

# Medicare Advantage 2025 Product Overview for Annual Enrollment Period

Medicare Advantage (MA) HMO / PPO / D-SNP

October 2, 2025

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# Medicare Advantage 2025 Product Overview for Annual Enrollment Period



There is no sound until the webinar begins.



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



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



Technical issues: Use chat, select David Kane from panelist from the Webex chat dropdown.



**Questions:** Please use the **Q&A Panel** when asking questions.

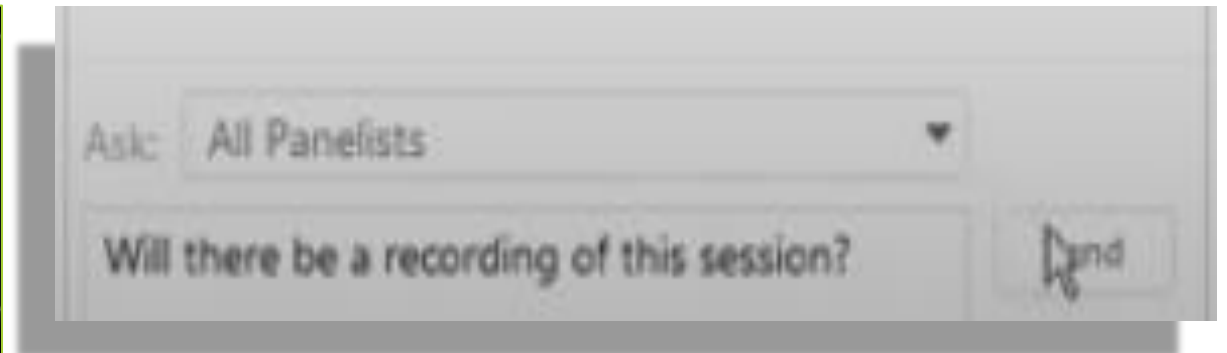
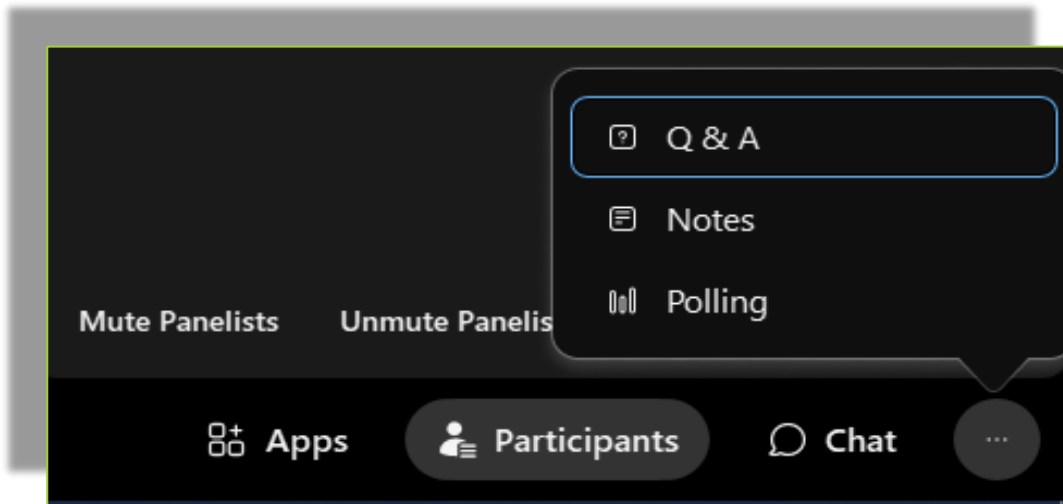


Any questions we are unable to address today, will be answered following the presentation.

# Q&A Panel

As an attendee, you can ask questions using Q&A Panel.

1. To open the Q&A panel, click on the ellipses at the bottom right of the screen for 'More Panels' and click on Q&A.
2. Select “All Panelist” from the drop-down menu.
3. Type your question in the message box.
4. Click “Send.”



# Agenda

In this presentation we will cover:

- 1 The Medicare Advantage Plans that Jefferson Health Plans offers to our members
- 2 Service/coverage areas
- 3 Tools and Resources available to providers

# 2025 Product Development: Medicare Advantage Overview

# 2025 Product Development: Medicare Advantage Overview

## Background & Successes

- In 2024, Jefferson Health Plans made improvements on all product and unique value props for new types members populations
  - Launched new products with unique value prop's (i.e., Giveback HMO, PPO offerings for broad access seeking consumers
  - Significant increases in supplemental benefit allowances
- **Jefferson Health Plans had a strong 2024 AEP performance**, and continued success during the rest of the year with gains in our PPO and HMO products

