• Jefferson Torresdale Hospital• Jefferson Bucks Hospital• Thomas Jefferson University – East Falls	800-382-2377	www.firstcalleep.org username: jefferson password: firstcall

MARVIN

Marvin is a secure, private, HIPAA-compliant benefit that facilitates private access to telemedicine mental health providers. All colleagues and dependents (age 18+) can register to speak with a therapist without a wait time. Similar to accessing other outpatient mental health support services, colleagues are responsible for paying the copays and deductibles associated with medical coverage.



To register for a telemedicine, visit:

<https://www.meetmarvin.com/jefferson> (or use QR code).

Marvin 24/7 on-call client crisis support services:

888-404-1163

NEUROFLOW

Neuroflow is a secure, private, HIPAA-compliant app that offers a wide variety of self-care and clinical resources including videos, health trackers, journal prompts, breathing guides, and more. Neuroflow is free to all Jefferson colleagues.



To register for Neuroflow, visit:

start.neuroflow.com/jeffersonemployees (or use QR code).

Life Insurance Plans

BASIC LIFE AND AD&D INSURANCE COVERAGE

Jefferson provides eligible colleagues with Basic Life Insurance and Accidental Death and Dismemberment (AD&D) at no cost to you. Lincoln Financial Group is the administrator for the plans. The amount of coverage varies depending upon your position and base pay as shown on the chart below.

Class	Basic Life and AD&D Coverage
Class 1: Full-Time Physicians, Faculty, and Executives	2x your base annual salary with a \$50,000 minimum and a \$1,000,000 maximum
Class 2: Residents, Fellows, and Postdoctoral Fellows	1.5x your base annual salary with a \$50,000 minimum and a \$1,000,000 maximum
Class 3: All Other Colleagues, including part-time	1x your base annual salary with a \$50,000 minimum and a \$1,000,000 maximum

The \$50,000 minimum means that even if your salary is lower than \$50,000 and you are in the 1x plan, you will still have \$50,000 of life and AD&D insurance.

As you may know, the cost of employer-paid life insurance in excess of \$50,000 is taxable to colleagues. If this is a concern for you, you can opt-out of any employer-paid coverage over \$50,000 when you enroll in benefits. It is important to note that you may need to present evidence of insurability if you decide to later opt in to your full basic life coverage after opting out.

SUPPLEMENTAL LIFE AND AD&D INSURANCE COVERAGE

You can supplement the basic life and AD&D insurance with the following insurance options.

Supplemental employee life and AD&D insurance: In addition to your basic life coverage, you can elect 1x, 2x, 3x, 4x, or 5x your base annual salary in supplemental life and AD&D insurance. A separate \$1,000,000 maximum applies to supplemental coverage (basic and supplemental life coverage reduces to 50% of original election at 70th birthday).

Spouse life and AD&D insurance: Choice of \$25,000, \$50,000, \$75,000, or \$100,000 (coverage reduces to 50% of original election at 70th birthday). Spouse life coverage amount cannot be more than basic life and supplemental life combined. A fiancé or significant other cannot be enrolled in Spouse life.

Child life and AD&D insurance: Choice of \$10,000 or \$20,000 (coverage from live birth to 26th birthday).

For all of these supplemental coverage options, life insurance and AD&D insurance are separate elections and do not need to match each other.

Cost of Coverage: Jefferson pays the full cost of basic life and basic AD&D insurance. You pay the full cost of any supplemental or dependent coverage you choose. The cost of supplemental coverage for you depends on the amount of coverage and your age. The cost of supplemental coverage for your spouse is based on the age of your spouse. When you enter a new age bracket, the cost of your optional life insurance will change to reflect your new age in the pay period containing your birthday. If your salary increases, or decreases, the cost of your optional life insurance will change to reflect your new rate in the pay period containing the change. Basic and supplemental coverage reduce by 50% on your 70th birthday (or your spouse's 70th birthday for spouse coverage). The cost of your supplemental life insurance will change to reflect the reduced age 70 rate and coverage level in the pay period containing the birthday.



Supplemental Life Coverage	
Age	Rate per \$1,000 per month
Under 25	\$0.043
25 – 29	\$0.051
30 – 34	\$0.069
35 – 39	\$0.078
40 – 44	\$0.086
45 – 49	\$0.129
50 – 54	\$0.198
55 – 59	\$0.370
60 – 64	\$0.568
65 – 69	\$1.093
70 & Over	\$1.773
Spouse Life Coverage	
Age	Rate per \$1,000 per month
Under 25	\$0.060
25 – 29	\$0.073
30 – 34	\$0.096
35 – 39	\$0.109
40 – 44	\$0.120
45 – 49	\$0.180
50 – 54	\$0.278
55 – 59	\$0.518
60 – 64	\$0.795
65 – 69	\$1.530
70 & Over	\$2.481
Child Life Coverage	
\$0.159	
Voluntary AD&D	
Employee Only	\$0.025
Spouse Only	\$0.038
Child Only	\$0.038

Supplemental AD&D Insurance	
Loss	AD&D Benefit
Life	Full amount of your coverage paid to your beneficiary
Both hands, feet, sight of both eyes or any combination of these losses	Full amount of your coverage paid to you
One hand, foot, or sight of one eye	One-half the amount of your coverage paid to you

CONVERTING TO AN INDIVIDUAL POLICY

You will receive a portability and conversion packet from Lincoln Financial Group if your coverage ends. The conversion packet will include instructions to port or convert your coverage. You must submit all required forms and payment for coverage no later than 31 days after coverage ends.

AGE REDUCTION

- Basic and Supplemental coverage reduces by 50% for employee’s age 70+
- Spousal coverage reduces by 50% for spouse’s age 70+
- Dependent child eligibility terminates at 26th birthday

EVIDENCE OF INSURABILITY (EOI)

You will need to complete an online EOI questionnaire and submit it directly to Lincoln Financial for review and approval before your coverage becomes effective if:

- You elected to limit your basic life insurance to \$50,000 but later requested your full, salary-based life insurance benefit
- You did not enroll in supplemental life when first eligible
- Your supplemental life insurance exceeds \$350,000
- Employees already enrolled in supplemental life can increase their election one level up to the guaranteed issue maximum of \$350,000
- You were previously declined for additional coverage or withdrew an application for additional coverage
- You did not elect spousal life Insurance during your initial period of eligibility and are now making your first election
- You are requesting an increase in existing spouse life coverage; unless this is a life event

No EOI is required for child life.



IMPUTED INCOME

The IRS requires employers who provide more than \$50,000 of life insurance coverage to calculate the value of the coverage in excess of \$50,000 and report it as taxable income. This is called imputed income. As previously noted, you are able to opt-out of coverage over \$50,000 during open enrollment. You would need to complete a EOI questionnaire if you later reverse this decision.

LIFE INSURANCE WHILE ON LONG TERM DISABILITY
While on long term disability, you may be eligible to continue your life insurance under the waiver of premium provision.

LIFE INSURANCE WHILE TERMINALLY ILL
If you are terminally ill with a life expectancy of 12 months or less, you can apply to receive up to 100% of your combined basic and supplemental life insurance before you die. This is called an accelerated death benefit.

Business Travel Accident Insurance

HOW THE PLAN WORKS

Business Travel Accident insurance, administered by Zurich, provides additional coverage when colleagues travel off Jefferson premises on Jefferson business. If an eligible colleague is injured or killed while traveling on Jefferson business, his/her beneficiary may receive an additional benefit based upon the nature of the injury.

COST OF COVERAGE

Jefferson pays the full cost of business travel accident insurance.
For more information on plan features see the Business Travel Accident Insurance Coverage Summary click on Employee Resources at the top of the ONE home page (One.Jefferson.edu) to find the brochure in the Working at Jefferson workspace.

Disability Plans

The benefits program offers you protection from income loss while you are out of work for a non-work related illness or injury. You are considered to be disabled when Lincoln Financial certifies that the medical information provided by your treating professional supports that you meet the definition of disability of the plan. Disability benefits at Jefferson are made up of different programs, depending upon your position, including:

- Time off (ETO, PPL, PTO, Vacation) or a sick bank (EIB, ELB, ESL, LTS), Untracked Time Off and Salary Continuation
- Short-Term and Long-Term Disability

SHORT-TERM DISABILITY

Eligibility

Full-time colleagues regularly scheduled to work at least 32 hours a week are eligible for short-term disability insurance (excludes full-time Faculty, full-time Physicians and Executives who are Vice Presidents and above.) For regular staff, benefits begin on the first of the month on or after date of hire. Full-time Residents, full-time Fellows, full-time Faculty, full-time Physicians, and Executives who are Vice Presidents and above have a separate salary continuation program and benefits begin on the first of the month on or after date of hire. Part-time colleagues with standard hours of 20 or more per week are eligible to enroll in voluntary short-term disability insurance; benefits begin on the first of the month on or after date of hire.

Your Short-Term Disability Options				
Eligibility	Plan Description	Weekly Benefit	Contribution	Elimination Period and Maximum duration
All Eligible Full-Time Employees*	Short-Term Disability (Core Plan)	60% to \$1,000	Employer-Paid	7 Days for Sickness or Accident 26 Weeks of Benefit
All Eligible Full-Time Employees*	Short-Term Disability (Buy-Up Option)	66.67% to \$2,000	Employee-Paid	
All Eligible Part-Time Employees	Voluntary Short-Term Disability	60% to \$1,500	Employee-Paid	

* Exception to STD Buy-Up applies to employees working in NJ with salaries less than the maximum amount who are eligible for the NJ State disability plan. Full-time faculty, full-time physicians and executives who are Vice Presidents and above are excluded from Core STD and STD Buy-Up.

