

Passport Marketplace Benefits At A Glance - Kentucky

Affordable, quality health coverage for all. Learn more at ChoosePassport.com.

Call today! (833) 543-1894 (TTY: 711)



Included in your plan at NO additional cost!



Teladoc Virtual Care
Visits 24/7/365



Annual Wellness
Visit - Adults



Routine Preventive
Screenings -
Children & Adults



Routine Vision Exams
and Eyewear -
Children (Ages 0-18)



Preventive Prescription
Drugs



24-Hour Nurse
Advice Line

Adult Vision & Dental Services
available with select plan options!

	Passport Silver Core 94	Passport Silver Core 87	Passport Silver Core 73	Passport Silver Core 70	Passport Silver Saver 94 with Four Free PCP Visits	Passport Silver Saver 87 with Four Free PCP Visits	Passport Silver Saver 73 with Four Free PCP Visits	Passport Silver Saver 70 with Four Free PCP Visits
BENEFITS AND COST SHARE HIGHLIGHTS								
Deductible (Ind/Fam)	\$0 / \$0	\$850 / \$1,700	\$3,500 / \$7,000	\$6,000 / \$12,000	\$190 / \$380	\$1,425 / \$2,850	\$6,500 / \$13,000	\$7,000 / \$14,000
Drug Deductible (Ind/Fam)	\$0 / \$0	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$2,000 / \$4,000	\$3,195 / \$6,390	\$7,685 / \$15,370	\$8,990 / \$17,980	\$2,000 / \$4,000	\$3,350 / \$6,700	\$8,100 / \$16,200	\$10,150 / \$20,300
Emergency Room Facility	25%	30% after ded	40% after ded	40% after ded	15% after ded	20% after ded	20% after ded	20% after ded
Urgent Care Services	\$5	\$25	\$55	\$60	\$6	\$13	\$55	\$60

** Denotes no charge for the first 4 non-preventive office visits for any combination of the indicated visit types. \$ Mail-order is available for non-specialty drugs marked "MAIL" on the formulary. For mail-order Rx, a 90-day supply is provided at three times (3x) the 30-day retail cost-sharing amount.

SERVICES WITHOUT
ANY DEDUCTIBLE

Passport Marketplace Benefits At A Glance - Kentucky



	Passport Silver Core 94	Passport Silver Core 87	Passport Silver Core 73	Passport Silver Core 70	Passport Silver Saver 94 with Four Free PCP Visits	Passport Silver Saver 87 with Four Free PCP Visits	Passport Silver Saver 73 with Four Free PCP Visits	Passport Silver Saver 70 with Four Free PCP Visits
INPATIENT SERVICES								
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	25%	30% after ded	40% after ded	40% after ded	15% after ded	20% after ded	20% after ded	20% after ded
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES								
Primary Care	\$0	\$8	\$30	\$35	\$3**	\$10**	\$35**	\$40**
Specialty Care	\$10	\$30	\$60	\$60	\$6	\$15	\$60	\$62.50
Rehabilitative and Habilitative Services	\$0	\$8	\$30	\$35	\$3	\$10	\$35	\$40
Mental / Behavioral Health Services / Substance Use Disorder Services	\$0	\$8	\$30	\$35	\$3**	\$10**	\$35**	\$40**
OUTPATIENT HOSPITAL FACILITY SERVICES								
Outpatient Facility Fee	25%	30% after ded	40% after ded	40% after ded	15% after ded	20% after ded	20% after ded	20% after ded
Outpatient Professional Fee	25%	30% after ded	40% after ded	40% after ded	15% after ded	20% after ded	20% after ded	20% after ded
Advanced Imaging and Specialized Scanning Services	25%	30% after ded	40% after ded	40% after ded	15% after ded	20% after ded	20% after ded	20% after ded
Routine X- Ray and Diagnostic Services	\$30	\$75	\$95	\$95	15% after ded	20% after ded	20% after ded	20% after ded
Laboratory Tests	\$10	\$35	\$60	\$85	15% after ded	20% after ded	20% after ded	20% after ded

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	Passport Silver Core 94	Passport Silver Core 87	Passport Silver Core 73	Passport Silver Core 70	Passport Silver Saver 94 with Four Free PCP Visits	Passport Silver Saver 87 with Four Free PCP Visits	Passport Silver Saver 73 with Four Free PCP Visits	Passport Silver Saver 70 with Four Free PCP Visits
PRESCRIPTION DRUGS [§]								
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$0	\$5	\$15	\$15	\$3	\$5	\$5	\$5
Preferred Brand Drugs	\$30	\$65	\$75 after ded	\$75 after ded	\$20	\$50	\$100	\$100
Non-Preferred Drugs	30%	30% after ded	40% after ded	50% after ded	15% after ded	20% after ded	20% after ded	20% after ded
Specialty Drugs	30%	30% after ded	40% after ded	50% after ded	20% after ded	20% after ded	20% after ded	20% after ded

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Passport Gold Core 1640	
BENEFITS AND COST SHARE HIGHLIGHTS	
Deductible (Ind/Fam)	\$1,640 / \$3,280
Drug Deductible (Ind/Fam)	Comb. w/Med
Out of Pocket Max (Ind/Fam)	\$8,100 / \$16,200
Emergency Room Facility	25% after ded
Urgent Care Services	\$40
INPATIENT SERVICES	
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	25% after ded
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES	
Primary Care	\$25
Specialty Care	\$55
Rehabilitative and Habilitative Services	\$25
Mental / Behavioral Health Services / Substance Use Disorder Services	\$25

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SERVICES WITHOUT
ANY DEDUCTIBLE

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	Passport Gold Core 1640
OUTPATIENT HOSPITAL FACILITY SERVICES	
Outpatient Facility Fee	25% after ded
Outpatient Professional Fee	25% after ded
Advanced Imaging and Specialized Scanning Services	25% after ded
Routine X- Ray and Diagnostic Services	25% after ded
Laboratory Tests	\$25
PRESCRIPTION DRUGS [§]	
Preventive Drugs	No Charge
Preferred Generic Drugs	\$15
Preferred Brand Drugs	\$50 after ded
Non-Preferred Drugs	30% after ded
Specialty Drugs	40% after ded

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SERVICES WITHOUT
ANY DEDUCTIBLE