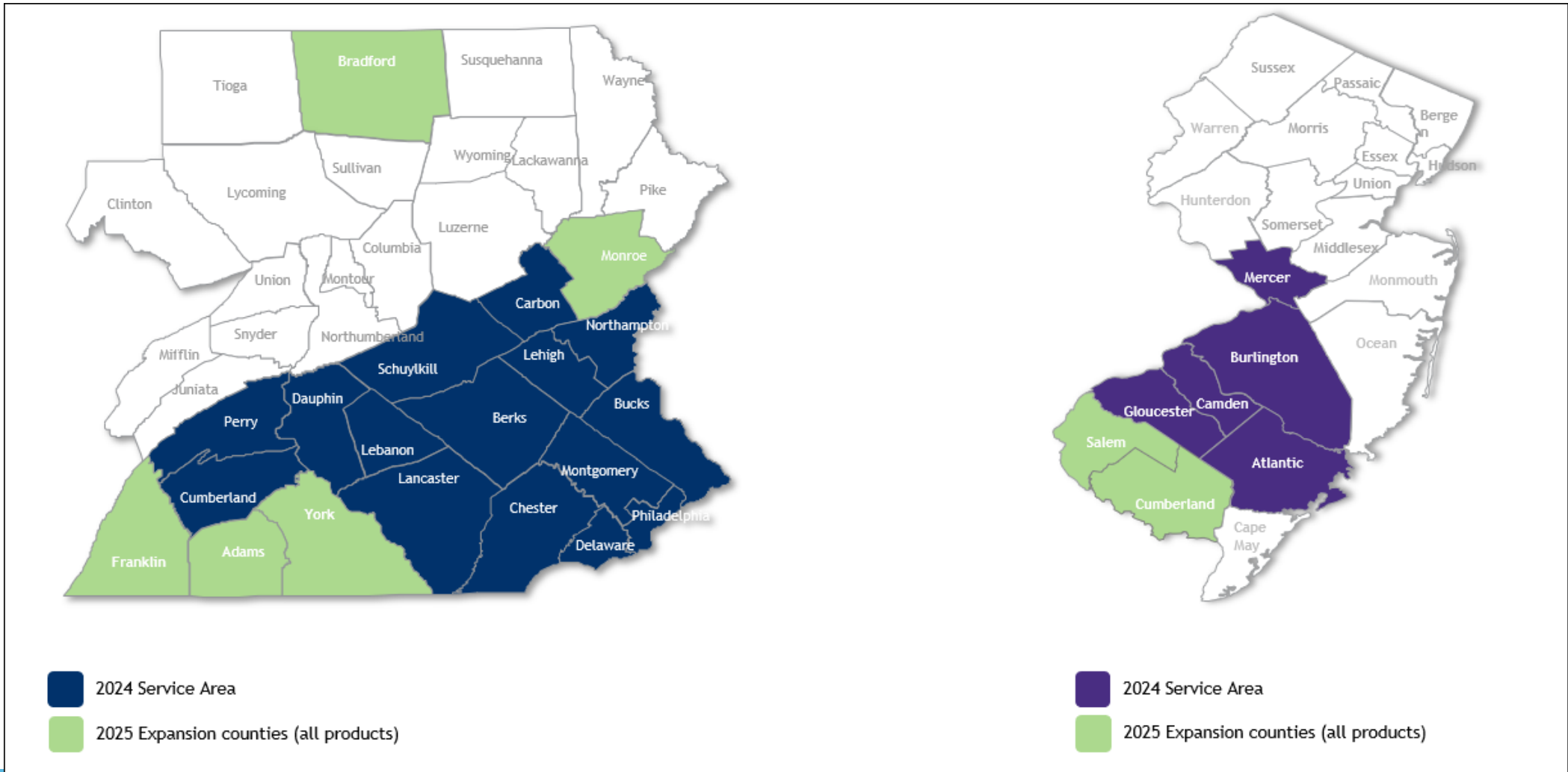
# 2025 Product Development: Medicare Advantage Overview

## 2025 Product Development & Strategic Direction

- In 2025, Jefferson Health Plans is focused on **preserving & maintaining our competitive positioning** based on the gains during AEP, while reducing the impact on members
- **Jefferson Health Plans' product strategy for 2025**, was realized by the following:
- **Maintaining key medical benefits** to align members with access to high quality healthcare
  - Continued & improved essential supplemental benefits
  - **Reduce member abrasion** from the impacts from the pharmacy changes related to the IRA
- Jefferson Health Plans also focused on **continuing to expand growth initiatives** by:
  - **Growing service areas** to more counties, to reach more consumers
  - **Launching new products** to appeal to new segments of shoppers



# 2025 Medicare Advantage (MA)- Expansion markets





# Jefferson Health Plans: Medicare Advantage Plan Portfolios

## HMO

- *Strong HMO offering for members that qualify for an LIS or are willing to pay a premium for lower cost sharing and MOOP*
- *Positioned to perform strongly in Eastern PA region with robust network*
- *Aligned to Jefferson Health System and positioned to perform strong in Jefferson core footprint*