How the Short-Term Disability Plan Works

The Short-Term Disability (STD) plan provides benefits after seven consecutive calendar days of disability. All disabilities must be approved by Lincoln Financial Group. For the first seven calendar days of disability, you must use your accrued time off (if available). If you have time off (ETO, PPL, PTO, Vacation) or a sick bank (EIB, ELB, ESL, LTS) you will be paid 100% of base pay. Benefits will then be paid from your accrued sick bank at 100% of base pay until the bank exhausts. After that, the STD Plan will pay for the balance of the 25 weeks at the core or buy-up benefit level, whichever you have elected as long as you remain disabled. Jefferson will supplement the STD payments with available ETO, PPL, PTO, Vacation. Colleagues can request to save 40 hours of time off (ETO, PPL, PTO, Vacation) for when they return to work. To qualify for short or long term disability you must be actively at work prior to your date of disability.

How Salary Continuation Works

Full-time residents, fellows, faculty, physicians, executives Vice President and above and part-time benefit eligible faculty, physicians and executives Vice President and above will receive salary continuation of 100% of base salary for up to 26 weeks in the event of disability. All salary continuations must be approved by Lincoln Financial Group for any absences over three calendar days under FMLA.

Cost of Coverage

Jefferson pays the full cost of Core STD. Full-time colleagues pay the cost of Buy-Up coverage. Part-time colleagues pay the cost of Voluntary STD. You can view the age-based rates in the enrollment section of Workday. Benefits paid on approved claims will be received tax-free.

Evidence of Insurability

If you waive STD Buy-Up, and would like to elect coverage at a future date, health questions will be required for acceptance and approval.

Pre-existing Conditions

Eligible part-time colleagues who have been diagnosed or received treatment for a condition within the three months prior to enrolling in Voluntary STD will be subject to a pre-existing condition limitation. Benefits are not paid for pre-existing conditions until you have been covered by the plan for 12 months.

You may wish to elect the Buy-Up STD benefit if:

- The 60% Basic STD benefit will not meet your income needs while disabled; or
- You do not have enough sick bank time (EIB, ELB, ESL, LTS) to carry you in the event of a disability that lasts up to 26 weeks (6 months)

Filing an STD Claim

All colleagues covered by STD plan; salary continuation, a sick bank (EIB, ELB, ESL, LTS) or time off (ETO, PPL, PTO, Vacation) must file an STD claim with Lincoln Financial Group, the insurance carrier providing the plans. Lincoln determines if the disability qualifies and initiates STD payments for colleagues covered by that plan.

There are two ways to file a claim with Lincoln:

- 1. Call 877-321-1140
- 2. File online at mylincolnportal.com using your company code of JEFFERSON-EE

You must file a claim as soon as you are aware that you will be out of work for an extended period of time, preferably within the first 30 days, but no later than 12 months after the date of disability. You may file an STD claim with Lincoln at the same time you apply for FMLA or another leave. STD benefits may apply independent of the type of leave you qualify for. In all instances Lincoln will review your application for STD and notify you whether your disability is approved or denied.



Attention Thomas Jefferson University & Jefferson Health employees working in a New Jersey location:

If you work in New Jersey, you are automatically covered by the NJ State Temporary Disability Insurance (TDI) program. Jefferson provides this coverage through a private plan with Lincoln Financial Group. For 2025, the NJ State TDI plan covers approximately 85% of your salary up to a maximum of \$1,081 per week. Colleagues earning \$85,000 or more annually may elect the Jefferson Buy-Up short-term disability plan if you desire coverage over and above the New Jersey Plan limits. The benefit you receive from the STD Buy-up plan will be offset by your New Jersey State plan. For example, if you elect to enroll in the Buy-Up plan, which is 66⅔% of your weekly salary which is a benefit of \$1,090, you would then receive \$1,081 from the state disability benefit and the additional \$9 from the STD Buy-Up benefit.

LONG-TERM DISABILITY

Eligibility

All full-time and part-time colleagues, including full-time Faculty, Physicians and Executives who are Vice Presidents or above regularly scheduled to work at least 32 hours a week are eligible for long-term disability insurance. Part-time colleagues with standard hours of 20 or more per week are eligible to enroll in voluntary long-term disability insurance. Benefits begin on the first of the month on or after date of hire.

Your Long-Term Disability Options				
Eligibility	Plan Description	Monthly Benefit	Contribution	Elimination Period
All Eligible Full-Time Employees Excluding Full-Time Faculty, Physicians and Executives Who Are Vice Presidents and Above	Long-Term Disability (Core Plan)	50% to \$7,500	Employer-Paid	180 Day Elimination Period
All Eligible Full-Time Employees Excluding Full-Time Faculty, Physicians and Executives Who Are Vice President and Above	Long-Term Disability (Buy-Up Option)	60% to \$15,000	Employee-Paid	
All Eligible Full-Time Faculty, Physicians and Executives Who Are Vice President and Above*	Long-Term Disability (Core Plan)	50% to \$15,000	Employer-Paid	
All Eligible Part-Time Employees	Voluntary Long-Term Disability	60% to \$7,500	Employee-Paid	

* Faculty, physicians, and executives are eligible for an Individual Disability Buy-Up plan through Guardian.

How the Long-Term Disability Plan Works

The Long-Term Disability (LTD) plan provides benefits after 180 initial days of disability. LTD benefits may continue for as long as you remain totally disabled up to the later of age 65 or your Social Security normal retirement age. To qualify for long term disability, you must be actively at work prior to your date of disability.

Cost of Coverage

Jefferson pays the full cost of Core LTD for full-time colleagues. Full-time colleagues pay the cost of Buy-Up coverage. Part-time colleagues pay the cost of Voluntary LTD. The cost of Buy-Up coverage depends on your salary. You will see the cost of colleague-paid coverage in the enrollment section of Workday.

Pre-Existing Conditions

Pre-existing condition limits apply to the LTD options.If you have received medical treatment, consultations, diagnostic services or have taken prescription drugs for a condition in the three-month period before your effective date of coverage, then the pre-existing condition limitation applies for the next 12 months. Prior Coverage Credit – Prior time enrolled in the current LTD plan counts towards the accumulation of 12 months on the plan.

Evidence of Insurability

If you waive LTD Buy-Up and would like to elect coverage at a future date, health questions will be required for acceptance and approval. This is known as Evidence of Insurability (EOI).

LTD benefits will not be payable for any disability that results from a pre-existing medical condition, unless the disability begins:

- After the last of 12 consecutive months during which you have been continuously insured under this plan.

LTD Benefit Period

LTD benefits are reduced by income from other sources of disability income such as Social Security, other government programs and Workers Compensation so that no more than 100% of the benefit due under the plan is paid when considering other payments.

All full-time and part-time colleagues, excluding full-time Physicians and Executives, Vice-President and above, have a 24-month Own Occupation provision.

Full-time Faculty, Physicians and Executives, Vice-President and above have Own Occupation to the maximum benefit duration. The chart on this page shows the maximum length of time you may receive benefits through the LTD plan.

YOUR LONG-TERM DISABILITY PROVISIONS

- 24 month mental/nervous, drug and alcohol limit
- Rehabilitation Incentive increase of 10%
- Workplace modification: \$1,000 or 2 months benefit

LTD BUY-UP FOR FACULTY, PHYSICIANS AND EXECUTIVES

Eligibility

Full-Time Faculty, Physicians and Executives Vice President and above.

A representative from Guardian will reach out to newly eligible colleagues to offer more information and help with enrollment.

LTD Maximum Benefit Period

Based on your age at disability, the maximum benefit period will be the later of your SSNRA* or the maximum benefit period listed below.

Age When Disability Begins	Maximum Benefit Period
62 or under	The Colleague’s 65th birthday or the date the 42nd Monthly Benefit is payable, if later
63	The date the 36th Monthly Benefit is payable
64	The date the 30th Monthly Benefit is payable
65	The date the 24th Monthly Benefit is payable
66	The date the 21st Monthly Benefit is payable
67	The date the 18th Monthly Benefit is payable
68	The date the 15th Monthly Benefit is payable
69 or older	The date the 12th Monthly Benefit is payable

* SSNRA means the Social Security Normal Retirement Age in effect under the Social Security Act on the Policy Effective Date.



Flexible Spending Accounts

Jefferson offers two types of Flexible Spending Accounts (FSAs) to help you save tax dollars on certain healthcare and dependent care expenses. Based upon your plan year election for contributions, money is deducted each pay from your paycheck, before taxes are calculated. This saves you money because you do not pay certain state and federal income tax on the contributions.

Important Dates for the July 1, 2025-June 30, 2026 FSA Plan Year: FSA expenses must be incurred by September 15, 2026, which is the Grace Period. The deadline to submit expenses for reimbursement is September 30, 2026.



