

# Passport's EXTRA Benefits & Rewards

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 12 years & older	\$25 Gift Card
	Go to a prenatal visit during the first trimester or within 42 days of enrollment.	Pregnant Moms 12 years & older	Car or Booster Seat
	Have a yearly diabetic retinal eye exam Get HbA1c lab work	Members with Diabetes 18 - 75 years	\$50 Gift Card each (\$100 max annually)
	Have a yearly Mammogram (one per member per year)	Females 50-74 years old	\$25 Gift Card
	Have up to 6 well-child visits on time within a 15-month period	1-3 years old	\$10 per visit (Max \$60 Gift Card)
	Get a Pap test	Females 21-64 years old	\$25 Gift Card
	Get a chlamydia screening	Females 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 preventive screening visit (one per year)	18 years and older	\$25 Gift Card
	Visit a dentist (one per year)	All Members	\$50 Gift Card
Have a diagnosis of diabetes or high blood pressure	All Members with Diabetes or High Blood Pressure	Blood Pressure Cuff	

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<b>School &amp; Sports Physicals</b>	Get a free sports or school physical every year	6-18 years old	Free annual physical
<b>Adult Eyeglasses or Contacts</b>	Get \$100 every 2 calendar years for one pair of eyeglasses or buying contact lenses	21 years old and older	\$100
<b>Obesity &amp; Weight Watchers</b>	Get up to 13 weeks of Weight Watchers free. Providers, internal departments, care managers, or self-referral can refer members. Prior-authorization is needed.	All Members	\$40 value
<b>Free Phone/Data</b>	A FREE cellphone with Unlimited Talk & Text plus 4.5GB of data, free every month.	All Members Who Qualify	Free – No Cost to You!
<b>GED</b>	You get vouchers to take the GED test for free at testing centers	18 years and older	\$120 value
	You get a gift card for passing the exam	18 years and older	\$50
<b>Asthma</b>	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: 6-18 years old	Mattress Cover: \$60 Pillow Covers: \$20 Second Inhaler: Free for members
<b>Respite Care</b>	Passport covers respite care to give a member's caregiver some relief and time for self-care to recharge and relax. Prior-authorization is needed.	Members with Special Health Care Needs who have a full-time caregiver	8 hours per year of respite care

## Your Benefits & Rewards

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

**\$0 Copays!**



Your Benefits	Extra Details
<b>Allergy Services</b>	Covers both adult and children
<b>Ambulatory Surgical Centers</b>	Does not cover cosmetic surgery.
<b>Autism Spectrum Disorders</b>	Age 21 and under
<b>Cervical and Vaginal Cancer Screening (Pap tests, pelvic exams)</b>	1 per year (unless ordered by provider)
<b>Chemotherapy</b>	
<b>Chiropractic Care (limits may apply)</b>	26 visits per 12-month period
<b>Commission for Children with Special Health Care Needs</b>	Limited to children who are eligible for the Kentucky Commission for Children with Special Health Care Needs
<b>Dental Services</b>	<p><b>Covers:</b></p> <ul style="list-style-type: none"> <li>Preventive services</li> <li>Diagnostic services</li> <li>1 oral exam every 12-months</li> <li>2 oral exams for members under 21 if included with a cleaning</li> <li>1 cleaning every 12-months for members 21 and older</li> <li>2 cleanings every 12-months for members under 21</li> <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> </ul>



Your Benefits	Extra Details
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 style="list-style-type: none"> <li>1 neonatal exam (right after the baby is born)</li> <li>1 exam at 1, 2, 4, 6, 9, 12, 15, 18, and 24 months</li> <li>1 exam each year for children ages 3 to 20</li> </ul>
Emergency Room	
Emergency Ambulance and Air Transportation	<ul style="list-style-type: none"> <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 for Children Under 21	1 complete hearing evaluation per calendar year
HIV Screening	<b>Screenings for:</b> <ul style="list-style-type: none"> <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	
Inpatient Provider & Surgeon Services	Cosmetic surgery is not covered (except for post-mastectomy reconstructive surgery)
Inpatient Mental Health & Substance Use Disorder	
Immunizations	<b>Includes:</b> <ul style="list-style-type: none"> <li>Adults and children</li> <li>Flu</li> <li>Pneumonia</li> <li>Hepatitis B</li> </ul>

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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)	<b>Includes:</b> <ul style="list-style-type: none"> <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>
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

Your Benefits	Extra Details
Prosthetic & Orthotic Devices	
Psychiatric Residential Treatment Facilities	For children 6 to 21 <i>Intensive facility-based care alternatives to hospitals</i>
Radiation Therapy	
Rural health clinic (RHC), Federally Qualified Health Center (FQHC), & Primary Care Center (PCC)	
Specialized Children's Services Clinics	Sexual abuse medical exams are covered for members under 18 when medically necessary
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: <ul style="list-style-type: none"> <li>1 face-to-face contact</li> <li>1 face-to-face contact with parent, family member, guardian or other person who has custody or supervision of the member</li> <li>2 additional contacts face-to-face or by phone</li> </ul>
Telehealth	Must use a provider in the Passport network
Tobacco Cessation	
Transplant Services	
Urgent Care Visits	
Vision Adults over 21	<ul style="list-style-type: none"> <li>1 eye exam each calendar year</li> <li>*See Passport's EXTRA Benefits &amp; Rewards section for details on coverage for adult eyeglasses</li> </ul>
Vision Children under 21	<ul style="list-style-type: none"> <li>1 eye exam each calendar year</li> <li>1 pair of eyeglasses per year, or a second pair if the first pair is broken or if the prescription changes</li> </ul>