State	Product(s)
PA	<ul style="list-style-type: none"> <li>• Complete (\$0)</li> <li>• Prime (\$40.90)</li> <li>• Give Back (\$0) +\$125 Part B</li> </ul>
NJ	<ul style="list-style-type: none"> <li>• Silver (\$0)</li> <li>• Platinum (\$30)</li> </ul>

## PPO

- *Ideal landing spot for members that want to be outside base service area.*
- *Positioned to perform strongly within and outside of Jefferson core footprint on with robust network*

State	Product(s)
PA	<ul style="list-style-type: none"> <li>• Flex (\$0)</li> <li>• Flex Pro (\$20)</li> <li>• Flex Plus (\$37)</li> </ul>
NJ	<ul style="list-style-type: none"> <li>• Choice (\$0)</li> <li>• Choice Plus (\$35)</li> </ul>

## DSNP

- *Members qualifying for Dual Eligible SNP plans*
- *Members looking to maximize the value of their health insurance products*

State	Product(s)
PA	<ul style="list-style-type: none"> <li>• Special</li> <li>• Dual Pearl</li> </ul>
NJ	N/A

# 2025 Product Strategy: MA Portfolio Update

## Products

- In Pennsylvania, launched a new PPO product (\$20)
- In New Jersey, launched 2 new PPO products(\$0 & \$35)

## Benefits

- Adjustments on Rx on T3/T4 from copays to coinsurance (T3 25% / T4 35%)
- Reduced OTC and Food/Utilities card allowance on HMO DSNP Special
- Improved key benefits to help align to a members care journey (*Urgent Care, Cardiac rehab, etc.*)

## Service Area

- **New PA Counties:** Adams, Franklin, Monroe, Bradford, and York
  - Allegheny and Erie counties in WPA for MLTSS bid
- **New NJ Counties:** Cumberland and Salem

## Formulary

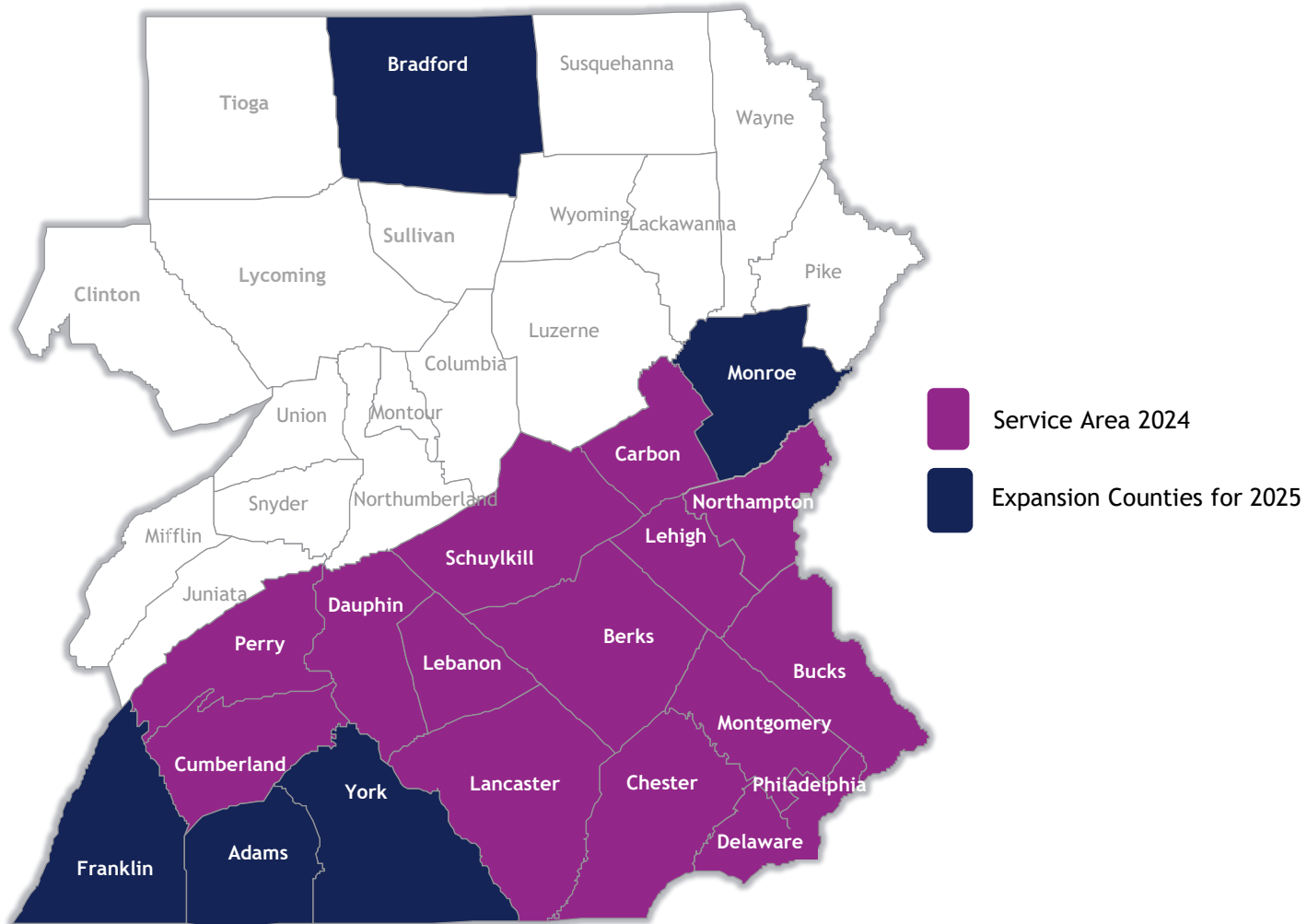
- Launching new formulary (Value Formulary)
- Existing Core Formulary (on all MAPD products in '24)