Flexible Spending Accounts at a Glance		
	HEALTHCARE FSA	DEPENDENT CARE FSA
How it works	Enables you to use pre-tax earnings to pay for certain healthcare expenses for you and your eligible dependents.	Helps you pay for dependent care services that make it possible for you and your spouse, if applicable, to work. You can use your pre-tax earnings to pay for eligible child and adult day care services.
How much can you contribute each plan year	Minimum: \$50 per plan year Maximum: \$3,300	Minimum: \$50 per plan year Maximum: Generally, \$5,000: <ul style="list-style-type: none"> • If your annual earnings exceed \$160k, you can only contribute \$1,000 • If you are married and your spouse also has a dependent care FSA, the combined limit is \$5,000 • If you are married and file a separate tax return, your limit is \$2,500 • If you are married, you cannot contribute more than the lower of your or your spouse’s annual salary
Getting reimbursed	<ul style="list-style-type: none"> • Pay for services with your WEX debit card • Prepay for the service and submit a claim form for reimbursement with proof of payment as well as an Explanation of Benefits from your health insurance company to WEX for reimbursement • You may choose to receive a check or have money direct deposited to your bank account 	<ul style="list-style-type: none"> • Submit a claim form with a copy of the paid receipt showing the Social Security Number or tax ID number of the provider • For recurring costs, you can submit a Recurring Dependent Care claim form. You only need to submit one form once in order to get reimbursed each pay period • You may choose to receive a check or have money direct deposited to your bank account
Unused dollars	<p>In accordance with IRS regulations, if you have money left in your spending accounts at the end of the plan year, you will lose it. You have until September 15 of the following plan year to incur expenses. You have until September 30 of the following plan year to submit expenses for reimbursement.</p> <p>Use the FSA accounts only if you can anticipate your qualified expenses for the coming plan year. If you are certain that you will have qualified expenses during the plan year, but are unsure of the amount, be conservative in the amount of salary you direct to your FSAs.</p> <p>IRS regulations currently require that all salary directed to your FSA in any one plan year must be used to reimburse you for qualified expenses incurred during that plan year.</p>	

HEALTHCARE FSA		DEPENDENT CARE FSA	
Eligible Expenses View a list of eligible expenses at: www.wexinc.com/insights/benefits-toolkit/eligible-expenses			
<p>Generally you can use the Healthcare FSA to pay for out-of-pocket (OTC) medical, dental, vision and Rx expenses, or any healthcare item that is not paid for by a healthcare plan. View eligible OTC items on WEX website at the website link noted at the top of this chart. Monthly concierge fees paid to a medical practice are not an eligible expense.</p> <p>Examples:</p> <ul style="list-style-type: none">• Deductible for medical or dental plan• Copays or coinsurance for medical, dental, vision or Rx plans• Vision care expenses <p>The expenses can be for you or an eligible dependent.</p>		<p>To be eligible for reimbursement from the Dependent Care FSA, your expenses must be incurred because you and, if you are married, your spouse is gainfully employed or attends school full-time.</p> <p>Examples:</p> <ul style="list-style-type: none">• Adult day care centers• Before or after school programs• Child care• Elder care• Nursery schools• Preschool• Sick child care• Summer day camp	
Eligible Dependents			
<p>Your spouse and children up to age 26</p>		<ul style="list-style-type: none">• A child under 13 who qualifies as a dependent on your federal income taxes.• Any other dependents, including a disabled spouse, disabled children over age 13 and elderly parents who depend on you for financial support, qualify as dependents for tax purposes, and are incapable of self-care.	

What are the differences between HSAs and FSAs?

	HSA	Healthcare FSA	Dependent Care FSA
Can be used for any qualified healthcare expenses for you and your dependents	Yes	Yes	No
Can be used for dental and vision expenses only, for you and your dependents	No	No	No
You can contribute to this account, even if you are contributing to an HSA	n/a	No	Yes
Is used to save money for childcare or elder care expenses	No	No	Yes
Jefferson may make contributions on my behalf	Yes	No	No
You can change your elections throughout the year	Yes	No	Only if you have a change in dependent care status
The entire balance in the account rolls over from year to year, indefinitely	Yes	No	No
The money in the account can be invested	Yes	No	No
If you leave Jefferson, you keep your account	Yes	No	No
What is the most that can be contributed in 2025?	\$4,300 for individuals; \$8,550 for families; \$1,000 catch up for those age 55 and older	\$3,300	\$5,000; \$2,500 if married and filing separately; \$1,000 if your salary is over \$160,000
Are the contributions pre-tax?	Yes	Yes	Yes

WEX DEBIT CARD

When you sign up for a Healthcare FSA, you will receive a WEX debit card that you can use to pay for eligible expenses. You may choose to order a debit card for your spouse by calling WEX at 866-451-3399 or by accessing your online account at wexinc.com. If you re-enroll in the FSA each year, you will use the same debit card until the expiration date on the card. WEX will automatically mail currently enrolled participants a new debit card prior to the expiration date.

In most cases you will not have to provide evidence of your purchase with your debit card, but should WEX, our FSA administrator, request proof of purchase you must respond to their request in order for your purchase to be approved. We recommend you save receipts and Explanation of Benefit statements so you can establish proof of your purchase if it is required.

DISCRIMINATION

IRS regulations require us to perform annual nondiscrimination testing on Dependent Care FSAs. It ensures highly compensated colleagues who participate in the plan are not receiving more than the legally allowed portion of this qualified benefit. We may be required to reduce the contribution for all highly compensated employees. Impacted colleagues will be notified.

FSA STORE

WEX has a relationship with FSA Store. If you shop at the FSA Store you will have access to thousands of FSA-eligible products. You can pay for your purchases with your FSA debit card, or other major credit card. FSA Store is exclusively stocked with FSA eligible products so there are no guessing games about what is and is not reimbursable by an FSA. The site also offers tools and resources to help you better understand and use your funds. Visit fsastore.com/wex to claim your discount.

WEX does not base their lists of eligible expenses off these websites. The FSA Store has certified their items are eligible per IRS regulations, so purchases through their site do not need to be substantiated. If the same items are purchased from another merchant, they may request substantiation in order to maintain plan compliance.

ADDITIONAL INFORMATION

- **You must re-enroll for FSA account(s) every plan year during open enrollment.**
- You cannot change the amount of your contribution during the plan year unless you have a life event such as marriage, birth, or change of job that impacts benefits.
- You cannot be reimbursed for dependent care (i.e. daycare) from your Healthcare FSA nor can you be reimbursed for medical expenses from your Dependent Care account.
- Expenses are considered incurred on the date the services are provided, not when paid.
- For more information on FSAs consult wexinc.com or call WEX Customer Service at 866-451-3399.
- Once you are enrolled in an FSA, you can manage your account online at wexinc.com, which includes filing claims online and setting up direct deposit.
- Terminated or ineligible employees have 90 days following their termination date or date they became ineligible to submit claims to their Healthcare (HC) FSA account. Only claims incurred *prior* to date of termination or ineligible date are eligible. If you qualify, you may be able to elect the HC FSA through COBRA if you have been reimbursed less in claims than the amount you have contributed to the HC FSA plan year to date.
- Terminated or ineligible employees must submit Dependent Care (DC) FSA claims incurred prior to their termination date or date they became ineligible by the end of the plan year runout for funds remaining in their DC FSA account.

WEX MOBILE APP

Download the WEX Mobile App on Apple and Android smartphones and tablets for on the go 24/7 access to your FSA account(s). App features allow you to:

- Log in with your fingerprint or face identification
- Get instant notification on the status of your claims
- File a claim and upload documentation using Smart Scan EOB (artificial intelligence can upload the details)
- Scan an item's bar code to determine if it is a healthcare IRS eligible expense
- Report a debit card as lost or stolen, and more!

Voluntary Benefits

BENEFITS PLUS

Benefits Plus is a voluntary benefits program that provides colleagues with access to group rates on insurance and discounts – with the convenience of a single payroll deduction.

HOW TO GET MORE INFORMATION

For more information, call **Benefits Plus Customer Care at 855-515-5800**.

To enroll, access plan summaries and additional detailed information go to jeffersonbenefitsplus.com.

UNIVERSAL LIFE WITH LONG-TERM CARE

Protect your family and gain financial peace-of-mind now and later in life.

Allstate Life Insurance + Long-Term Care (LTC) Benefits program is available with special acceptance provisions. If you are already enrolled in this benefit, you do not need to re-enroll. The Universal Life with LTC offers life insurance coverage for your family and LTC benefits if you need them. Because your health insurance, disability insurance and Medicare coverage does not pay for the cost of this care, LTC benefits are designed to help protect your retirement savings from the cost of LTC services if you need care in the future.

LEGALEASE INSURANCE*

Be prepared and confident facing life's legal challenges.

LegalGUARD helps to provide peace of mind and protection when it matters most. LegalGUARD members have access to a national network of attorneys with exceptional experience who are matched to meet your specific legal needs. Members also get paid-in-full coverage on most legal matters, as well as personal guidance and coaching. The LegalGUARD Plan is a unique and flexible insurance product, protecting employees against the high cost of legal fees. These plans provide the convenience of using either in-network or out-of-network attorneys. This plan connects you to an attorney for most common personal legal matters and pays for the attorney fees.

*Subject to annual enrollment terms.

Benefits Plus Program Offerings VOLUNTARY INSURANCE PROVIDER / PRODUCTS	
Enrollment Window: Within 30 days of Hire Date or during annual Open Enrollment	
LegalEASE: Legal	
Enrollment Window: Anytime	
Allstate: Identity Theft Protection	ASPCA: Pet Insurance
Farmers GroupSelect: Auto & Home	Purchasing Power
Travelers: Auto & Home	Student Loan Refinancing
Liberty Mutual: Auto & Home	Discounts
Credit4Work	
Enrollment Window: Available during special enrollments	
Allstate Universal Life with Long-Term Care	

AUTO AND HOME INSURANCE THROUGH LIBERTY MUTUAL, FARMERS GROUPSELECT AND TRAVELERS

Paying too much for auto insurance?

With the Auto & Home Insurance program offered through your employer, you'll enjoy special employee savings. Complete one online form and instantly compare real-time, side by side auto insurance quotes from leading national carriers. Apply for additional coverage for your home, condo, vacation property, boats, recreational vehicles, and more. By bundling your insurance, you could save even more when you insure with the same carrier. Take advantage of convenient payment options, including automatic payroll deduction and through an escrow account for home insurance. Coverage can begin as early as the next day.

