

About Jefferson Health Plans

Launching in 2024, Jefferson Health Plans offers Medicare Advantage and ACA plans in select counties in Pennsylvania, and Medicare Advantage plans in New Jersey. Built by insurance experts and backed by Jefferson Health, our plans are priced competitively for the PA and NJ markets. Jefferson Health Plans continues the rich history and tradition of helping others and improving the lives of individuals and families for generations.

Medicare Advantage

- 7 HMO plans and 2 PPO plans for Plan Year 2024
- **NEW:** DSNP plan with dental implant benefit in three PA counties¹
- **NEW:** Part B giveback plan in three PA counties¹
- **NEW:** Two PPO plans with in/out-of-network parity for most covered services in 15 PA counties
- **NEW:** Flex card benefit in select plans
- **NEW:** 6 tier formulary with extensive drug coverage, including gap coverage
- Expanding service area in NJ (Atlantic and Mercer counties)
- 100+ hospitals in the network
- Generous dental, vision and hearing aid benefits
- Rated 5 Stars by our members

¹ Available in Bucks, Montgomery and Philadelphia.

ACA

- 7 plans across Bronze, Silver and Gold tiers, on and off exchange
- Broad network of providers
- \$0 medical deductible plans available in all tiers, including Bronze
- Targeting Silver benchmark plan²
- Targeting lowest premium Bronze plan²
- No referral requirements
- Free first PCP visit on all plans
- Free virtual visits via JeffConnect, available 24/7
- Integration with Jefferson Health for a seamless member experience
- Available in 3 PA counties (Bucks, Montgomery and Philadelphia)

² This is the intent of Jefferson Health Plans. Final rates will be available later this year.

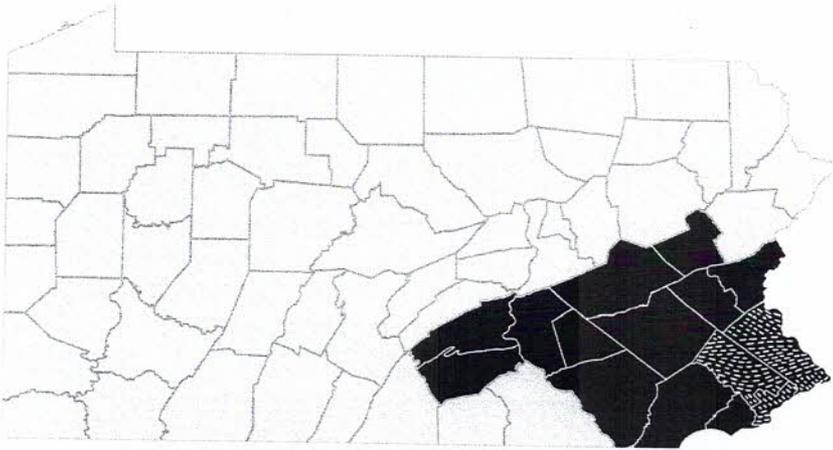
Meet the Jefferson Health Plans Team

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Our Coverage Areas



Pennsylvania

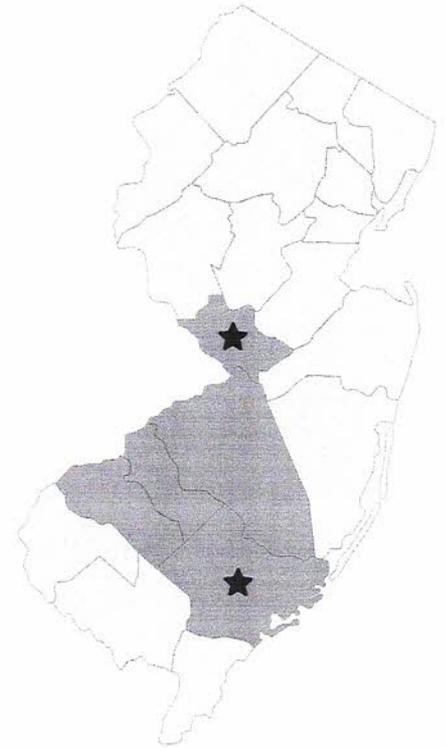
- Berks County
- Bucks County
- Carbon County
- Chester County
- Cumberland County
- Dauphin County
- Delaware County
- Lancaster County
- Lebanon County
- Lehigh County
- Montgomery County
- Northampton County
- Perry County
- Philadelphia County
- Schuylkill County