## Major Changes

- **Expanded VBID offerings to address food insecurity; Added new meals benefit / Add new Non-medical transportation to approved locations (*grocery store, fitness centers, senior community centers, etc.*)**

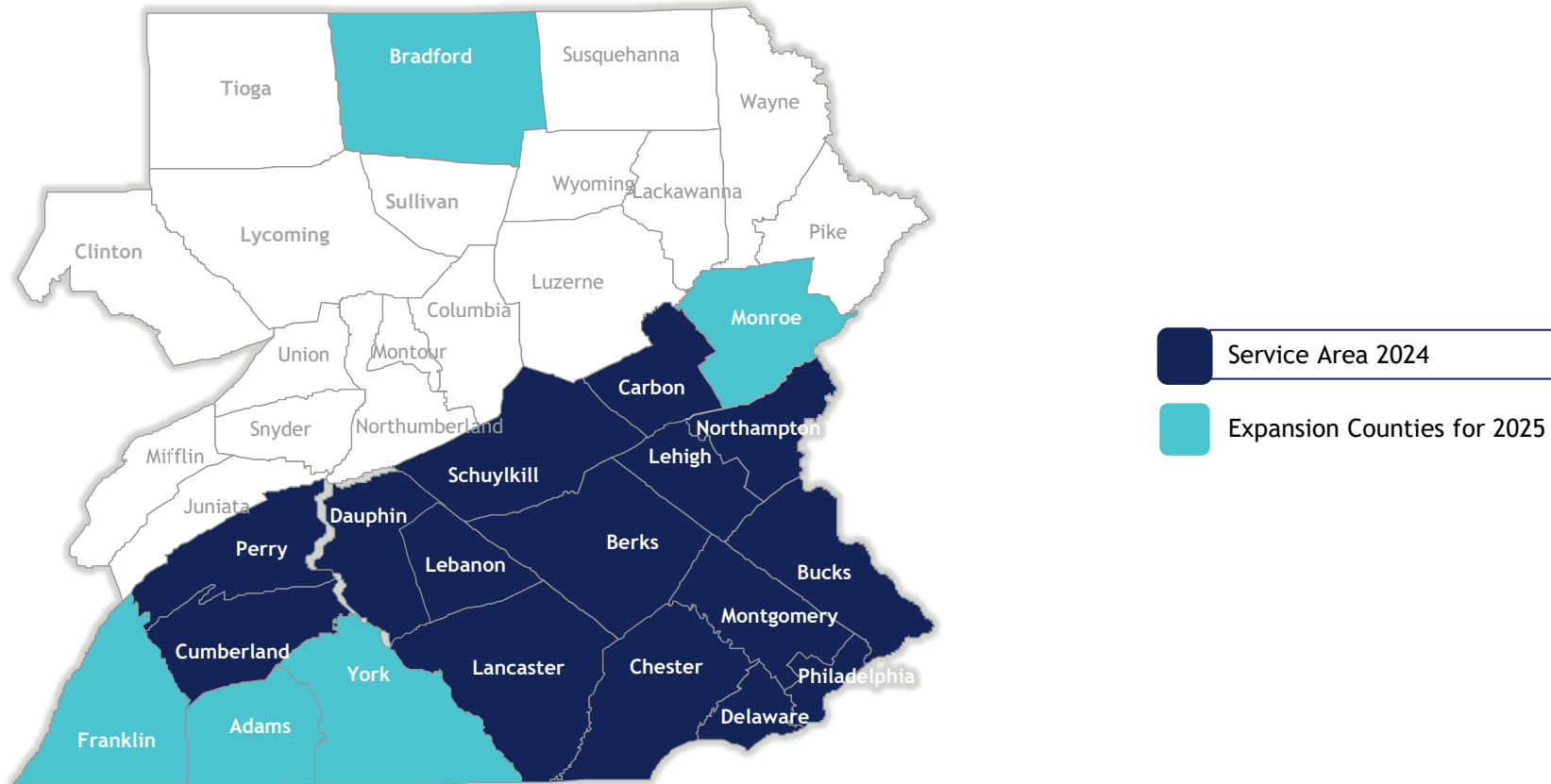
# Jefferson Health Plans Medicare Advantage HMO Counties in PA