ALLSTATE IDENTITY PROTECTION

You don't have to face identity theft alone.

Allstate Identity Protection delivers a powerful new approach to online privacy with unique tools and proactive monitoring that help you see your personal data, manage it with real time alerts, and protect your identity. Monitor your financial transactions, social media, student loans, retirement accounts, and more with enhancements such as Stolen Wallet emergency cash reimbursement up to \$500, Senior family coverage, Unemployment Fraud Center and Allstate Security Pro. If fraud occurs, highly trained in-house experts fully manage and restore your identity, and the \$1 million insurance policy covers any of your associated out-of-pocket costs.

ASPCA PET HEALTH INSURANCE

The coverage they need, the way you want.

ASPCA Pet Health Insurance helps you cover ongoing or unexpected veterinary costs. Customize your plan to fit your pet's needs and your budget. Coverage includes accidents, illnesses, cancer, hereditary conditions, alternative therapies, behavioral issues, and more. Use any vet, specialist, or emergency clinic. Get reimbursed up to 90% on covered services, and cash back from things like vaccines, dental cleanings, flea and tick medication, heartworm preventive medicine, and more with added preventive coverage.

PURCHASING POWER

Save money and master your budget.

Purchasing Power offers you the flexibility to make big purchases without using up your available credit and get a lower rate than most credit cards. You can find the right items that fit your budget while shopping thousands of brand name products including computers, appliances, fitness equipment, furniture and much more. All with the convenience of no down payment or credit check requirement. Purchasing Power allows you to receive your order up front and pay for your purchases over time through automatic payroll deductions.

CREDIT4WORK!

FINANCIAL WELLNESS PROGRAM

Credit4Work! is here to help you every step of the way in improving your credit and building a better financial future. They can help you do both—financial education resources to help with your budget and loan programs without a credit check to help you get back on track and establish good credit. This financial wellness program is available to full-time, benefits-eligible employees with at least one year of employment.

DISCOUNT SHOPPING

Need something extra?

You have access to employee discount shopping where you can save on a variety of goods and services from local and national vendors. Find great deals on theme park tickets, computers and electronics, hotels, rental cars, sporting events, clothes, gifts, and more. Sign up for the newsletter and stay connected to the latest offers.

STUDENT LOAN REFINANCING

Personalized solutions to help you repay your loans faster.

As a Jefferson colleague, you have access to helpful financial wellness benefits that can help you reduce your student loan debt. With a quick and easy online application, you could be on your way to substantial savings. Select from multiple programs to help you reach your goals faster.

SAVI STUDENT LOAN FORGIVENESS

As an employee at Jefferson, you're likely to be eligible for student loan forgiveness through the Public Student Loan Forgiveness (PSLF) program, and Savi can help you get on track! We want to make sure that you don't miss out on any forgiveness available to you. Go to tiaa.org/Jefferson/student to get started today!

COST OF COVERAGE

You pay the full cost of coverage, but benefit from group discounted rates. You will have one Jefferson payroll deduction for all of the plans you choose through Benefits Plus. The cost of each coverage is available on the Benefits Plus website: jeffersonbenefitsplus.com.





Retirement Plans

Jefferson provides retirement plans for eligible colleagues. For a description of and enrollment information for the plan(s) for which you are eligible, click on Employee Resources at the top of the ONE home page (One.Jefferson.edu) to find details in the Working at Jefferson workspace.

Employee Contributions/Auto-Enrollment

All colleagues (except Jefferson Health Plans employees) are eligible to make pre-tax contributions to a 403(b) program after you receive your first paycheck. Jefferson plans automatically enroll colleagues in biweekly contributions after notice is provided by the investment company acting as retirement plan record keeper. You have the ability to waive out of auto-enrollment or increase or decrease your colleague contribution level according to IRS maximum contribution levels. Plans also have automatic annual auto-escalation to the colleague contribution percentage. Please be sure to read notices you receive from our retirement plan record keeper and respond promptly, as appropriate.

Employer Contributions

Jefferson retirement plans provide employer contributions to eligible colleague according to specific plan provisions. For a description of and enrollment information for the plan(s) for which you are eligible, click on Employee Resources at the top of the ONE home page (One.Jefferson.edu) to find details in the Working at Jefferson workspace.

Defined Benefit Plans

Colleagues eligible for a defined benefit plan can contact Alight at 855-354-6942.

Jefferson Health Plans Employees

JHP provides 401(k) retirement plans through T. Rowe Price for eligible colleagues. For more information, please contact T. Rowe Price at 800-922-9945

Tax-Deferred Annuity Programs

All colleagues (except JHP colleague) are eligible to participate in Jefferson's Tax Deferred Annuity Programs.

Voluntary pre-tax contributions may be made to a 403(b) account to supplement your retirement income. For more information, please contact TIAA at 800-842-2888. Jefferson Einstein Hospital, Jefferson Einstein Montgomery Hospital, and Jefferson Moss-Magee Rehabilitation Hospital – Elkins Park colleagues can contact Fidelity at 800-343-0860.

Tuition Assistance Program

Regular full-time and part-time benefit eligible colleagues at Thomas Jefferson University – Center Center Campus, Thomas Jefferson University Hospital, Jefferson Hospital for Neuroscience, Jefferson Methodist Hospital, Jefferson Abington Hospital, Jefferson Lansdale Hospital, Jefferson Frankford Hospital, Jefferson Torresdale Hospital, Jefferson Bucks Hospital, Jefferson Cherry Hill Hospital, Jefferson Stratford Hospital, Jefferson Washington Township Hospital, Jefferson Moss-Magee Rehabilitation Hospital – Center City, Jefferson Einstein Hospital, Jefferson Einstein Montgomery Hospital, Jefferson Moss-Magee Rehabilitation Hospital – Elkins Park, Jefferson Health Plans and LVHN are eligible for the Tuition Assistance Program. Bargaining employees please refer to your bargaining agreement for eligibility. Thomas Jefferson University – East Falls employees can waive tuition remission benefits and opt-in to participate in Jefferson's tuition assistance program. Please contact TJU_EF_HumanResources@jefferson.edu for more information. For additional information, please refer to the Tuition Policy or the tuition page by clicking on Employee Resources at the top of the ONE home page (One.Jefferson.edu) to find details in the Working at Jefferson workspace.

The Tuition Assistance Program is managed by International Scholarship and Tuition Services, Inc. (ISTS). To apply for tuition assistance you will be required to do an online application for either internal or external tuition assistance and upload your required documentation. You will be able to track the status of your request via MyTuition.jefferson.edu.

Eligible applicants must follow the steps below to apply:

- Go to MyTuition.jefferson.edu
- Login using your campus key and password
- Information is automatically saved as you move from one page to the next
- You may exit at any time and return to make changes or complete the process until the deadline
- Review the Terms and Conditions and check that you understand and agree
- Click submit for your request to be considered
- Upload all required materials within the allotted timeframe

If you have any questions about the application process, email Jefferson@applyISTS.com, or by phone 866-820-2310.

	INTERNAL – JEFFERSON PREPAYS		EXTERNAL – REIMBURSEMENT	
Eligibility	Benefit eligible full- and part-time non-bargaining employees are eligible the first of the month on or after hire date. Courses must start after eligibility.			
% Eligible for Payment	90% of the tuition charge will be applied to your semester courses up to the calendar year maximum. Grants, scholarships and awards may reduce the amount.		80% of the tuition charge will be applied to your semester courses up to the calendar year maximum. Grants, scholarships and awards may reduce the amount.	
Calendar Year Maximum (Jan 1–Dec 31)	Undergraduate Full-time: \$5,000 Part-time: \$2,500	Graduate Full-time: \$7,500 Part-time: \$3,750	Undergraduate Full-time: \$4,000 Part-time: \$2,000	Graduate Full-time: \$5,000 Part-time: \$2,500
	Calendar year maximums will be based on the course end date.			
Requirements	<ul style="list-style-type: none">• Tuition charge not including fees• Academic credit courses offered in a degree or certificate program• Courses must be related to a position at Jefferson		<ul style="list-style-type: none">• Tuition charge not including fees• Academic credit courses offered in a degree or certificate program• Certificate programs with classroom component• Courses must be related to a position at Jefferson• Sponsored by an accredited institution through the Council for Higher Education Accreditation list	
Payment Options	Jefferson prepays. Amount sent directly to Jefferson upon submission of your online application and your Account Summary by Term from Banner. Upon completion of your course you are required to upload your Final Grade Page from Banner to the ISTS site.		Reimbursement Is given to you in your paycheck with submission of your itemized bill, paid semester receipt and a grade of C or better or Pass on a Pass/Fail basis. Submission must be within 60 days of course end date.	
	Please note: JeffSTAT EMS Education Center is currently not sponsored by an accredited internal or external institution; therefore, courses and programs will not eligible for prepay or reimbursement.			
In accordance with IRS regulations, any tuition benefit in excess of the Federal tax exempt limit (currently \$5,250 in a calendar year) will be treated as regular taxable wages and the employee will be responsible for all applicable taxes. For taxation purposes only, tuition benefit amounts will be applied to the calendar year in which they are paid. You will see this reflected on your paycheck.				

Tuition Discount Programs

UNDERGRADUATE TUITION DISCOUNT FOR SPOUSES AND DEPENDENTS OF EMPLOYEES

Jefferson offers its Eligible Colleagues a 50% discount on undergraduate tuition expenses for spouses and dependents. ("Dependent Tuition Discount"). see Employee Dependent Tuition Discount Policy, 200.66 for full details.

