## Passport's EXTRA Benefits & Rewards To learn more and claim your reward, visit [passporthealthplan.com/rewards] or call [(833) 986-0072 (TTY: 711)]

What You Can Get	The Details	Who's Eligible?	The Value
Healthy Rewards	Complete your COVID vaccine series, including your booster shot if eligible to receive one. Subject to change.**	Members age 18 years and up.	\$100 Gift Card
	Complete your COVID vaccine series, including your booster shot if eligible to receive one. Subject to change**.	Members age 17 and under.	\$25 Gift Card
	Attend one postpartum visit 7-84 days after the birth of the baby.*	New Moms.	\$25 Gift Card
	Go to a prenatal visit during the first trimester or within 42 days of enrollment.*	Pregnant Moms 12 years & older.	Infant, Car or Booster Seat
	Get a colon cancer screening test *(frequency dependent on specific screening test received)	Members age 45 to 75 years old.	\$25 Gift Card
	Have a yearly diabetic retinal eye exam.*	Members with Diabetes 18 - 75 years.	\$50 Gift card
	Complete a yearly HbA1c test.*	Members with Diabetes 18 - 75 years.	\$50 Gift card
	Have a yearly Mammogram.*	Female members 50-74 years old.**	\$25 Gift Card
	Have up to 6 well-child visits on time.	Members Birth - 30 months old.	\$10 per visit (Max \$60 Gift Card)
	Have an annual well-child visit.	Members 3 - 17 years old.	\$25 Gift Card
	Get a Pap test.*	Female members 21-64 years old.**	\$25 Gift Card
	Get a chlamydia screening.*	Female members 16-24 years old.**	\$25 Gift Card
	Go to a follow-up visit within 7 days of an inpatient hospital stay (medical stays go to PCP; behavioral health stays go to behavioral health provider or PCP) (no limits).	All Members.	\$50 Gift Card
	Have an annual adult preventative screening visit.*	All Members 18 years and older.	\$25 Gift Card
	Complete an annual dental exam.*	All Members.	\$50 Gift Card
	Complete your Health Risk Assessment (HRA).*	All members.	\$25 Gift Card
	Complete Diabetes Self Management Education and Support (DSMES) classes.*	All Members with Diabetes Type 1 or Type 2.	\$25 Gift Card

What You Can Get	The Details	Who's Eligible?	The Value
Free Phone/ Data	A FREE cellphone with Unlimited Talk, Text & data.	All members 18 years and older.	Free – No Cost to You!
School & Sports Physicals	Get a free sports or school physical every year.	All Members 6 -18 years old.	Free annual physical
Weight Watchers	Get up to 13 weeks of Weight Watchers digital program free. Members must have approval from their doctor, an email address, and a computer or smart device with internet access.	Members 18 years and older who are approved by their doctor and meet BMI requirements.	\$40
Blood Pressure Cuff	One free blood pressure cuff per year.	All members with diabetes or high blood pressure.	Up to \$30
Home colon cancer screening kit	One home colon cancer screening kit per year.	All members ages 45-75.	\$25
GED	Vouchers to take the GED test free at testing centers and a gift card if you pass the exam.	18 years and older.	Exam voucher (up to \$120 value) and \$50 gift card for passing
Asthma	Members who sign up and complete the 3-month Asthma Disease Management Breathe with Ease® Program receive an allergy-free pillowcase and mattress cover. Passport will provide a second inhaler at no extra cost to children under 18 who are prescribed an inhaler.	Mattress / Pillow: All members in the Asthma Disease Management program. 2nd Inhaler: Under 18 years old.	Mattress Cover: \$60 value; Pillow Covers: \$20 value Second Inhaler: Free for members

## **Your Benefits** & Rewards

Take a look at some of the **great** benefits you have with Passport by Molina Healthcare. As always, you pay \$0!

\$0 Copays!