## Pennsylvania



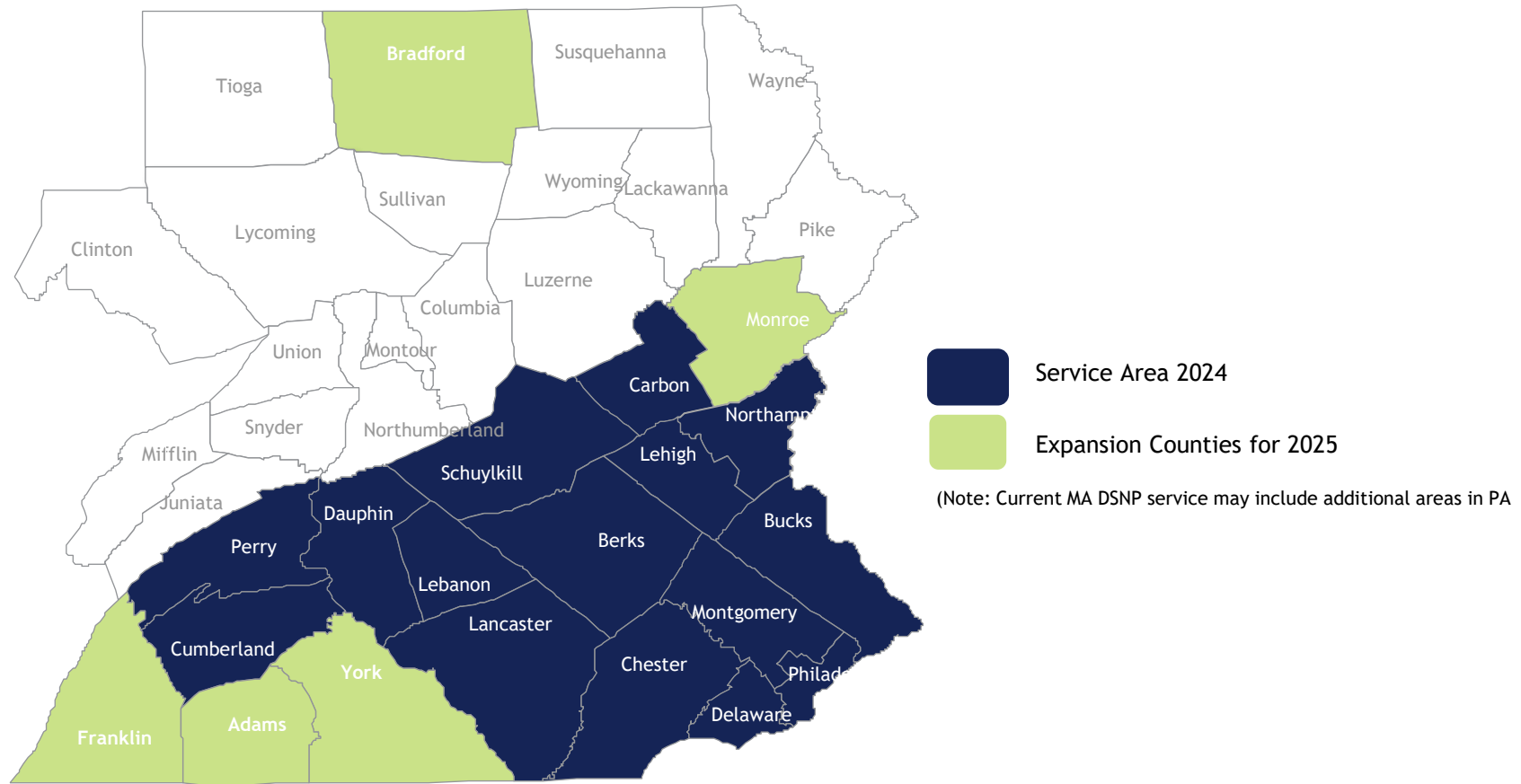
# Jefferson Health Plans Medicare Advantage PPO Counties in PA