Who is an Eligible Colleague – Active, non-bargaining, regular employees of Thomas Jefferson University, Jefferson Health, and Jefferson Health Plans who have successfully completed one (1) year of full-time service to Jefferson or one of its controlled affiliates and active, non-bargaining, regular part-time employees who have successfully completed two consecutive (2) years of part-time service to Jefferson or one of its controlled affiliates. Service in an ineligible position will not be counted for the purpose of determining the length of an employee’s service to Jefferson or an affiliate under the Policy. Employees who are eligible for the Faculty/Senior Administrator benefit program and those who are eligible under the East Falls Tuition Remission Policy are not eligible for benefits under the Policy.

Who are eligible Dependents – 1) A colleague’s spouse or 2) a colleague’s “qualifying child” or “qualifying relative” as defined by the Internal Revenue Code (generally, someone who can be claimed as a dependent on your tax return) who enroll in an Eligible Undergraduate Program.

What are Eligible Tuition Expenses – The tuition and the general fee associated with full-time and part-time undergraduate level courses taken for credit and as part of a degree-granting Eligible Undergraduate Program, as published by the University each Academic Year. All other fees and expenses charged by the University, including special charges, course fees, departmental fees, IT fees, Library fees, studio fees, and room and/or board fees are excluded.

Eligible Undergraduate Program – All undergraduate-level, degree-granting programs offered by Jefferson except those in the College of Nursing, Medical Imaging & Radiation Sciences, Respiratory Therapy, and Medical Laboratory Sciences & Biotechnology; undergraduate accelerated online programs are also excluded. All other programs, including certificate programs, graduate degree programs, and online degree programs offered in partnership and/or with shared revenue arrangements are excluded.

GRADUATE TUITION DISCOUNT OVERVIEW FOR JEFFERSON & LVHN COLLEAGUES		
<div>Tuition Discount for Thomas Jefferson University Graduate Programs</div>	<p>Effective January 1, 2025, any person who is employed by Thomas Jefferson University, Jefferson Health, Jefferson Health Plans or the Lehigh Valley Health Network will receive the following tuition discount for Thomas Jefferson University graduate programs:</p> <ul style="list-style-type: none"> • A 15% tuition discount on all graduate programs in the College of Population Health unless on the “Excluded Programs” list below. • A 10% tuition discount on all other graduate programs unless on the “Excluded Programs” list below. <p><i>Colleagues who already receive one of the following discounts are not eligible for the additional discount; the discounts are not “stackable” but colleagues will receive the highest discount rate for which they qualify.</i></p> <ul style="list-style-type: none"> • A 25% tuition discount on all Jefferson College of Nursing (JCN) programs for any Jefferson/LVHN employee who serves as a JCN preceptor or adjunct instructor. • A significantly reduced per credit rate for any Jefferson/LVHN colleague who serves as a preceptor for the Occupational Therapy programs. 	<p>As long as you receive a Jefferson or LVHN paycheck, you qualify for the discount.</p> <p>This discount is in addition to any tuition benefit you receive through your Jefferson/LVHN benefits package.</p> <p>This discount is not a tuition benefit governed by an HR policy; it is an initiative to incentivize Jefferson/LVHN employees to consider graduate education and to pursue their degree at Thomas Jefferson University.</p>
<div>Explore Program Options</div>	<p>Explore Thomas Jefferson University graduate program options by visiting our Graduate Program Finder at: https://www.jefferson.edu/academics/programs/graduate.html</p> <p>We have over 160 graduate programs across our Jefferson Colleges, Schools & Institutes:</p> <div> <ul style="list-style-type: none"> • College of Architecture & the Built Environment • College of Health Professions • College of Life Sciences • College of Nursing • College of Pharmacy • College of Population Health <ul style="list-style-type: none"> • College of Population Health • College of Rehabilitation Sciences • Institute of Emerging Health Professions • Jefferson Institute for Bioprocessing • School of Business • School of Design & Engineering </div>	<p>We also encourage you to engage with us through our event & visit programming; opportunities can be found here: https://www.jefferson.edu/admissions/graduate.html</p>

GRADUATE TUITION DISCOUNT OVERVIEW FOR JEFFERSON & LVHN COLLEAGUES		
How to Apply	<p>When you complete your application for admission, simply utilize your Jefferson/LVHN email address and indicate that you are an colleague at a Jefferson entity (there is a question about this on the application).</p> <p>Your application will be tagged and the billing office will reduce your tuition by the percentage discount amount.</p> <p>If you are a Jefferson or LVHN colleague who is currently enrolled, there is no action you need to take; we will apply the discount code for the Spring 2025 and subsequent terms.</p>	<p>If you have a Jefferson or LVHN tuition benefit, you will still proceed with the standard process through the HR/Tuition benefits office. With the discount, your benefit will go farther!</p> <p>Note that eligibility for a discount or tuition benefit does not guarantee admission to the program.</p>
Excluded Programs	<p>The following programs are excluded from the graduate tuition discount program. Please note:</p> <ul style="list-style-type: none"> • More than 130 Jefferson graduate programs do qualify for the discount. • Eligible colleagues may still use Jefferson/LVHN's tuition benefits for programs that are excluded from the discount. <p>Jefferson College of Population Health:</p> <ul style="list-style-type: none"> • Doctor of Health Science in Population Health • Cattolica Del Sacro Cuore Joint Program • Emergency & Disaster Management MS /MPH • Quality Improvement and Patient Safety (QIPS) • Population Health Improvement Program for Scholars (PHIPS) <p>Jefferson College of Pharmacy:</p> <ul style="list-style-type: none"> • Doctor of Pharmacy • MS Pharmaceutical Science <p>Jefferson College of Life Sciences:</p> <ul style="list-style-type: none"> • All PhD Programs • Genetic Counseling <p>Jefferson College of Health Professions</p> <ul style="list-style-type: none"> • Physician Assistant Studies • Cardiovascular Perfusion <p>Jefferson College of Nursing:</p> <ul style="list-style-type: none"> • DNP – Nurse Anesthesia • MSN - DNP – PGC degrees in the following clinical programs: <ul style="list-style-type: none"> • Adult Gerontology – Acute Care Nurse Practitioner • Adult Gerontology – Primary Care Nurse Practitioner • Emergency Nurse Practitioner • Family-Individual Across the Lifespan Nurse Practitioner • Neonatal Nurse Practitioner • Pediatric Primary Care Nurse Practitioner • Psychiatric-Mental Health Nurse Practitioner • Women's Health-Gender Related Nurse Practitioner 	
Question?	If you have any questions, please contact University Admissions at enroll@jefferson.edu or 215-951-2800.	

Your Other Benefits

Other benefits may include the following, and vary by entity. Check your local entity policies:

- Time off programs
- Dependent Scholarship for Faculty and Senior Administrators

About This Benefits Summary

This Benefits Summary describes the highlights of the Jefferson Benefits Program in non-technical language. Your specific rights to benefits under this program are governed solely, and in every respect, by the official documents and not the information contained within this Benefits Summary. If there is any discrepancy between the descriptions of the program elements in this Benefits Summary and the official plan documents, the language of the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Eligibility for any benefit plan is determined by applicable plan documents and policies. You should be aware that any and all elements of the Benefits Program may be modified in the future to meet Internal Revenue Service rules or otherwise as determined by Jefferson.

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The information presented in this Guide is not intended to be construed to create a contract between Jefferson and any one of Jefferson's employees or former employees. Jefferson reserves the right to amend, modify, suspend, replace or terminate any of its plans, policies or programs, in whole or in part, including any level or form of coverage by appropriate company action, without your consent or concurrence.

July 1, 2025 – June 30, 2026 Employee Contributions for Medical/Prescription, Dental & Vision Coverages

Bi-weekly Contribution Rates—Per Pay Period

Your contribution amount can change throughout the year if your compensation changes, moving you to a different salary band.

FULL-TIME EMPLOYEES – ANNUAL SALARY BAND I – UNDER \$45,000				
Independence Administrators Medical Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Jefferson First PPO	\$18.77	\$49.58	\$42.47	\$72.10
Jefferson Select PPO	\$23.70	\$54.52	\$47.41	\$77.04
Jefferson Choice PPO	\$49.88	\$102.25	\$90.78	\$159.61
Jefferson HDHP + HSA	\$49.88	\$102.25	\$90.78	\$159.61
FULL-TIME EMPLOYEES – ANNUAL SALARY BAND II – \$45,000 – \$74,999				
Independence Administrators Medical Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Jefferson First PPO	\$26.70	\$64.98	\$51.88	\$100.75
Jefferson Select PPO	\$31.74	\$70.01	\$56.91	\$105.78
Jefferson Choice PPO	\$58.51	\$124.64	\$111.92	\$188.25
Jefferson HDHP + HSA	\$58.51	\$124.64	\$111.92	\$188.25
FULL-TIME EMPLOYEES – ANNUAL SALARY BAND III – \$75,000 – \$119,999				
Independence Administrators Medical Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Jefferson First PPO	\$35.27	\$88.16	\$70.52	\$110.82
Jefferson Select PPO	\$47.78	\$98.55	\$85.85	\$145.09
Jefferson Choice PPO	\$74.51	\$143.19	\$133.02	\$211.87
Jefferson HDHP + HSA	\$74.51	\$143.19	\$133.02	\$211.87
FULL-TIME EMPLOYEES – ANNUAL SALARY BAND IV – \$120,000 – \$199,999				
Independence Administrators Medical Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Jefferson First PPO	\$40.30	\$98.23	\$78.08	\$118.37
Jefferson Select PPO	\$59.67	\$115.09	\$101.79	\$163.84
Jefferson Choice PPO	\$85.73	\$157.66	\$144.81	\$227.03
Jefferson HDHP + HSA	\$85.73	\$157.66	\$144.81	\$227.03
FULL-TIME EMPLOYEES – ANNUAL SALARY BAND V – \$200,000 AND ABOVE				
Independence Administrators Medical Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Jefferson First PPO	\$45.79	\$104.28	\$83.92	\$124.62
Jefferson Select PPO	\$70.25	\$126.21	\$112.77	\$175.44
Jefferson Choice PPO	\$99.87	\$169.92	\$156.94	\$239.95
Jefferson HDHP + HSA	\$99.87	\$169.92	\$156.94	\$239.95
PART-TIME EMPLOYEES – ALL SALARY TIERS				
Independence Administrators Medical Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Jefferson First PPO	\$48.31	\$193.20	\$157.11	\$250.66
Jefferson Select PPO	\$107.20	\$241.93	\$234.30	\$338.54
Jefferson Choice PPO	\$127.03	\$279.56	\$259.73	\$378.70
Jefferson HDHP + HSA	\$127.03	\$279.56	\$259.73	\$378.70
ACA NON-BENEFIT ELIGIBLE EMPLOYEES – ALL SALARY TIERS				
Independence Administrators Medical Plan	Employee Only		Employee + Child(ren)	
Jefferson First PPO	\$48.31		\$255.70	