Your Benefits	Extra Details
Allergy Services	Covers both adult and children
Ambulatory Surgical Centers	Does not cover cosmetic surgery.
Autism Spectrum Disorders	Age 21 and under
Cervical and Vaginal Cancer Screening (Pap tests, pelvic exams)	1 per year (unless ordered by provider)
Chemotherapy	
Chiropractic Care (limits may apply)	26 visits per 12-month period
Colorectal Screenings	Colorectal cancer screening starting at age 45 years old based on the American Cancer Society (ACS) guidelines
Commission for Children with Special Health Care Needs	Limited to children who are eligible for the Kentucky Commission for Children with Special Health Care Needs



Your Benefits	Extra Details
Dental Services	Covers:  Preventive services  Diagnostic services  Dentures*  2 cleanings every 12-months  1 set of X-rays every 12-months  Extractions and fillings  Oral surgery  Orthodontic and prosthodontic services  * One set every 5 years for adults. More frequent for those under 21 if medically necessary due to growth.
Dialysis End-Stage Renal Disease (ESRD)	Services and procedures that promote and help the functioning of the kidneys and related organs
Durable Medical Equipment	
Early & Periodic Screening, Diagnoses and Treatment (EPSDT) Services (health checks for children under age 21)	<ul> <li>1 neonatal exam (right after the baby is born)</li> <li>1 exam at 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months</li> <li>1 exam each year for children ages 3 to 20</li> </ul>
Emergency Room	
Emergency Ambulance and Air Transportation	<ul><li>Basic life support (BLS)</li><li>Advanced life support (ALS) ambulance services</li></ul>
Family Planning	Provided at routine visits or family planning clinics
First Steps Services	Services are available to children from birth to age 3. Children must have a developmental delay or a physical or mental condition(s) related to a developmental delay.
Hearing Services	<ul><li>1 complete hearing evaluation per calendar year</li><li>Hearing aids</li></ul>
HIV Screening	<ul> <li>Screenings for:</li> <li>Pregnant women</li> <li>Those who have an increased risk for the infection</li> <li>Anyone who asks for the test</li> </ul>
Hospice	
Inpatient Hospital Services	

Your Benefits	Extra Details
Inpatient Provider & Surgeon Services	Cosmetic surgery is not covered (except for post-mastectomy reconstructive surgery)
Inpatient Mental Health & Substance Use Disorder	
Immunizations	Includes:      Adults and children      Flu      Pneumonia      Hepatitis B
Lab and Radiology Services (by provider or lab)	
Maternity Services	
Non-emergency Ambulance Stretcher Services	Used when other types of transportation could cause danger to your health (see Member Handbook section on Transportation)
Nursing Facility Services	Includes provider services
Nutritional Counseling	
OB Ultrasounds	2 every 9-months unless your provider orders more (see family planning in Member Handbook)
Occupational Therapy (OT)	Up to 20 visits per calendar year
Outpatient Hospital Services	Does not cover cosmetic surgery (except for post-mastectomy reconstructive surgery)
Outpatient Mental Health & Substance Use Disorder	Per visit
Prenatal and Postnatal Care	
Prescription Drugs	Unlimited prescriptions per month
Physical Therapy	Up to 20 visits per calendar year.
Provider Services (PCPs, specialists, provider assistants, nurse practitioners, nurse midwives)	<ul> <li>Includes:</li> <li>Specialists</li> <li>Provider assistants</li> <li>Nurse practitioners</li> <li>Nurse midwives</li> <li>Office visits</li> <li>Medical surgical care and consultation</li> <li>Diagnosis and treatment</li> </ul>

Your Benefits	Extra Details
Podiatry Services	Routine foot care not covered except for some conditions that need professional supervision
Preventative Care	Wellness visits
Private Duty Nursing	Allows for 2,000 hours per year
Prosthetic & Orthotic Devices	
Psychiatric Residential Treatment Facilities	For children 6 to 21 Intensive facility-based care alternatives to hospitals
Radiation Therapy	
Rural health clinic (RHC), Federally Qualified Health Center (FQHC), & Primary Care Center (PCC)	
Specialized Children's Services Clinics	Exams are covered for members under age 18. They must be medically necessary. They do not need prior authorization. Other services are covered, like counseling and therapy. The provider will give education to the child and non-offending family member.
Speech Therapy	Up to 20 visits per calendar year
Targeted Care Management Services	Behavioral health services that include at least 4 sessions in 1 month including a minimum of:  1 face-to-face contact  1 face-to-face contact with parent, family member, guardian or other person who has custody or supervision of the member  2 additional contacts face-to-face or by phone
Telehealth	Must use a provider in the Passport network
Tobacco Cessation	
Transplant Services	
Urgent Care Visits	
Vision	<ul> <li>1 eye exam each calendar year</li> <li>1 pair of eyeglasses per year, or 1 pair of contacts per year</li> </ul>