## Pennsylvania



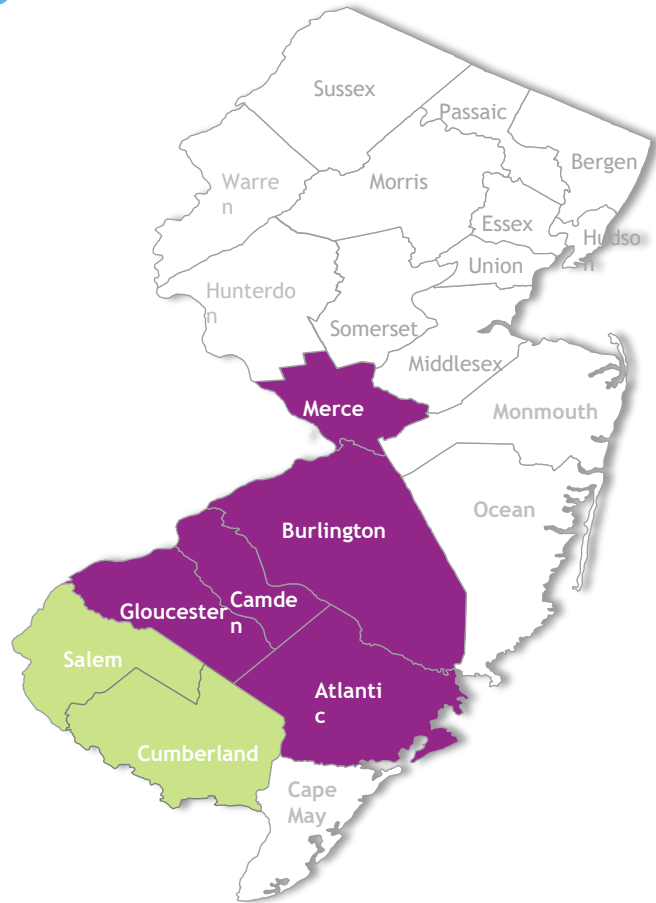
# Jefferson Health Plans Medicare Advantage HMO D-SNP Counties in PA



## Pennsylvania



# Jefferson Health Plans Medicare Advantage Counties in NJ

## New Jersey



-  Service Area (All NJ Products)
-  Expansion Counties (All NJ Products)



# Jefferson Health Plans: ACA Plan Portfolios - Pennsylvania

## HMO

- 3 Bronze plans (1 new plan launch for 2025)
- 3 Silver plans (Term'd 3 Off-X plans for 2025)
- 3 Gold plans (1 new plan launch for 2025)

### Jefferson Health Plans HMO Portfolio:

3 Bronze Plans:	<ul style="list-style-type: none"> <li>• \$0 Deductible</li> <li>• Total</li> <li>• Value</li> </ul>
3 Silver Plans:	<ul style="list-style-type: none"> <li>• \$0 Deductible</li> <li>• Balanced</li> <li>• Total</li> </ul>
3 Gold Plans	<ul style="list-style-type: none"> <li>• \$0 Deductible</li> <li>• Total</li> <li>• Value</li> </ul>

## NEW: PPO

- 3 Bronze plans
- 6 Silver plans
- 3 Gold plans

### Jefferson Health Plans PPO Portfolio:

3 Bronze Plans:	<ul style="list-style-type: none"> <li>• \$0 Deductible</li> <li>• Total</li> <li>• Value</li> </ul>
3 Silver Plans:	<ul style="list-style-type: none"> <li>• \$0 Deductible</li> <li>• Balanced</li> <li>• Total</li> </ul>
3 Gold Plans	<ul style="list-style-type: none"> <li>• \$0 Deductible</li> <li>• Total</li> <li>• Value</li> </ul>

# 2025 Product Strategy: ACA Portfolio Update

## Products

- In Pennsylvania: **Launched new PPO portfolio** (Lehigh & Northampton)

## Service Area




- **Expanded HMO portfolio** (Delaware, Lehigh, & Northampton)

## Major Changes

- **Lowered Lab and X-ray copays** to save members money while getting care
- **Improve diagnostic cost sharing** while maintaining lost cost benefits for member savings

# Individual & Family Plans (ACA) – 2025 Footprint



-  Existing service area (will continue to only offer HMO product)
-  Expanded service area for both HMO and PPO
-  Expanded service area for HMO

# Pharmacy Formulary Changes Coverage Year 2025

# Coverage Year 2025 Formulary Changes

Therapeutic Class	Non-Formulary Drug	Formulary Alternative(s)
Insulins	Insulin lispro (Humalog®, Admelog®, Lyumjev®, insulin lispro)	Novolog®, Fiasp®
	Humulin, Humulin N, Humulin U-100	Novolin, Novolin N, Novolin R, Humulin U-500
	Levemir®**	Toujeo®, Tresiba®
Respiratory, Long Acting Anticholinergics	Spiriva®, Spiriva Respimat®, tiotropium bromide	Incruse Ellipta
Respiratory, Inhaled Corticosteroid/Beta Agonist Combinations	Dulera®	Advair HFA, Breo Ellipta, Breyna, budesonide-formoterol HFA, fluticasone-salmeterol, Wixela® Inhub
Urinary Antispasmodics	Gemtesa®	Myrbetriq®, darifenacin ER, fesoterodine ER, oxybutynin, solifenacin, tolterodine, trospium
Severe Asthma Agents	Nucala	Dupixent®*, Fasenra®*, Xolair®*
Potassium Binders	Veltassa®	Lokelma®
Alpha Adrenergic Ophthalmic Agents	Alphagan P®	brimonidine tartrate
Severe Hypoglycemia Rescue Agents	Gvoke®	Baqsimi®, Glucagon Emergency, Zegalogue®
Long Acting Injectable Antipsychotics	Abilify Maintena®	Aristada®, Aristada Initio®, Abilify Asimtufii®
	Risperdal Consta®	Risperidone ER microspheres
Movement Disorder Agents	Ingrezza®	Austedo®*, Austedo XR®*, tetrabenazine*
Anti-Migraine Agents	Ajovy®	Aimovig®*, Emgality®*
Colonoscopy Preparations	polyethylene glycol 3350, sodium sulfate, sodium chloride, potassium chloride, sodium ascorbate, ascorbic acid	Clenpiq®, Gavilyte-C, GaviLyte-G, sodium sulfate, potassium sulfate and magnesium sulfate (generic Suprep), polyethylene glycol 3350-KCL-NA Bicarb-NACI 420gm