Additional Credits and Premiums Per Pay Period	
Wellness Credit (Full and Part-Time)	
Employee	\$15
Premiums (Full and Part-Time)	
Working Spouse	\$75
Employee Nicotine	\$35
Spouse Nicotine	\$35

Credits:

Benefits-eligible colleagues who complete the wellness program requirements will receive a wellness credit applied to their medical premium the following plan year.

Premiums:

The Working Spouse premium will apply if you enroll a spouse in medical who has access to health insurance through another employer.

The Employee Nicotine premium will apply if you're enrolled in the medical plan and attest to using tobacco/nicotine products.

The Spousal Nicotine premium will apply if your spouse is enrolled in the medical plan and uses tobacco/nicotine products.

COVERAGE FOR WORKING SPOUSES

If your spouse has access to their own employer-sponsored medical coverage, and you choose to cover your spouse under the Jefferson employee health plan, the working spouse premium will increase to \$75 per pay period. All colleagues will need to attest to their spouse's status in Workday during enrollment. When completing the attestation, keep in mind that failing to disclose that your spouse has access to their own employer-sponsored coverage would constitute an act of dishonesty in violation of our code of conduct, which could result in disciplinary action up to and including termination.

DENTAL

FULL-TIME EMPLOYEES – ALL SALARY TIERS				
Delta Dental Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Platinum	\$10.71	\$21.39	\$24.08	\$32.10
Gold	\$8.56	\$17.12	\$19.26	\$25.68
DMO	\$4.41	\$8.82	\$9.92	\$14.32
PART-TIME EMPLOYEES – ALL SALARY TIERS				
Delta Dental Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Platinum	\$16.84	\$33.71	\$37.92	\$50.54
Gold	\$13.76	\$27.55	\$30.98	\$41.29
DMO	\$7.35	\$14.69	\$16.53	\$23.88

VISION

FULL- AND PART-TIME EMPLOYEES – ALL SALARY TIERS				
Vision Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Davis Vision by MetLife	\$2.91	\$5.82	\$6.12	\$8.52

MONTHLY COBRA RATES

7/1/2025 –6/30/2026 Monthly COBRA Rates	Independence Administrators				Delta Dental of PA			Davis Vision by Metlife
	Jefferson First Medical	Jefferson Select Medical	Jefferson Choice Medical	Jefferson HDHP + HSA Medical	Platinum Dental	Gold Dental	DMO Dental	Davis Vision
Beneficiary Only	\$773.53	\$700.77	\$755.95	\$663.17	\$39.44	\$31.52	\$16.24	\$6.44
Beneficiary + Spouse	\$1,740.42	\$1,576.75	\$1,700.88	\$1,492.15	\$78.82	\$63.08	\$32.47	\$12.87
Beneficiary + Child(ren)	\$1,470.80	\$1,331.46	\$1,436.28	\$1,260.04	\$88.67	\$70.95	\$36.53	\$13.52
Family	\$2,475.24	\$2,242.47	\$2,419.00	\$2,122.15	\$118.21	\$94.57	\$52.76	\$18.83

7/1/2025–6/30/2026 Benefits Service Provider Contact List

HR Service Center | 215-503-4772 (select Option 8) | bit.ly/JeffersonHRSC

VENDOR	PHONE	WEBSITE / EMAIL	ENTITY (applies to all unless otherwise noted)
COBRA			
WEX	866-451-3399	wexinc.com	
DENTAL			
Delta Dental of PA PPO Group# 23392 DeltaCare/DMO Group# 70172	800-932-0783 (PPO) 800-422-4234 (DMO)	www.deltadentalins.com	
DISABILITY			
Lincoln Financial Group (Short & Long-Term Disability)	877-321-1140	mylincolnportal.com company code: JEFFERSON-EE	
Guardian (Buy-Up Long-Term Disability for Faculty, Physicians and Vice-Presidents)	888-275-7473	diclaims@glic.com	
FLEXIBLE SPENDING ACCOUNT			
WEX	866-451-3399	wexinc.com	
HEALTHY LIVING			
Independence Wellness Portal	844-242-1700	www.MyIBXTPAbenefits.com	
Color Genetic Testing	844-352-6567	color.com/jefferson	
Independence Care Management	844-242-1700	www.MyIBXTPAbenefits.com	
Independence Baby Beginnings	833-242-1777	babybeginnings@ahatpa.com	
Independence Wellness Reimbursement	833-242-1700	Healthaccountplus@ibxtpa.com	
LEAVE OF ABSENCE			
Lincoln Financial Group	877-321-1140	mylincolnportal.com company code: JEFFERSON-EE	
MEDICAL			
Independence Administrators (Independence Blue Cross)	844-242-1700	www.MyIBXTPAbenefits.com	
Employee Priority Scheduling	1-833-OUR-JEFF to make an appointment with a Jefferson provider 1-877-331-5333 to make an appointment with an Einstein provider 888-402-LVHN to make an appointment with an LVHN provider		
JeffConnect		jeffersonhealth.org/jeffconnect	

ENTITY LEGEND

TJU/CC = Thomas Jefferson University – Center City Campus | **TJUH** = Thomas Jefferson University Hospital
JHN = Jefferson Hospital for Neuroscience | **JMH** = Jefferson Methodist Hospital | **JAH** = Jefferson Abington Hospital
JLH = Jefferson Lansdale Hospital | **JFH** = Jefferson Frankford Hospital | **JTH** = Jefferson Torresdale Hospital
JBH = Jefferson Bucks Hospital | **JCHH** = Jefferson Cherry Hill Hospital | **JSH** = Jefferson Stratford Hospital
JWTH = Jefferson Washington Township Hospital | **JMMR/CC** = Jefferson Moss-Magee Rehabilitation Hospital – Center City
TJU/EF = Thomas Jefferson University – East Falls Campus | **JEH** = Jefferson Einstein Hospital
JEMH = Jefferson Einstein Montgomery Hospital | **JMMR/EP** = Jefferson Moss-Magee Rehabilitation Hospital – Elkins Park
JHP = Jefferson Health Plans

7/1/2025– 6/30/2026 Benefits Service Provider Contact List (continued)

HR Service Center | 215-503-4772 (select Option 8) | bit.ly/JeffersonHRSC

VENDOR	PHONE	WEBSITE / EMAIL	ENTITY (applies to all unless otherwise noted)
MENTAL HEALTH SUPPORT			
Carebridge	800-437-0911	www.carebridgenow.com access code: ABSDA	JAH, JLH, JCHH, JSH, JWTH, JMMR/CC, JEH, JEMH, JMMR/EP, JHP
FirstCall	800-382-2377	firstcallep.org username: jefferson password: firstcall	TJU/CC, TJUH, JHN, JMH, JFH, JTH, JBH, TJU/EF
Marvin		meetmarvin.com/jefferson	
Neuroflow		start.neuroflow.com/jeffersonemployees	
PRESCRIPTION			
CVS Caremark	800-840-9504	caremark.com	
RETIREMENT			
TIAA (TDAs and Retirement Plans)	800-842-2888	tiaa.org/jefferson	TJU/CC, TJUH, JHN, JMH
TIAA (TDAs and Retirement Plans)	800-842-2888	tiaa.org/jeffersonhealth	JAH, JLH, JFH, JTH, JBH, JCHH, JSH, JWTH, JMMR/CC
TIAA (TDAs and Retirement Plans)	800-842-2888	tiaa.org/philau	TJU/EF
TIAA (to schedule individual counseling sessions)	800-842-2888	tiaa.org/schedulenow	TJU/CC, TJUH, JHN, JMH, JAH, JLH, JFH, JTH, JBH, JCHH, JSH, JWTH, TJU/EF, JMMR/CC
Alight Solutions Your Pension Resources™ (DB Pension Plans)	855-354-6942	yourbenefitsresources.com/jeffersonretirement	
Fidelity	800-343-0860	www.netbenefits.com	JEH, JEMH, JMMR/EP
T-Rowe Price	800-922-9945	rps.troweprice.com	JHP
Social Security Administration/Medicare	800-772-1213	ssa.gov	
SUPPLEMENTAL INSURANCE			
Critical Illness Accident Hospital Indemnity	877-321-1140	lincolffinancial.com	

