## Passport's EXTRA Benefits & Rew To learn more and claim your reward, visit [passporthealthplan.com/rewards] or call [(833)

What You Can Get	The Details	Who's Eligible?	The Value
Healthy Rewards	Attend one postpartum visit 7-84 days after the birth of the baby.*	New Moms.	\$25 Maternity 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
	Stay connected and opt-in to email/text reminders as Head of Household*.	Heads of Household	\$10 Gift Card

What You Can Get	The Details	Who's Eligible?	The Value
Vaccine Health Rewards	Up to \$140 in gift cards for members who complete the following vaccine series* by age 2 (provider attestation form required)*:1. Rotavirus (\$10)2. Hep A (\$10)3. Hep B (\$10)4. DTAP (\$10)5. Hib (\$10)6. PCV (\$10)7. MMR (\$10)8. Varicella (\$10)9. Polio (\$10)10. Influenza (\$50)Up to \$50 in gift cards for members who complete the HPV vaccine series: \$20 member reward for first HPV vaccine on or between 9-13th birthdays \$30 member reward for second HPV on or between 9-13th birthdays		
Free Phone/ Data	A FREE cellphone with Unlimited Talk, Text & data.	All members 18 years and older.	Free – No Cost to You!
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
Home colon cancer screening kit	One home colon cancer screening kit shipped directly to your home each 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

Some exclusions apply. Benefits subject to change. To qualify, members must have Passport by Molina Healthcare Medicaid. If reward is offered for both Molina Medicaid and Medicare, it can only be claimed once and will be provided by member's primary insurance. \*Rewards must be claimed within 90 calendar days of receiving the qualifying service and member must be currently enrolled with Passport Medicaid at the time of claiming the reward. \*\*Members assigned female at birth.

ards 3) 986-0072 (TTY: 711)]	

## **Your Benefits** & Rewards

Take a look at some of the **great** benefits you have with Passport by Molina Healthcare. Ás 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
Blood Pressure Cuff	One free blood pressure cuff per year.
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 c American Cancer Society (ACS) guidelines
Commission for Children with Special Health Care Needs	Limited to children who are eligible for the Kentucky Commission Children with Special Health Care Needs



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Your Benefits	Extra Details	Your Benefits	Extra Details
	Covers: • Preventive services	Inpatient Provider & Surgeon Services	Cosmetic sur reconstructiv
	<ul> <li>Diagnostic services</li> <li>Dentures*</li> <li>2 cleanings every 12-months</li> </ul>	Inpatient Mental Health & Substance Use Disorder	
Dental Services	<ul> <li>1 set of X-rays every 12-months</li> <li>Extractions and fillings</li> <li>Oral surgery</li> <li>Orthodontic and prosthodontic services</li> <li>* One set every 5 years for adults. More frequent for those under 21 if medically</li> </ul>	Immunizations	Adults & child • Flu • Pneumoni • Hepatitis
Dialysis End-Stage Renal	necessary due to growth. Services and procedures that promote and help the functioning of the	Lab and Radiology Services (by provider or lab)	Medical tests treatment
Disease (ESRD)	kidneys and related organs	Maternity Services	
Durable Medical Equipment		Non-emergency Ambulance Stretcher Services	Used when o health (see M
Early & Periodic Screening, Diagnoses and Treatment	<ul> <li>1 neonatal exam (right after the baby is born)</li> </ul>	Nursing Facility Services	Includes prov
(EPSDT) Services (health checks for children	<ul> <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>	Nutritional Counseling	
under age 21)		OB Ultrasounds	2 every 9-mc planning in M
Emergency Room		Occupational Therapy (OT)	
Emergency Ambulance and Air Transportation	<ul><li>Basic life support (BLS)</li><li>Advanced life support (ALS) ambulance services</li></ul>	Outpatient Hospital Services	Does not cov (except for po
Family Planning	Provided at routine visits or family planning clinics		(except for po
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)	Outpatient Mental Health & Substance Use Disorder	Per visit
	<ul><li>related to a developmental delay.</li><li>1 complete hearing evaluation per calendar year</li></ul>	Prenatal and Postnatal Care	
Hearing Services	<ul> <li>Hearing aids</li> </ul>	Prescription Drugs	Unlimited pre
	Screenings for:	Physical Therapy	Up to 20 visit
HIV Screening	<ul> <li>Pregnant women</li> <li>Those who have an increased risk for the infection</li> <li>Anyone who asks for the test</li> </ul>	Provider Services (PCPs,	<ul><li>Includes:</li><li>Specialist</li><li>Provider a</li></ul>
Hospice Inpatient Hospital Services		specialists, provider assistants, nurse practitioners, nurse midwives)	<ul> <li>Nurse pra</li> <li>Nurse mic</li> <li>Office visi</li> <li>Medical su</li> </ul>

## ctra Details

Cosmetic surgery is not covered (except for post-mastectomy econstructive surgery)

## Adults & children, including:

Pneumonia Hepatitis B

ledical tests prescribed by your healthcare provider to help with

sed when other types of transportation could cause danger to your ealth (see Member Handbook section on Transportation)

ncludes provider services

2 every 9-months unless your provider orders more (see family planning in Member Handbook)

Jp to 20 visits per calendar year

Does not cover cosmetic surgery except for post-mastectomy reconstructive surgery)

nlimited prescriptions per month

Jp to 20 visits per calendar year.

Specialists

Provider assistants

Nurse practitioners

Nurse midwives

Office visits

Medical surgical care and consultation

• Diagnosis and treatment

Extra Details
Routine foot care not covered except for some conditions that ne professional supervision
Including wellness
Allows for 2,000 hours per year
For children 6 to 21 Intensive facility-based care alternatives to hospitals
Get a free sports or school physical every year. All Members 6 -18 years old. Free annual physical
Exams are covered for members under age 18. They must be med necessary. They do not need prior authorization. Other services a covered, like counseling and therapy. The provider will give educat the child and non-offending family member.
Up to 20 visits per calendar year
<ul> <li>Behavioral health services that include at least 4 sessions in 1 maincluding a minimum of:</li> <li>1 face-to-face contact</li> <li>1 face-to-face contact with parent, family member, guardian other person who has custody or supervision of the member</li> <li>2 additional contacts face-to-face or by phone</li> </ul>
Must use a provider in the Passport network
<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>





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