Jefferson Health Plans | Health Partners Plans

# Individual and Family Plans Product Overview for Open Enrollment Period 2026

October 16, 2025

# Welcome!

There is **no sound** until the webinar begins.

Webinar **will be recorded**. Participation in the webinar is agreement to recording.

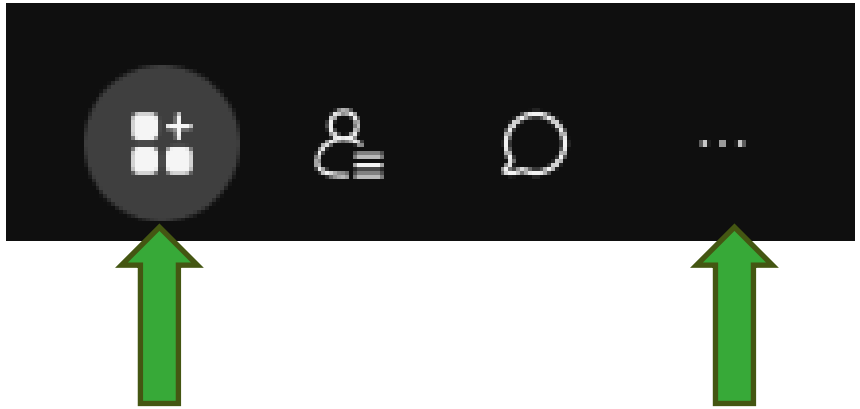
All participants phones have been **muted** except for the presenter.

Any unanswered questions today, will be addresses **following the presentation**.

Please use the chat for any technical issues.

# Polling and Q&A in Webex

Slido Q&A can be accessed through either the Apps or the Ellipsis icons located at the bottom right corner of your screen.



# Individual and Family Plans Product Overview for Open Enrollment Period 2026

## Agenda

**In this presentation we will cover:**

1. The Affordable Care Act
2. Overview of Individual and Family Plans 2026
3. Service/coverage areas
4. Provider Tools and Resources

# Affordable Care Act

# ACA Eligibility

- The Patient Protection and Affordable Care Act (also known as the Affordable Care Act, ACA, or "Obamacare") was enacted in 2010 and offers low-cost health insurance to qualified individuals and their families.
- The ACA is a federal law, but similarly to Medicaid, each state administers its own program in accordance with federal requirements.
- Under the Affordable Care Act, states offer health plans through online marketplaces or “exchanges.” Across all states, there are four categories of ACA plans: Bronze, Silver, Gold, and Platinum. Jefferson Health Plans is offering Bronze, Silver, and Gold plans.
- **PA’s exchange is called Pennie.**
- ACA plans can be purchased either directly through Pennie (“on exchange”) or through a broker (“off-exchange”). The benefits for a particular plan are the same regardless of how it was purchased, but a person getting subsidies can only purchase through Pennie.

# What is the Affordable Care Act?

- In order to enroll in an ACA plan offered through a state exchange (Pennie), a person must:
  - Be a U.S. citizen, U.S. National, or have a qualified immigration status. Click here for more information.
  - Be a PA resident.
  - Not be incarcerated*
    - *Returning citizens have a 60-day Special Enrollment Period (SEP) to sign up for a plan through Pennie after they are released.
- Typically, people who qualify for ACA coverage are not eligible for programs such as Medicare, Medicaid, and CHIP. They also don't have health insurance through their job—or the plan offered by their employer does not meet the ACA's minimum coverage requirements.
- While a person with Medicaid or CHIP *may* enroll in an ACA plan, have to pay full price.

# Jefferson Health Plans Individual and Family Plans Key Terms

## What does On-Exchange and OFF-Exchange mean?

**On-Exchange:** Member purchases health insurance through Pennie.com or GetCoveredNJ

**Off-Exchange:** Member purchases health insurance plan directly from insurance provider or broker.

## Other Key Considerations

Same benefit packages will be offered to on- and off-exchange members.

Subsidies, or APTC, are available at any metal level ONLY for on-exchange members.

ONLY on-exchange members are eligible for Cost Share Reductions (CSR).