\*Prior authorization required

\*\*Levemir is being discontinued by the manufacturer 12/31/2024

# Coverage Year 2025 Formulary Changes - Prior Authorization Required

Therapeutic Class	Affected Drugs	2025 Change
GLP-1 Agonists	Trulicity® Ozempic® Mounjaro® Rybelsus®	Prior Authorization Required*
Part D Diabetic Supplies	Alcohol swabs Insulin syringes Pen needles Gauze	Prior Authorization Required**

- \*Prior authorization does not apply to patients with pharmacy claims submitted with an ICD-10 diagnosis code of type 2 diabetes mellitus or to patients who have a history of an antidiabetic drug (excludes a history of GLP-1s and GIP/GLP-1s)
- \*\*Prior authorization does not apply to patients a history of insulin use



## Coverage Determination Process

- Medicare Prior Authorizations
  - Urgent 24 hours (life threatening)
  - Standard 72 hours
- Providers can fax to #866-371-3239
- Jefferson Health Plans Pharmacy Hotline # 215-991-4300
  - (Monday to Friday, 9 a.m. to 5:30 p.m.).
- Formularies available: [Provider Resources](#)

# Medicare Prescription Payment Plan (M3P)

- The Medicare Prescription Payment Plan is a new payment option that works with a member's current drug coverage to help you manage their out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December).
- Maximum Part D out of pocket for 2025 is \$2,000.
- A member can opt in/opt out at any time during the benefit year.
- Jefferson Health Plans has partnered with CVS/caremark™ to provide this program at no cost to the member.
- **This program only applies to Part D drugs (does not apply to Part B drugs or coinsurances)**
- CMS Fact Sheet: [What's the Medicare Prescription Payment Plan?](#)
  
- A member can sign up:
  - 1) Online via the CVS/caremark™ portal at [caremark.com/mppp](https://caremark.com/mppp)
  - 2) Mail in paper form
  - 3) By phone - call CVS/caremark™ directly at 855-582-2023
    - These options will be available on our website at [JeffersonHealthPlans.com/MedicarePrescriptionPaymentPlan](https://JeffersonHealthPlans.com/MedicarePrescriptionPaymentPlan)

# Tools and Resources

# Prior Authorization Process Overview

- Providers should obtain prior authorization at least 7 days in advance for elective (non-emergent) procedures and services.
- Requests will be processed according to state and federal regulations.
- Failure to comply with this guideline may result in the delay of medically non-urgent services.
- Providers may be contacted for discharge/transition planning for disenrolled members as in some circumstances, Jefferson Health Plans remains responsible for participating in this planning for up to **six (6) months** from the initial date of Disenrollment unless the member chooses a different plan.
- For elective admissions and transfers to non-participating facilities, PCP, referring specialist or hospital must call the **Jefferson Health Plans Inpatient Services Department @ 1-866-500-4571**.

# Prior Authorization Submission: Jefferson Health Plans & Evicore



- Services performed in-office
- Short procedure units
- Ambulatory surgery centers
- Clinics
- Hospital outpatient departments.



- Cardiology Studies/Procedures
- Interventional Pain Management
- Joint & Spine Surgery
- Oncology
- Advanced Radiology services
- **Therapy services (PT, OT and ST)\***

**\*Health Partners Plans CHIP does not require prior authorization for therapy services**

Prior authorizations are processed either through our **Provider Portal** or **eviCore**, depending on the type of service. Please refer to our [Prior Authorization Management Tools](#) to determine the appropriate submission type.

# Prior Authorization Submission: Pharmacy

- There are specific medications on the formulary that require prior authorization.
- Drug specific prior authorization forms are available to help expedite the process with specific clinical criteria on our Jefferson Health [Prior Authorization](#) webpage.
- To request a prior authorization, contact Jefferson Health Plans' Pharmacy department at **1-866-841-7659**, Monday-Friday, 8 a.m.-6 p.m.
- Requests can also be faxed to **1-866-240-3712**.
- In the event of an immediate need after business hours, please call Member Relations at **1-800-553-0784**. The call will be evaluated and routed to a clinical pharmacist on-call 24/7