- **Medicare Advantage**
Complete (HMO-POS)
Prime (HMO-POS)
Flex (PPO)*
Flex Plus (PPO)*
Special (SNP HMO)

- **Medicare Advantage**
Complete (HMO-POS)
Prime (HMO-POS)
Giveback (HMO-POS)*
Flex (PPO)*
Flex Plus (PPO)*
Special (SNP HMO)
Dual Pearl (SNP HMO)*

- ACA***
\$0 Deductible Bronze*
Total Bronze*
\$0 Deductible Silver*
Balanced Silver*
Total Silver*
\$0 Deductible Gold*
Jefferson Total Gold*

*New in 2024



New Jersey

- ★ Atlantic County
- Burlington County
- Camden County
- Gloucester County
- ★ Mercer County

- **Medicare Advantage**
Silver (HMO-POS)
Platinum (HMO-POS)

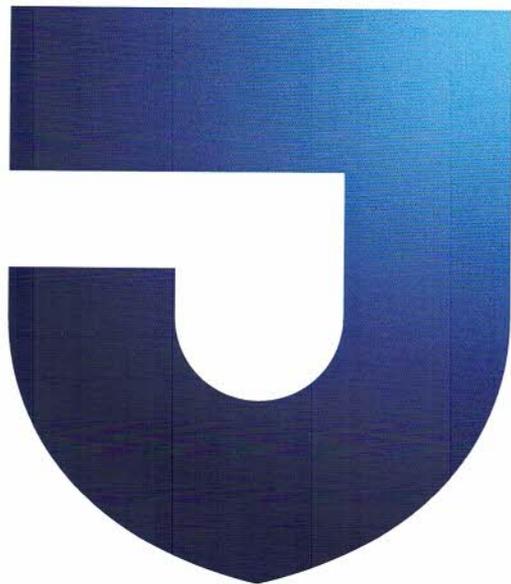
- ★ **New Counties**



Confidential and intended for broker use only. Service area expansion and all benefits, copays and deductibles pending CMS/PID approval. This is not a full description of benefits; benefits vary by plan.

JeffersonHealthPlans.com

BK-220S05-4455 06/2023



First Look

ACA | PENNSYLVANIA

- 7 plans across Bronze, Silver and Gold tiers, on and off exchange:
 - 2 Bronze plans (targeting lower premium Bronze plan)
 - 3 Silver plans (targeting Silver benchmark plan)
 - 2 Gold plans
- \$0 medical deductible plans available in all tiers, including Bronze
- No referral requirements
- Free first PCP visit on all plans
- Free virtual visits via JeffConnect, available 24/7
- Available in 3 PA counties (Bucks, Montgomery and Philadelphia)



● ACA (Bucks, Montgomery, Philadelphia)

