

# Passport Marketplace Benefits At A Glance - Kentucky

Affordable, quality health coverage for all. Learn more at [ChoosePassport.com](https://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)	\$2,125 / \$4,250	\$3,350 / \$6,700	\$8,100 / \$16,200	\$10,150 / \$20,300	\$1,960 / \$3,920	\$3,500 / \$7,000	\$8,450 / \$16,900	\$10,600 / \$21,200
Emergency Room Facility	30%	35% after ded	45% after ded	45% after ded	25% after ded	30% after ded	40% after ded	40% after ded
Urgent Care Services	\$2	\$25	\$55	\$60	\$6	\$20	\$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>	30%	35% after ded	45% after ded	45% after ded	25% after ded	30% after ded	40% after ded	40% after ded
OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES								
Primary Care	\$0	\$8	\$30	\$40	\$3**	\$15**	\$35**	\$40**
Specialty Care	\$10	\$30	\$60	\$65	\$6	\$30	\$60	\$80
Rehabilitative and Habilitative Services	\$0	\$8	\$30	\$40	\$3	\$15	\$35	\$40
Mental / Behavioral Health Services / Substance Use Disorder Services	\$0	\$8	\$30	\$40	\$3**	\$15**	\$35**	\$40**
OUTPATIENT HOSPITAL FACILITY SERVICES								
Outpatient Facility Fee	30%	35% after ded	45% after ded	45% after ded	25% after ded	30% after ded	40% after ded	40% after ded
Outpatient Professional Fee	30%	35% after ded	45% after ded	45% after ded	25% after ded	30% after ded	40% after ded	40% after ded
Advanced Imaging and Specialized Scanning Services	30%	35% after ded	45% after ded	45% after ded	25% after ded	30% after ded	40% after ded	40% after ded
Routine X- Ray and Diagnostic Services	\$30	\$80	\$100	\$100	25% after ded	30% after ded	40% after ded	40% after ded
Laboratory Tests	\$10	\$40	\$65	\$90	25% after ded	30% after ded	40% after ded	40% after ded

\*\* 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
PRESCRIPTION DRUGS <sup>§</sup>								
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	\$10	\$10
Preferred Brand Drugs	\$25	\$65	\$75 after ded	\$75 after ded	\$20	\$75	\$100	\$100
Non-Preferred Drugs	40%	40% after ded	50% after ded	50% after ded	25% after ded	30% after ded	40% after ded	40% after ded
Specialty Drugs	50%	50% after ded	50% after ded	50% after ded	25% after ded	30% after ded	40% after ded	40% after ded

\*\* 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 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

\*\* 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 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 <sup>§</sup>	
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

\*\* 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