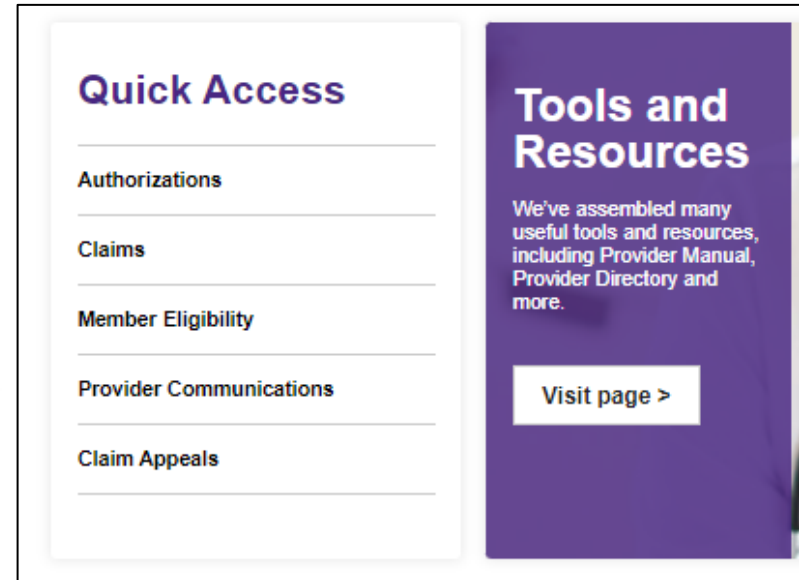




# Provider Relations/Online Tools

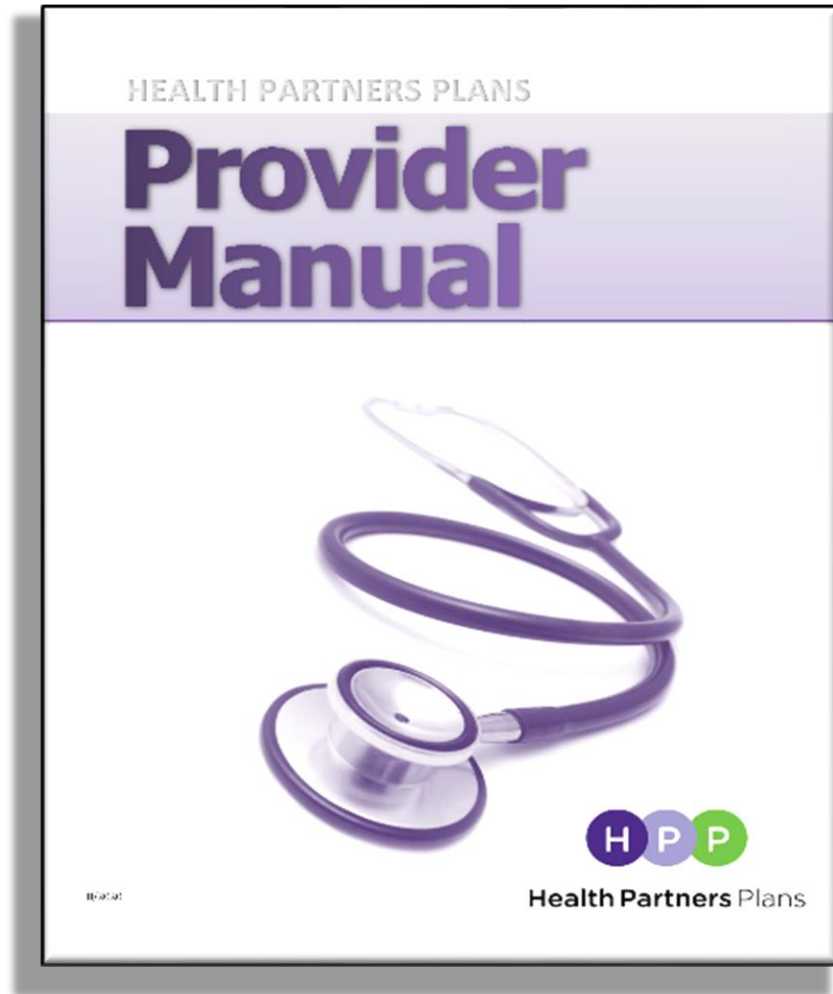
Provider Relations relies on multiple ways of communications to reach our provider network.

- Webinars
- Fax Blasts
- Provider Portal
- Provider Newsletter
- Training & Education
- Provider Relations Representatives
- Provider Portal Provider Communications
- Provider Communication Education Specialists



# Provider Relations / Online Tools

- [Welcome Providers](#)
  - [Provider Manual](#)
  - [Training and Education](#)
  - [Provider Portal](#)
  - [Provider Directories](#)
  - [Formularies](#)
  - [Clinical Resources](#)
  - [Plan Information](#)
  - [Provider Newsletters](#)
  - [Quality and Population Health](#)



# Upcoming Webinars

- Jefferson Health Plans Individual and Family Plans 2025 Product Overview Webinar is scheduled for Wednesday, October 9, 2024 @ 12PM

# Questions

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**Contact us via the Jefferson Health Plans Provider Services HelpLine:**

- 1-888-991-9023