NEW FOR 2024

Jefferson Health Plans + \$0 Deductible + Bronze + HMO

	Enhanced Tier	Standard Tier	
Medical Deductible - Individual/Family	\$0/\$0	\$2,000/\$4,000	
Drug Deductible	\$5,000/\$10,000	\$5,000/\$10,000	
Out-of-Pocket Maximum - Individual/Family	\$9,450/\$18,900	\$9,450/\$18,900	
No Cost Share PCP Visit	1/Benefit Year	0	
PCP Visit	\$55 No Deductible	\$100 No Deductible	
Specialist Visit	\$100 No Deductible	\$150 No Deductible	
Virtual Care (JeffConnect)	No Charge	N/A	
Virtual Care - Primary Care Visit	\$55 No Deductible	\$100 No Deductible	
Virtual Care - Specialist Visit	\$100 No Deductible	\$150 No Deductible	
Inpatient Hospital Services	Acute stays	\$1,800 Per Day After Deductible (Max 5 copays per admit)	\$3,000 Per Day After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/SUD	\$1,800 Per Day After Deductible (Max 5 copays per admit)	\$1,800 Per Day After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	\$1,800 Per Day After Deductible (Max 5 copays per admit)	\$3,000 Per Day After Deductible (Max 5 copays per admit)
Durable Medical Equipment	50% Coinsurance After Deductible	50% Coinsurance After Deductible	
Emergency Room Services	\$1,200 After Deductible	\$1,200 After Deductible	
Imaging (CT/PET Scans, MRIs)	\$250 After Deductible	\$250 After Deductible	
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)	\$150 No Deductible	\$200 No Deductible	
Urgent Care Centers or Facilities	\$100 No Deductible	\$150 No Deductible	
Pharmacy Services	Preventive Drugs	No Charge	No Charge
	Generic Drugs Tier 1	\$35 No Deductible	\$35 No Deductible
	Generic Drugs Tier 2	\$35 No Deductible	\$35 No Deductible
	Preferred Brand Drugs	\$200 No Deductible	\$200 No Deductible
	Non-Preferred Brand Drugs	\$250 Copay After Deductible	\$250 Copay After Deductible
	Specialty Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible

NEW FOR 2024

Jefferson Health Plans + Total + Bronze + HMO

	Enhanced Tier	Standard Tier	
Medical Deductible - Individual/Family	\$7,900/\$15,800	\$9,450/\$18,900	
Drug Deductible	Combined	Combined	
Out-of-Pocket Maximum - Individual/Family	\$9,450/\$18,900	\$9,450/\$18,900	
No Cost Share PCP Visit	1/Benefit Year	0	
PCP Visit	\$45 No Deductible	\$95 No Deductible	
Specialist Visit	\$95 No Deductible	\$150 No Deductible	
Virtual Care (JeffConnect)	No Charge	N/A	
Virtual Care (other) - Primary Care Visit	\$45 No Deductible	\$95 No Deductible	
Virtual Care (other) - Specialist Visit	\$95 No Deductible	\$150 No Deductible	
Inpatient Hospital Services	Acute stays	\$650 Per Day After Deductible (Max 5 copays per admit)	\$900 Per Day After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/SUD	\$650 Per Day After Deductible (Max 5 copays per admit)	\$650 Per Day After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	\$650 Per Day After Deductible (Max 5 copays per admit)	\$900 Per Day After Deductible (Max 5 copays per admit)
Durable Medical Equipment	50% Coinsurance After Deductible	50% Coinsurance After Deductible	
Emergency Room Services	50% Coinsurance After Deductible	50% Coinsurance After Deductible	
Imaging (CT/PET Scans, MRIs)	\$250 No Deductible	\$250 No Deductible	
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)	\$150 No Deductible	\$150 No Deductible	
Urgent Care Centers or Facilities	\$95 No Deductible	\$150 No Deductible	
Pharmacy Services	Preventive Drugs	No Charge	No Charge
	Generic Drugs Tier 1	\$30 No Deductible	\$30 No Deductible
	Generic Drugs Tier 2	\$30 No Deductible	\$30 No Deductible
	Preferred Brand Drugs	\$150 No Deductible	\$150 No Deductible
	Non-Preferred Brand Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible
	Specialty Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible

NEW FOR 2024

Jefferson Health Plans + \$0 Deductible + Silver + HMO

	Enhanced Tier	Standard Tier	
Medical Deductible - Individual/Family	\$0/\$0	\$2,000/\$4,000	
Drug Deductible	\$5,000/\$10,000	\$5,000/\$10,000	
Out-of-Pocket Maximum - Individual/Family	\$9,450/\$18,900	\$9,450/\$18,900	
No Cost Share PCP Visit	2/Benefit Year	0	
PCP Visit	\$45 No Deductible	\$100 No Deductible	
Specialist Visit	\$95 No Deductible	\$130 No Deductible	
Virtual Care (JeffConnect)	No Charge	N/A	
Virtual Care - Primary Care Visit	\$45 No Deductible	\$100 No Deductible	
Virtual Care - Specialist Visit	\$95 No Deductible	\$130 No Deductible	
Inpatient Hospital Services	Acute stays	\$595 Per Day After Deductible (Max 5 copays per admit)	\$1,200 Per Day After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/SUD	\$595 Per Day After Deductible (Max 5 copays per admit)	\$595 Per Day After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	\$595 Per Day After Deductible (Max 5 copays per admit)	\$1,200 Per Day After Deductible (Max 5 copays per admit)
Durable Medical Equipment	40% Coinsurance After Deductible	40% Coinsurance After Deductible	
Emergency Room Services	\$975 No Deductible	\$975 No Deductible	
Imaging (CT/PET Scans, MRIs)	\$150 No Deductible	\$150 No Deductible	
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)	\$100 No Deductible	\$100 No Deductible	
Urgent Care Centers or Facilities	\$95 No Deductible	\$130 No Deductible	
Pharmacy Services	Preventive Drugs	No Charge	No Charge
	Generic Drugs Tier 1	\$5 No Deductible	\$5 No Deductible
	Generic Drugs Tier 2	\$20 No Deductible	\$20 No Deductible
	Preferred Brand Drugs	\$100 No Deductible	\$100 No Deductible
	Non-Preferred Brand Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible
	Specialty Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible

NEW FOR 2024

Jefferson Health Plans + Balanced + Silver + HMO

	Enhanced Tier	Standard Tier	
Medical Deductible - Individual/Family	\$2,400/\$4,800	\$6,900/\$13,800	
Drug Deductible	\$500/\$1,000	\$500/\$1,000	
Out-of-Pocket Maximum - Individual/Family	\$9,450/\$18,900	\$9,450/\$18,900	
No Cost Share PCP Visit	2/Benefit Year	0	
PCP Visit	\$45 No Deductible	\$95 No Deductible	
Specialist Visit	\$95 No Deductible	\$130 No Deductible	
Virtual Care (JeffConnect)	No Charge	N/A	
Virtual Care - Primary Care Visit	\$45 No Deductible	\$95 No Deductible	
Virtual Care - Specialist Visit	\$95 No Deductible	\$130 No Deductible	
Inpatient Hospital Services	Acute stays	\$550 Per Day After Deductible (Max 5 copays per admit)	\$850 Per Day After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/SUD	\$550 Per Day After Deductible (Max 5 copays per admit)	\$550 Per Day After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	\$550 Per Day After Deductible (Max 5 copays per admit)	\$850 Per Day After Deductible (Max 5 copays per admit)
Durable Medical Equipment	40% Coinsurance After Deductible	40% Coinsurance After Deductible	
Emergency Room Services	\$950 No Deductible	\$950 No Deductible	
Imaging (CT/PET Scans, MRIs)	\$150 No Deductible	\$150 No Deductible	
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)	\$100 No Deductible	\$100 No Deductible	
Urgent Care Centers or Facilities	\$95 No Deductible	\$130 No Deductible	
Pharmacy Services	Preventive Drugs	No Charge	No Charge
	Generic Drugs Tier 1	\$5 No Deductible	\$5 No Deductible
	Generic Drugs Tier 2	\$20 No Deductible	\$20 No Deductible
	Preferred Brand Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible
	Non-Preferred Brand Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible
	Specialty Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible

NEW FOR 2024			
Jefferson Health Plans + Total + Silver + HMO			
	Enhanced Tier	Standard Tier	
Medical Deductible - Individual/Family	\$4,900/\$9,800	\$8,000/\$16,000	
Drug Deductible	\$600/\$1,200	\$600/\$1,200	
Out-of-Pocket Maximum - Individual/Family	\$9,450/\$18,900	\$9,450/\$18,900	
No Cost Share PCP Visit	2/Benefit Year	0	
PCP Visit	\$35 No Deductible	\$90 No Deductible	
Specialist Visit	\$85 No Deductible	\$125 No Deductible	
Virtual Care (JeffConnect)	No Charge	N/A	
Virtual Care - Primary Care Visit	\$35 No Deductible	\$90 No Deductible	
Virtual Care - Specialist Visit	\$85 No Deductible	\$125 No Deductible	
Inpatient Hospital Services	Acute stays	\$450 Per Day After Deductible (Max 5 copays per admit)	\$800 Per Day After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/SUD	\$450 Per Day After Deductible (Max 5 copays per admit)	\$450 Per Day After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	\$450 Per Day After Deductible (Max 5 copays per admit)	\$800 Per Day After Deductible (Max 5 copays per admit)
Durable Medical Equipment	40% Coinsurance After Deductible	40% Coinsurance After Deductible	
Emergency Room Services	\$950 No Deductible	\$950 No Deductible	
Imaging (CT/PET Scans, MRIs)	\$150 No Deductible	\$150 No Deductible	
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)	\$100 No Deductible	\$100 No Deductible	
Urgent Care Centers or Facilities	\$85 No Deductible	\$125 No Deductible	
Pharmacy Services	Preventive Drugs	No Charge	No Charge
	Generic Drugs Tier 1	\$5 No Deductible	\$5 No Deductible
	Generic Drugs Tier 2	\$20 No Deductible	\$20 No Deductible
	Preferred Brand Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible
	Non-Preferred Brand Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible
Specialty Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible	

NEW FOR 2024

Jefferson Health Plans + \$0 Deductible + Gold + HMO

	Enhanced Tier	Standard Tier	
Medical Deductible - Individual/Family	\$0/\$0	\$500/\$1,000	
Drug Deductible	Combined	Combined	
Out-of-Pocket Maximum - Individual/Family	\$9,450/\$18,900	\$9,450/\$18,900	
No Cost Share PCP Visit	2/Benefit Year	0	
PCP Visit	\$25 No Deductible	\$60 No Deductible	
Specialist Visit	\$70 No Deductible	\$100 No Deductible	
Virtual Care (JeffConnect)	No Charge	N/A	
Virtual Care - Primary Care Visit	\$25 No Deductible	\$60 No Deductible	
Virtual Care - Specialist Visit	\$70 No Deductible	\$100 No Deductible	
Inpatient Hospital Services	Acute stays	\$350 Per Day After Deductible (Max 5 copays per admit)	\$550 Per Day After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/SUD	\$350 Per Day After Deductible (Max 5 copays per admit)	\$350 Per Day After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	\$350 Per Day After Deductible (Max 5 copays per admit)	\$550 Per Day After Deductible (Max 5 copays per admit)
Durable Medical Equipment	50% Coinsurance After Deductible	50% Coinsurance After Deductible	
Emergency Room Services	\$450 No Deductible	\$450 No Deductible	
Imaging (CT/PET Scans, MRIs)	\$80 No Deductible	\$80 No Deductible	
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)	\$70 No Deductible	\$80 No Deductible	
Urgent Care Centers or Facilities	\$70 No Deductible	\$100 No Deductible	
Pharmacy Services	Preventive Drugs	No Charge	No Charge
	Generic Drugs Tier 1	\$5 No Deductible	\$5 No Deductible
	Generic Drugs Tier 2	\$20 No Deductible	\$20 No Deductible
	Preferred Brand Drugs	\$100 No Deductible	\$100 No Deductible
	Non-Preferred Brand Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible
	Specialty Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible

NEW FOR 2024

Jefferson Health Plans + Total + Gold + HMO

	Enhanced Tier	Standard Tier	
Medical Deductible - Individual/Family	\$500/\$1,000	\$1,000/\$2,000	
Drug Deductible	\$1,000/\$2,000	\$1,000/\$2,000	
Out-of-Pocket Maximum - Individual/Family	\$9,450/\$18,900	\$9,450/\$18,900	
No Cost Share PCP Visit	2/Benefit Year	0	
PCP Visit	\$20 No Deductible	\$60 No Deductible	
Specialist Visit	\$65 No Deductible	\$100 No Deductible	
Virtual Care (JeffConnect)	No Charge	N/A	
Virtual Care - Primary Care Visit	\$20 No Deductible	\$60 No Deductible	
Virtual Care - Specialist Visit	\$65 No Deductible	\$100 No Deductible	
Inpatient Hospital Services	Acute stays	\$300 Per Day After Deductible (Max 5 copays per admit)	\$500 Per Day After Deductible (Max 5 copays per admit)
	Mental/Behavioral Health/SUD	\$300 Per Day After Deductible (Max 5 copays per admit)	\$300 Per Day After Deductible (Max 5 copays per admit)
	Delivery and All Inpatient Services for Maternity Care	\$300 Per Day After Deductible (Max 5 copays per admit)	\$500 Per Day After Deductible (Max 5 copays per admit)
Durable Medical Equipment	50% Coinsurance After Deductible	50% Coinsurance After Deductible	
Emergency Room Services	\$400 No Deductible	\$400 No Deductible	
Imaging (CT/PET Scans, MRIs)	\$100 No Deductible	\$100 No Deductible	
Occupational and Rehabilitative Physical Therapy (30 visits combined per year)	\$65 No Deductible	\$75 No Deductible	
Urgent Care Centers or Facilities	\$65 No Deductible	\$100 No Deductible	
Pharmacy Services	Preventive Drugs	No Charge	No Charge
	Generic Drugs Tier 1	\$0 No Deductible	\$0 No Deductible
	Generic Drugs Tier 2	\$10 No Deductible	\$10 No Deductible
	Preferred Brand Drugs	\$100 No Deductible	\$100 No Deductible
	Non-Preferred Brand Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible
	Specialty Drugs	50% Coinsurance After Deductible	50% Coinsurance After Deductible

Meet the Jefferson Health Plans Team

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Jefferson Health Plans Hospital Network

Medicare Advantage - Pennsylvania and New Jersey



Jefferson Health Plans has an extensive provider network with more than 15,000 in-network providers, 150 urgent care centers and over 100 hospitals. Jefferson Health Plans will continue investing in our provider network as we explore expansion opportunities throughout Pennsylvania, New Jersey and surrounding states.

● Pennsylvania ● New Jersey

General Hospital	City
Allegheny County	
Heritage Valley Kennedy Hospital	Mckees Rocks
Heritage Valley Sewickley Hospital	Sewickley
Atlantic County	
AtlantiCare Regional Medical Center - City Campus	Atlantic City
AtlantiCare Regional Medical Center - Mainland Campus	Pomona
Beaver County	
Heritage Valley Beaver Hospital	Beaver
Berks County	
St. Joseph Medical Center	Reading
Reading Hospital	Reading
Bradford County	
Robert Packer Hospital	Sayre
Robert Packer Hospital - Towanda Campus	Towanda
Guthrie Troy Community Hospital	Troy
Bucks County	
Rothman Orthopaedic Specialty Hospital	Bensalem
Lower Bucks Hospital	Bristol
Doylestown Hospital	Doylestown
Jefferson Health - Northeast Bucks	Langhorne
St. Mary Medical Center	Langhorne
St. Luke's Hospital - Upper Bucks Campus	Quakertown
St. Luke's Quakertown Hospital	Quakertown
Grand View Health	Sellersville
Butler County	
Butler Memorial Hospital	Butler
Camden County	
Cooper University Hospital	Camden
Jefferson Cherry Hill Hospital	Cherry Hill
Jefferson Stratford Hospital	Stratford