ENTITY LEGEND

TJU/CC = Thomas Jefferson University – Center City Campus | **TJUH** = Thomas Jefferson University Hospital
JHN = Jefferson Hospital for Neuroscience | **JMH** = Jefferson Methodist Hospital | **JAH** = Jefferson Abington Hospital
JLH = Jefferson Lansdale Hospital | **JFH** = Jefferson Frankford Hospital | **JTH** = Jefferson Torresdale Hospital
JBH = Jefferson Bucks Hospital | **JCHH** = Jefferson Cherry Hill Hospital | **JSH** = Jefferson Stratford Hospital
JWTH = Jefferson Washington Township Hospital | **JMMR/CC** = Jefferson Moss-Magee Rehabilitation Hospital – Center City
TJU/EF = Thomas Jefferson University – East Falls Campus | **JEH** = Jefferson Einstein Hospital
JEMH = Jefferson Einstein Montgomery Hospital | **JMMR/EP** = Jefferson Moss-Magee Rehabilitation Hospital – Elkins Park
JHP = Jefferson Health Plans

7/1/2025–6/30/2026 Benefits Service Provider Contact List (continued)

HR Service Center | 215-503-4772 (select Option 8) | bit.ly/JeffersonHRSC

VENDOR	PHONE	WEBSITE / EMAIL	ENTITY (applies to all unless otherwise noted)
TUITION ASSISTANCE PROGRAM			
ISTS	866-820-2310	mytuition.jefferson.edu Jefferson@applyISTS.com	TJU/CC, TJUH, JHN, JMH, JAH, JLH, JFH, JTH, JBH, JCHH, JSH, JWTH, JMMR/CC, JEH, JEMH, JMMR/EP
VISION			
Davis Vision by MetLife	833-393-5433	metlife.com/mybenefits	
VOLUNTARY BENEFITS (BENEFITS PLUS)			
Benefits Plus Customer Service (Auto & Home; Credit4Work!; Discounts; Identity Theft Protection; LegalEASE; Pet Insurance; Purchasing Power; Student Refinancing)	855-515-5800	jeffersonbenefitsplus.com Customer Care: customercare@corestream.com corporate account number: 027288	
Allstate Universal Life with Long-Term Care	888-401-4250	www.getltci.com/jefferson	
Savi	833-604-1226	tiaa.org/Jefferson/student	

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JEMH = Jefferson Einstein Montgomery Hospital | **JMMR/EP** = Jefferson Moss-Magee Rehabilitation Hospital – Elkins Park
JHP = Jefferson Health Plans

Health Plan Compliance Notices

HOSPITAL INDEMNITY INSURANCE DISCLOSURE

IMPORTANT: Hospital Indemnity Insurance is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit [HealthCare.gov](https://www.healthcare.gov) online or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

NEWBORNS' ACT DISCLOSURE

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending

provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

WOMEN'S HEALTH AND CANCER RIGHTS ACT ANNUAL NOTICE

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call Independence Administrators at 844-242-1700 for more information.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

The health benefits program will provide certain benefits related to benefits received in connection with a mastectomy.

The health benefits program will include reconstructive surgery following a mastectomy. If you or your dependent(s) (including your spouse) are receiving medical benefits under the health benefits program in connection with a mastectomy and you or your dependent(s) (including your spouse) elect breast reconstruction, the coverage will be provided in a manner determined in consultation with the attending physician for all stages of reconstruction of the breast on which the mastectomy was performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and treatment of physical complications of the mastectomy, including lymphedemas.

Reconstructive benefits are subject to annual health benefits program deductibles and coinsurance provisions like other medical and surgical benefits covered under the health benefits program.

GENETIC INFORMATION NONDISCRIMINATION ACT

The Plan will comply with the requirements of the Genetic Information Nondiscrimination Act of 2008 ("GINA") and the guidance issued pursuant to GINA that is applicable to the Plan. Except as otherwise permitted by GINA, the Plan, or any insurer providing coverage with respect to any Plan benefit program, may not adjust premium or contribution amounts for individuals covered under the Plan on the basis of genetic information. Except as otherwise permitted by GINA, the Plan will not require any individual, as a condition of enrollment or continued enrollment under the Plan, to pay a premium or contribution amount which is greater than such premium or contribution amount would be for a similarly situated individual enrolled in the Plan because of a health status-related factor of that individual or that individual's covered dependent.

MENTAL HEALTH AND SUBSTANCE USE DISORDER PARITY

If any medical benefit component program (1) provides both medical and surgical and mental health or substance use disorder benefits and (2) is not subject to an "increased cost exemption" from the medical health and substance abuse parity rules:

- the medical benefit component program may not apply annual or lifetime limits for mental health or substance use disorders that are lower than those for medical and surgical benefits.
- the medical benefit component program may not apply more restrictive financial requirements or treatment limitations to mental health or substance use disorder benefits in any classification than the predominant limitations applied to substantially all of the medical and surgical benefits in any classification.
- the criteria for medical necessity determinations made under any medical benefit component program with respect to mental health or substance use disorder

benefits shall be made available by the Company (in accordance with the MHPA and the MHPAEA) to any current or potential Participant upon request.

- the reason for any denial under the Plan of reimbursement or payment for services with respect to mental health or substance use disorder benefits in the case of any Participant shall, on request or as otherwise required under the MHPA and the MHPAEA, be made available by the Company to the Participant in accordance with the claims procedures applicable to the medical benefit component program.
- the Plan shall be operated and construed in all respects in compliance with the MHPA and the MHPAEA.

“Mental health benefits” and “substance use disorder benefits” mean benefits with respect to items or services for mental health conditions and substance use disorders, respectively, and shall be as defined in the underlying policy or contract applicable to the medical benefit component program, pursuant to applicable state and federal law, and consistent with generally recognized independent standards of current medical practice.

PATIENT PROTECTIONS

If any medical benefit program allows for the designation of a primary care provider, you have the right to designate any primary care provider who participates in the medical benefit component program network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Plan Administrator. For children, you may designate a pediatrician as the primary care provider.

If any medical benefit program allows for the designation of a primary care provider, you do not need prior authorization from the medical benefit component program or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the plan network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of any participating health

care professionals who specialize in obstetrics or gynecology, contact Independence Administrators at 844-242-1700.

SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the Human Resources Service Center at 215-503-4772, select Option 8.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of March 17, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program
Website: <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mychohibi.com/>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: 678-564-1162, Press 2

INDIANA – Medicaid

Health Insurance Premium Payment Program
All other Medicaid
Website: <https://www.in.gov/medicaid/>
<http://www.in.gov/fssa/dfr/>
Family and Social Services Administration Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: [Iowa Medicaid | Health & Human Services](#)
Medicaid Phone: 1-800-338-8366
Hawki Website: [Hawki - Healthy and Well Kids in Iowa | Health & Human Services](#)
Hawki Phone: 1-800-257-8563
HIPP Website: [Health Insurance Premium Payment \(HIPP\) | Health & Human Services \(iowa.gov\)](#)
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPPA Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website:
<https://chfs.ky.gov/agencies/dms>

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/la hipp
Phone: 1-888-342-6207 (Medicaid hotline) or
1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage:
<https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
TTY: 711
Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid

Website:
<http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HHSHIPPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll free number for the HIPP program:
1-800-852-3345, ext. 5218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 1-800-356-1561
CHIP Premium Assistance Phone: 609-631-2392
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711)

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.pa.gov/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website:
Children's Health Insurance Program (CHIP) (pa.gov)
CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>
Phone: 1-855-697-4347, or
401-462-0311 (Direct RlTe Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493
UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA – Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Notice of Privacy Practices for The Jefferson Health and Welfare Plan

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Jefferson Health and Welfare Plan (the "Plan") is committed to protecting your privacy and understands the importance of safeguarding your medical information. We are required by federal law to maintain the privacy of health information that identifies you or that could be used to identify you (known as "Protected Health Information" or "PHI"). We also are required to provide you with this Notice of Privacy Practices, which explains our legal duties and privacy practices, as well as your rights, with respect to PHI that we collect and maintain. We are required by federal law to abide by the terms of this Notice currently in effect. However, we reserve the right to change the privacy practices described in this Notice and make the new practices effective for all PHI that we maintain. Should we make such a change, you may obtain a revised Notice by accessing it at one.jefferson.edu or contacting the Plan Administrator at Thomas Jefferson University 1101 Market Street, 23rd Floor Philadelphia, PA 19107, (p) 215-503-4772. You have the right to obtain a paper copy of this Notice from us. You also have the right to be notified if you are affected by a breach of unsecured PHI.

Certain benefits under the Plan are administered through insurance companies and other service providers. You may receive separate Notices from one or more of these organizations describing how they use and disclose PHI.

Your health information is highly personal, and the Plan is committed to safeguarding your privacy. For plan administration purposes, the Plan and any other outside service providers working (for example, claims administrators) with the Plan create records (such as records of health claims), which include your PHI and this Notice applies to all such records. Your actual health care provider (like your doctor) may deliver its own Notices, as well.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Object

While the list below is not exhaustive, the Plan may use or disclose your PHI without your authorization or the opportunity to object for the following reasons:

For Treatment: Your PHI may be used or disclosed to carry out medical treatment or services by providers. For example, in carrying out treatment functions, the Plan's claims administrators could use or disclose your PHI to protect you from receiving inappropriate medications or share information with relevant parties about prior prescriptions if a newly prescribed drug could cause problems for you. The Plan also may share information about prior treatment with a provider who needs that information to treat you or your family properly.