# 2026 Individual & Family Plans Overview

# 2026 ACA Portfolio Update

**Products**

- Continue to offer HMO and PPO Portfolio with Bronze, Silver, and Gold Metal level options
- At each Metal level; we provide a $0 deductible option
- Free PCP visits on select plans

**Service Area**

- In Pennsylvania: **Expanded HMO and PPO portfolio to Carbon, Monroe, & Schuylkill**
- In Pennsylvania: **Expanded PPO portfolio in Philadelphia, Bucks, Montgomery & Delaware Counties**

**Highlights**

- **Maintained benefit cost sharing similar to previous years**
- **Held premium rates consistent and low across the market options**

# Jefferson Health Plans: 2026 ACA Plan Portfolios

## HMO

- **3** Bronze plans
- **3** Silver plans
- **3** Gold plans

| Jefferson Health Plans HMO Portfolio: | |
|---|---|
| 3 **Bronze** Plans: | • $0 Deductible<br>• Total<br>• Value |
| 3 **Silver** Plans: | • $0 Deductible<br>• Balanced<br>• Total |
| 3 **Gold** Plans | • $0 Deductible<br>• Total<br>• Value |

## PPO

- **3** Bronze plans
- **3** Silver plans
- **3** Gold plans

| Jefferson Health Plans PPO Portfolio: | |
|---|---|
| 3 **Bronze** Plans: | • $0 Deductible<br>• Total<br>• Value |
| 3 **Silver** Plans: | • $0 Deductible<br>• Balanced<br>• Total |
| 3 **Gold** Plans | • $0 Deductible<br>• Total<br>• Value |

# Plan Comparison

Plans across all three tiers deliver quality coverage to meet our members' healthcare needs and budget

## BRONZE

**Premium Costs: $**

**Out-of-Pocket: $$$**

- ✓ Advanced premium tax credits*
- ✗ Cost-sharing reductions*

★ **BEST IF:** You don't go to the doctor often and want lower premiums

## SILVER

**Premium Costs: $$**

**Out-of-Pocket: $$**

- ✓ Advanced premium tax credits*
- ✓ Cost-sharing reductions*

★ **BEST IF:** You want to pay a lower premium and keep out-of-pocket costs lower

## GOLD

**Premium Costs: $$$**

**Out-of-Pocket: $**

- ✓ Advanced premium tax credits*
- ✗ Cost-sharing reductions*

★ **BEST IF:** You go to the doctor often and want lower out-of-pocket costs

# Individual and Family Plans Benefits

**No Referrals Needed**

Direct access to specialists and more.

**$0 Virtual Visits**

24/7 virtual care from the comfort of home through JeffConnect.

**Low-Cost Prescription Drugs**

Coverage for generic and brand-name prescriptions.

**Comprehensive Coverage**

Complete coverage for medical and hospital care.

**Affordable Plans**

Choose from some of the most affordable plans on the marketplace.

**Broad Network**

Access to doctors, hospitals, and specialists near you

To learn more about specific plan benefits, including co-pay information, visit our website at: [Summary of Benefits - Jefferson Health Plans]