General Hospital	City
Carbon County	
Lehigh Valley Hospital - Carbon	Lehighton
St Luke's Hospital - Lehighton Campus	Lehighton
Chester County	
Paoli Hospital	Paoli
Phoenixville Hospital	Phoenixville
Chester County Hospital	West Chester
Clarion County	
Clarion Hospital	Clarion
Crawford County	
Meadville Medical Center	Meadville
Titusville Area Hospital	Titusville
Cumberland County	
Penn State Health - Holy Spirit Medical Center	Camp Hill
Penn State Health - Hampden Medical Center	Enola
Dauphin County	
Milton S. Hershey Medical Center	Hershey
Delaware County	
Mercy Fitzgerald Hospital	Darby
Riddle Memorial Hospital	Media
Taylor Hospital	Ridley Park
Springfield Hospital	Springfield
Crozer Chester Medical Center	Upland
Erie County	
Corry Memorial Hospital	Corry
Millcreek Community Hospital	Erie
Franklin County	
Wellspan Chambersburg Hospital	Chambersburg
Wellspan Waynesboro Hospital	Waynesboro
Gloucester County	
Jefferson Washington Township Hospital	Turnersville
Lackawanna County	
Lehigh Valley Hospital - Dickson City	Dickson City
Lancaster County	
Penn State Health Lancaster Medical Center	Lancaster
Lancaster General Hospital	Lancaster

General Hospital	City
Lehigh County	
Lehigh Valley Hospital - 17th Street	Allentown
St. Luke's Hospital - Sacred Heart Campus	Allentown
Lehigh Valley Hospital - Cedar Crest	Allentown
Lehigh Valley Hospital - 1503 N. Cedar Crest	Allentown
Lehigh Valley Hospital - Tilghman	Allentown
St. Luke's Hospital - Allentown Campus	Allentown
Lehigh County	
St. Luke's Hospital - Bethlehem Campus	Bethlehem
Luzerne County	
Lehigh Valley Hospital - Hazleton	Hazleton
Mercer County (NJ)	
Capital Health Medical Center - Hopewell	Pennington
Capital Health Regional Medical Center	Trenton
Mercer County (PA)	
Sharon Regional Medical Center	Sharon
Monroe County	
Lehigh Valley Hospital - Pocono	East Stroudsburg
St. Luke's Hospital - Monroe Campus	Stroudsburg
Montgomery County	
Jefferson - Abington Memorial Hospital	Abington
Bryn Mawr Hospital	Bryn Mawr
Suburban Community Hospital	East Norriton
Einstein Medical Center Montgomery	East Norriton
Einstein Medical Center Elkins Park	Elkins Park
Jefferson - Abington Health Lansdale Hospital	Lansdale
Holy Redeemer Hospital	Meadowbrook
Pottstown Hospital	Pottstown
Lankenau Medical Center	Wynnewood
Northampton County	
Lehigh Valley Hospital - Muhlenber	Bethlehem
Lehigh Valley Hospital - Highland Ave	Bethlehem
St. Luke's Hospital - Easton Campus	Easton
Lehigh Valley Hospital - Hecktown Oaks	Easton
St. Luke's Hospital - Anderson Campus	Easton
Philadelphia County	
Children's Hospital of Philadelphia	19104
Hospital of The University of Pennsylvania (HUP)	19104
Penn Presbyterian Medical Center	19104

General Hospital	City
Pennsylvania Hospital	19107
Thomas Jefferson University Hospital	19107
Wills Eye Hospital	19107
Fox Chase Cancer Center	19111
Temple University Hospital Jeanes Campus	19111
Jefferson Health - Northeast Torresdale	19114
Temple Health - Chestnut Hill Hospital	19118
Kensington Hospital	19122
Jefferson Health - Northeast Frankford	19124
Temple University Hospital	19125
Roxborough Memorial Hospital	19128
St. Christopher's Hospital For Children	19134
Temple University Hospital	19140
Albert Einstein Medical Center	19141
Methodist Hospital	19148
Nazareth Hospital	19152
Schuylkill County	
St. Luke's Hospital - Miners Campus	Coaldale
Lehigh Valley Hospital - Schuylkill	Pottsville
Warren County	
Warren General Hospital	Warren
York County	
OSS Orthopaedic Hospital	York

Rehab Hospital	City
Bucks County	
St. Mary Rehabilitation Hospital	Langhorne
Chester County	
Bryn Mawr Rehabilitation Hospital	Malvern
Montgomery County	
Moss Rehabilitation at Elkins Park	Elkins Park
Philadelphia County	
Magee Rehabilitation Hospital	19102
Moss Rehab Hospital	19141