

# 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)

	Silver 1				Silver 12 with First 4 Primary Care Visits Free				Gold 1
	Cost Sharing Reduction Plans (CSR)				Cost Sharing Reduction Plans (CSR)				
	Silver 1 100	Silver 1 150	Silver 1 200	Silver 1 250	Silver 12 100	Silver 12 150	Silver 12 200	Silver 12 250	
<b>VALUE BASICS</b>									
Teladoc Virtual Care Visits 24/7/365	Free	Free	Free	Free	Free	Free	Free	Free	Free
Annual Wellness Visit - Adults	Free	Free	Free	Free	Free	Free	Free	Free	Free
Routine Preventive Screenings - Children & Adults	Free	Free	Free	Free	Free	Free	Free	Free	Free
Routine Vision Exams and Eyewear - Children (Ages 0-18)	Free	Free	Free	Free	Free	Free	Free	Free	Free
Preventive Prescription Drugs	Free	Free	Free	Free	Free	Free	Free	Free	Free
24-Hour Nurse Advice Line	Free	Free	Free	Free	Free	Free	Free	Free	Free
Plan Options with Adult Vision Services	Yes	Yes	Yes	Yes	No	No	No	No	Yes
<b>BENEFITS AND COST SHARE HIGHLIGHTS</b>									
Deductible (Ind/Fam)	\$0 / \$0	\$850 / \$1,700	\$3,500 / \$7,000	\$5,750 / \$11,500	\$170 / \$340	\$1,500 / \$3,000	\$6,500 / \$13,000	\$7,000 / \$14,000	\$1,640 / \$3,280
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	Comb. w/ Med
Out of Pocket Max (Ind/Fam)	\$2,625 / \$5,250	\$2,950 / \$5,900	\$6,775 / \$13,550	\$7,940 / \$15,880	\$3,050 / \$6,100	\$3,050 / \$6,100	\$7,350 / \$14,700	\$9,200 / \$18,400	\$8,100 / \$16,200
Emergency Room Facility	15%	30% after ded	40% after ded	40% after ded	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded
Urgent Care Services	\$5	\$25	\$55	\$55	\$3	\$13	\$55	\$60	\$20

Note: \*\* Denotes no charge for the first 4 non-preventive office visits for any combination of the indicated visit types. <sup>§</sup>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



	Silver 1				Silver 12 with First 4 Primary Care Visits Free				Gold 1
	Cost Sharing Reduction Plans (CSR)				Cost Sharing Reduction Plans (CSR)				
	Silver 1 100	Silver 1 150	Silver 1 200	Silver 1 250	Silver 12 100	Silver 12 150	Silver 12 200	Silver 12 250	
<b>INPATIENT SERVICES</b>									
Inpatient Facility Fee <i>*Professional Fees May Apply</i>	15%	30% after ded	40% after ded	40% after ded	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded
<b>OUTPATIENT PROFESSIONAL OFFICE VISITS SERVICES</b>									
Primary Care	\$0	\$8	\$30	\$35	\$2**	\$10**	\$35**	\$40**	\$20
Specialty Care	\$10	\$30	\$60	\$60	\$4	\$15	\$65	\$65	\$50
Rehabilitative and Habilitative Services	\$0	\$8	\$30	\$35	\$2	\$10	\$35	\$40	\$20
Mental / Behavioral Health Services / Substance Use Disorder Services	\$0	\$8	\$30	\$35	\$2**	\$10**	\$35**	\$40**	\$20
<b>OUTPATIENT HOSPITAL FACILITY SERVICES</b>									
Outpatient Facility Fee	15%	30% after ded	40% after ded	40% after ded	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded
Outpatient Professional Fee	15%	30% after ded	40% after ded	40% after ded	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded
Advanced Imaging and Specialized Scanning Services	15%	30% after ded	40% after ded	40% after ded	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded
Routine X-Ray and Diagnostic Services	\$30	\$75	\$95	\$95	10% after ded	20% after ded	20% after ded	20% after ded	25% after ded
Laboratory Tests	\$10	\$30	\$60	\$75	10% after ded	20% after ded	20% after ded	20% after ded	\$15

Note: \*\* Denotes no charge for the first 4 non-preventive office visits for any combination of the indicated visit types. <sup>§</sup>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



	Silver 1				Silver 12 with First 4 Primary Care Visits Free				Gold 1
	Cost Sharing Reduction Plans (CSR)				Cost Sharing Reduction Plans (CSR)				
	Silver 1 100	Silver 1 150	Silver 1 200	Silver 1 250	Silver 12 100	Silver 12 150	Silver 12 200	Silver 12 250	
<b>PRESCRIPTION DRUGS<sup>§</sup></b>									
Preventive Drugs	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Preferred Generic Drugs	\$0	\$5	\$15	\$20	\$2	\$5	\$6	\$6	\$15
Preferred Brand Drugs	\$30	\$65	\$75 after ded	\$75 after ded	\$20	\$50	\$100	\$100	\$50 after ded
Non-Preferred Drugs	15%	30% after ded	40% after ded	40% after ded	10% after ded	20% after ded	20% after ded	20% after ded	30% after ded
Specialty Drugs	15%	30% after ded	40% after ded	40% after ded	10% after ded	20% after ded	20% after ded	20% after ded	30% after ded

Note: \*\* Denotes no charge for the first 4 non-preventive office visits for any combination of the indicated visit types. <sup>§</sup>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**