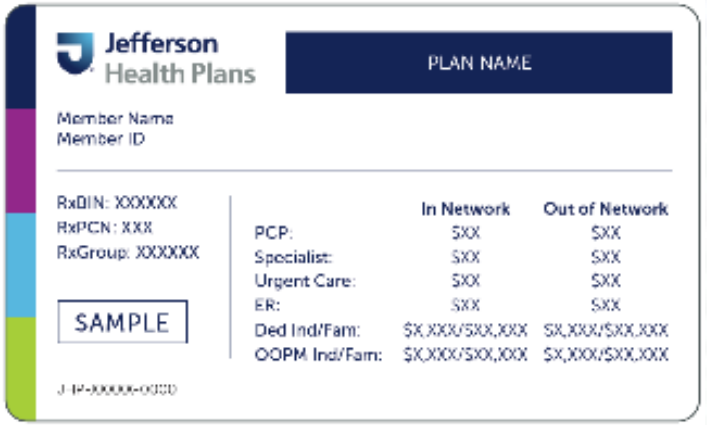
# ID Cards

## Jefferson Health Plans Individual and Family Plans

**Payor ID:** #80142

**Paper Claims Submissions:**

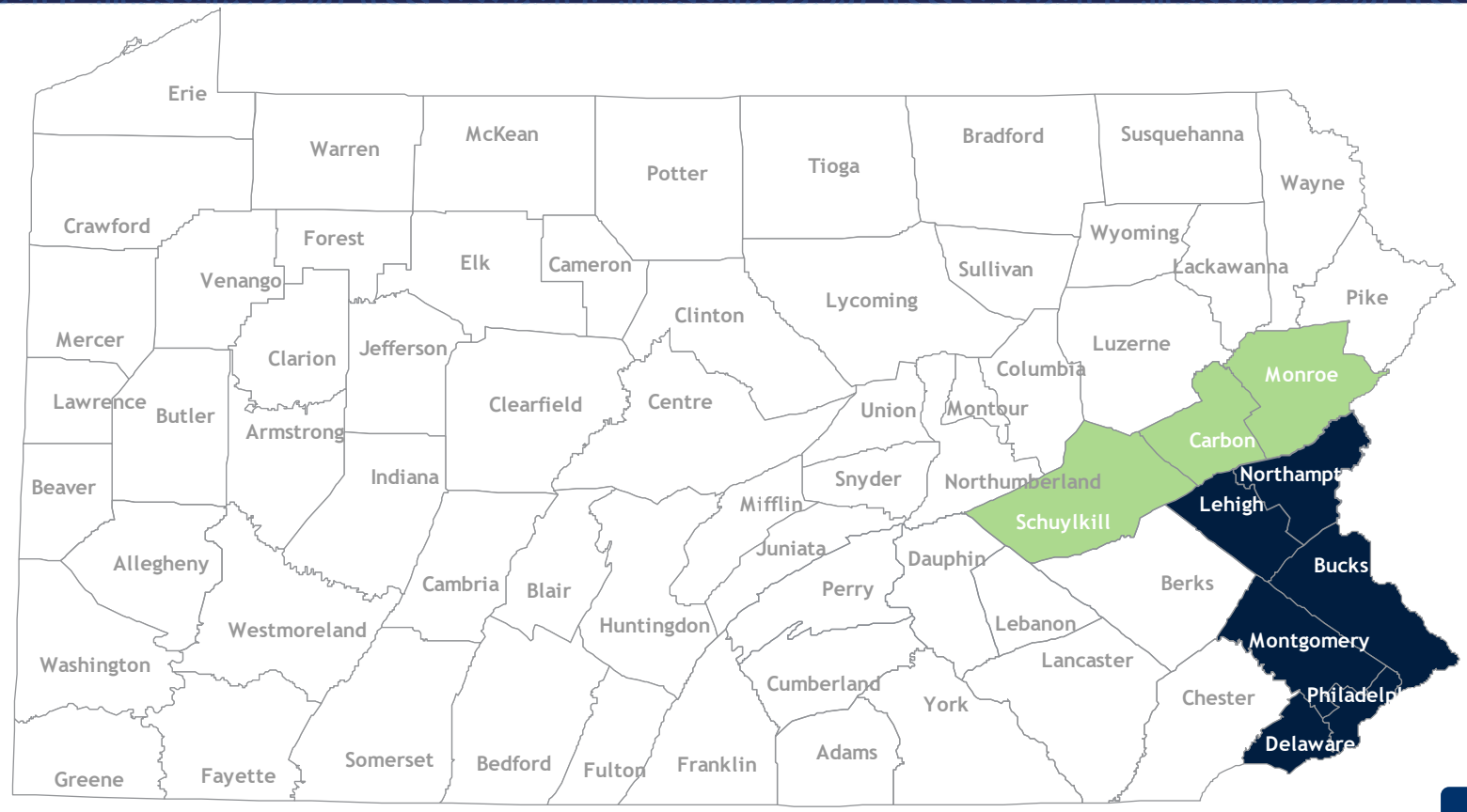
Jefferson Health Plans, PO BOX 211123
Eagan, MN 55121




(12-digit ID, starting with a "J")

*When a patient presents without a Member ID card, check Provider Portal for eligibility

# Individual & Family Plans (ACA) – 2026 Footprint




JHP HMO and PPO 2026 Service Area

New 2026 JHP Service are for HMO and PPO portfolios

# Tools and Resources

# Clinical Programs

## Our clinical programs:

- Support provider's treatment plan and both short and long-term member health care goals
- Reduce or eliminate barriers to care, such as social, behavioral health needs
- Designed to address needs of members across the life continuum
- Staffed by licensed and non-licensed staff