For Payment: Your PHI may be used or disclosed to determine your eligibility for plan benefits, to coordinate coverage between this Plan and another plan, and to facilitate payment for services you receive. For example, the Plan may share your information with an outside vendor, to review how certain services are used, or to help ensure that the Plan is properly reimbursed, where a third party is ultimately responsible for bearing the medical costs in question.

For Health Care Operations: Your PHI may be used and disclosed for various administrative purposes that are called health care operations of the Plan. For example, your PHI might be included as part of an audit designed to ensure that the Plan's outside claims administrator is performing its job as well as it should be. Your PHI, along with that of all other participants, may be used and disclosed each year to set appropriate premiums for the Plan or to secure insurance to protect the Plan or its sponsor, financially. The Plan may not use or disclose genetic information for underwriting purposes.

Communications about Benefits: The Plan may use or disclose your PHI to send you (1) treatment reminders for services like mammograms or prostate cancer screenings, and (2) information about alternative medical treatments and programs or health-related products and services that may interest you. For example, the Plan might send you information about smoking cessation or weight-loss programs.

Disclosures to the Plan Sponsor and Use by Plan Sponsor: To determine if and when you and your family members are covered by the Plan, the Plan will share enrollment information about you and your family members with Thomas Jefferson University and/or its controlled affiliates ("Jefferson"). The Plan will also periodically disclose PHI to designated Jefferson employees so that they can (1) assist participants with benefits questions, problems and appeals; (2) perform financial planning and projections; (3) monitor the performance of third parties; (4) oversee and assist with the administration of the Plan (5) conduct certain payment and health care operations activities (as those terms are defined under the HIPAA Privacy Rule) for the Plan, including but not limited to - conducting population-based activities relating to improving health or reducing health care costs, case management and care coordination activities, quality assessment and improvement activities and performing underwriting, premium rating, business planning, and general administrative activities - so long as any such Plan administration functions are permissible under HIPAA. Plan data may be shared for Plan administration functions as de-identified or as individually identifiable health information, including as a Limited Data Set, in accordance with the HIPAA Privacy Rule. Jefferson will only use the PHI for these purposes, for the purposes you authorize, or as the law otherwise requires or permits.

Underwriting Purposes. We may collect, use, and disclose PHI for underwriting purposes; however, we will not use or disclose your genetic information for such purposes.

Required by the Secretary of Health and Human Services: We may be required to disclose your PHI to the Secretary of Health and Human Services to investigate or determine our compliance with the requirements of the final rule on Standards for Privacy of Individually Identifiable Health Information.

Required By Law: We may use or disclose your PHI to the extent that the use or disclosure is otherwise required by federal, state or local law.

Public Health: We may disclose your PHI for public health activities, such as disclosures to a public health authority or other government agency that is permitted by law to collect or receive the information (e.g., the Food and Drug Administration).

Health Oversight: We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Abuse or Neglect: If you have been a victim of abuse, neglect, or domestic violence, we may disclose your PHI to a government agency authorized to receive such information. In addition, we may disclose your PHI to a public health authority that is authorized by law to receive reports of child abuse or neglect.

Judicial and Administrative Proceedings: We may disclose your PHI in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and, in certain conditions, in response to a subpoena, discovery request or other lawful process.

Law Enforcement: We may disclose your PHI, so long as applicable legal requirements are met, for law enforcement purposes, such as providing information to the police about the victim of a crime.

Coroners and Funeral Directors: We may disclose your PHI to a coroner, medical examiner, or funeral director if it is needed to perform their legally authorized duties.

Organ Donation: If you are an organ donor, we may disclose your PHI to organ procurement organizations as necessary to facilitate organ donation or transplantation.

Research: Under certain circumstances, we may disclose your PHI to researchers when their research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your PHI.

Serious Threat to Health or Safety: We may disclose your PHI if we believe it is necessary to prevent a serious and imminent threat to the public health or safety and it is to someone we reasonably believe is able to prevent or lessen the threat.

Specialized Government Functions: When the appropriate conditions apply, we may disclose your PHI for purposes related to military or national security concerns, such as for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits.

National Security and Intelligence Activities: We may disclose your PHI to authorized federal officials for intelligence, counterintelligence, protection of the President, other authorized persons or foreign heads of state, for purpose of determining your own security clearance and other national security activities authorized by law.

Workers' Compensation: We may disclose your PHI as necessary to comply with workers' compensation laws and other similar programs.

Inmates: We may use or disclose your PHI if you are an inmate of a correctional facility and we created or received your PHI in the course of providing care to you.

Business Associates: We may disclose your PHI to persons who perform functions, activities or services to us or on our behalf that require the use or disclosure of PHI. To protect your health information, we require the business associate to appropriately safeguard your information.

USES AND DISCLOSURES THAT MAY BE MADE EITHER WITH YOUR AGREEMENT OR THE OPPORTUNITY TO OBJECT

Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, orally or in writing, your PHI that directly relates to that person's involvement in your health care. If you are unable to agree or object to such disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose your PHI to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location or general condition.

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION BASED UPON YOUR WRITTEN AUTHORIZATION

Psychotherapy Notes: We must obtain your written authorization for most uses and disclosures of psychotherapy notes.

Marketing: We must obtain your written authorization to use and disclose your PHI for most marketing purposes.

Sale of PHI: We must obtain your written authorization for any disclosure of your PHI which constitutes a sale of PHI.

Other Uses: Other uses and disclosures of your PHI, not described above, will be made only with your written authorization (unless otherwise permitted or required by law). You may revoke your authorization, at any time, in writing, except to the extent that we have taken action in reliance on the authorization.

ADDITIONAL RESTRICTIONS ON USE AND DISCLOSURES

Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. If a use or disclosure of health information is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law.

YOUR RIGHTS REGARDING HEALTH INFORMATION ABOUT YOU

You have certain rights regarding your PHI, which are explained below. You may exercise these rights by submitting a request in writing to our Privacy Officer at Thomas Jefferson University 1101 Market Street, 23rd Floor Philadelphia, PA 19107, attention: Privacy Officer – Jefferson Health and Welfare Plan.

You have the right to inspect and copy your PHI. You may access your PHI maintained by the Plan. You will be able to inspect and/or copy your PHI as long as it is maintained by the Plan or on behalf of the Plan. You must make your request for access to your information in writing to the Plan or the appropriate claims administrator contact. Your request for access may be denied only under certain limited circumstances. In the event of a denial, you will be provided access to any part of the requested material that has not been specifically denied under these circumstances. In most situations, you are entitled to request review of an access denial. Generally, your information will be provided to you in a form regularly maintained by the Plan or the claims administrator. If you consent, the Plan or claims administrator may provide a summary or explanation of your information that it holds instead of providing you access to the information. You may be charged a reasonable fee to cover costs related to copying your PHI, preparing an explanation or summary of it, and paying for postage.

You have the right to request a restriction of your PHI. This means you may ask us not to use or disclose any part of your PHI for purposes of treatment, payment or health care operations. You may also request that any part of your PHI not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, except we must agree not to disclose your PHI to your health plan if the disclosure (1) is for payment or health care operations and is not otherwise required by law, and (2) relates to a health care item or service which you paid for in full out of pocket. If we agree to the requested restriction, we may not use or disclose your PHI in violation of that restriction unless it is needed to provide emergency treatment.

You have the right to request to receive confidential communications from us by alternative means or at an alternative location. You have the right to request that we communicate with you in a certain way or at a certain location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact.

You have the right to amend your PHI. This means you may request an amendment of your PHI in our records that is contained in a designated record set (e.g., medical and billing records) for as long as we maintain the PHI. We may deny your request if, for example, we determine that your PHI is accurate and complete. If we deny your request, we will send you a written explanation and allow you to submit a written statement of disagreement.

You have the right to receive an accounting of certain disclosures that we have made of your PHI. You have the right to receive an accounting of certain disclosures we have made, if any, of your PHI. This right only applies to disclosures for purposes other than treatment, payment or health care operations as described in this Notice. It also excludes disclosures we may have made to you, your family members or friends involved in your care. The right to receive this information is subject to certain exceptions, restrictions and limitations. You must specify a time period, which may not be longer than 6 years. You may request a shorter timeframe. You have the right to one free request within any 12-month period, but we may charge you for any additional requests in the same 12-month period. We will notify you about any such charges, and you are free to withdraw or modify your request in writing before any charges are incurred.

You have the right to opt out of receiving fundraising communications from us. We may contact you for fundraising purposes. You have the right to opt out of receiving these communications.

COMPLAINTS

If you believe that we have violated your privacy rights, you may file a complaint with us by notifying our Privacy Officer in writing at the following address:

Privacy Officer – Jefferson Health and Welfare Plan
Thomas Jefferson University
1101 Market Street, 23rd Floor
Philadelphia, PA 19107.

We will not retaliate against you in any way for filing a complaint. You may also submit your complaint to the Secretary of Health and Human Services.

This notice is effective on **July 1, 2024**.

Important Notice from Jefferson About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Jefferson and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Jefferson has determined that the prescription drug coverage offered by the Jefferson group health plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current Jefferson coverage will not be affected. The plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Jefferson coverage, be aware that you and your dependents will be able to get this coverage back during an open enrollment period under the Jefferson group health plans.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with Jefferson and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Jefferson changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: September 30, 2024

HR Service Center
Thomas Jefferson University
1101 Market Street, 23rd Floor
Philadelphia, PA 19107
215-503-4772



This Guidebook does not imply a guarantee of current or future benefits.