## Critical components for all programs:

- Collaboration with member, family/caregiver, health care providers and community agencies, as appropriate
- Member-centric/whole-person focus
- Voluntary, with the ability to opt out at any time by calling Member Relations or discussing with a Care Coordinator
- Telephonic, face to face, email, social media, in the community and in provider offices
- Use of Find Help to identify SDoH resources

**Call the Clinical Programs team at 215-845-4797 and refer any patients for care coordination services**

# Care Coordination

- Our Care Coordination team consists of nurses and social workers dedicated to helping members access needed care, as well as working with providers to close needed preventive health services (care gaps).
- Members are assigned care coordinator based on their plan type or risk stratification:
  - All DSNP are assigned a Care Coordinator
  - All Non-DSNP members are assigned to a care coordinator based on risk level and/or care needs.
  - **Providers can refer our members at ClinicalConnections@jeffersonhealthplans.com**
  - Our Care Coordination team can assist Individual and Family Plans members with:

**Pediatric Care Coordination**
(members under the age of 21--complex child needs)

**Adult Care Coordination**
(members over the age of 21 with complex needs/conditions, TOC post inpatient stay)
- also includes high risk pregnant members

# Online Tools & Resources

## Quickly find important information on our Provider Portal and Website.

### Provider Portal

**The Provider Portal contains:**

- **Eligibility & Benefits** – Verify patient coverage instantly.
- **Claims Management** – View claims status and submit claims reconsideration requests with ease.
- **Authorization Requests** – Submit and check prior authorizations in real time.

### Website Resources

- Prior Authorizations– View online formularies PA guidelines and request forms
- **Tools and Resources**–Provider Manual, Directory, Formularies, Policy Bulletin Library, Form & Supply Requests, Training & Eduction Quick Reference Guide
- Clinical Resources - Preventative and clinical care guidelines, developmental screening information, and telehealth resources.

# Annual Reminders

# MOC DNSP Training & Attestation

## Annual Model of Care (MOC) DSNP Training Requirement

Mandatory for all providers serving DSNP members, per CMS guidelines.

At least one care team member per location must complete the training, submit the attestation, and share the materials with the rest of the team.

- **Click Here** for the Online Training Course
- **Click Here** for the Attestation link

# American with Disabilities Act

- As per Section 504 of the Rehabilitation Act of 1973, we require practitioners to abide by ADA requirements. These include:

- Handicapped parking spaces and restrooms
- Access ramps where applicable

If a practitioner's site does not meet ADA standards, alternatives include:

- Home visits
- Access at another site that meets ADA requirements
- Bathroom facilities elsewhere in the building or portable bathroom facilities

The Americans with Disabilities Act (ADA) requires providers to attest that their practice locations meet certain standards. You can use this link to attest. ADA Compliance Attestation

# Access & Appointment and Telephone Availability Standards for Medicaid/CHIP

| Access, Appointment Standards and Telephone Availability Criteria | PCP | Specialist |
|---|---|---|
| Routine office visits | Within 10 days | Within 10-15 days, depending on the specialty |
| Routine physical | Within 3 weeks | n/a |
| Preventive care | Within 3 weeks | n/a |
| Urgent care | Within 24 hours | Within 24 hours of referral |
| Emergency care | Immediately and/or refer to ER | Immediately and/or refer to ER |
| First newborn visit | Within 2 weeks | n/a |

Department of Human Services (DHS) and Centers for Medicare & Medicaid Services (CMS) have set access, appointment, and telephone availability standards. The Access and Availability Survey must be completed at the site level annually.

# Regulatory Requirements

- As a contracted provider, there are several requirements that must be completed annually. If you have not already done so, please complete these items by the end of the year.

## D-SNP Model of Care Training

This training ensures providers understand the specialized care and services offered to dual-eligible beneficiaries.
Attestation link

## 2025 Access and Availability Survey

Survey to determine if Medicaid/CHIP providers are meeting the access, appointment, and telephone availability standards
aasurvey@jeffersonhealthplans.com

## ADA Compliance Attestation

Per federal and state regulations, all participating Medicaid/CHIP providers are required to attest that their practice locations meet the requirements set forth by the Americans with Disabilities Act (ADA).

*Additionally, please visit our Webinars page for other upcoming trainings.

# Questions

Please use the Slido Q&A panel for any questions.

For additional questions, please email: providereducation@jeffersonhealthplans.com

Please take a moment to complete the post-webinar survey. Your feedback is greatly appreciated.

## Upcoming webinars

Register at: hpplans.com/webinars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