

2022 Passport Kynect Health Coverage Benefits At A Glance

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| Services | Constant Care Silver 1 | | | | Constant Care Silver 2 | | | |
|--|--|------------------------------------|------------------------------------|--------------------------------------|--|-----------------------------|-----------------------------|-------------------------------|
| | New Plans For 2022 | | | | New Plans For 2022 | | | |
| | Silver Plan 1 - Cost Sharing Reduction Plans (CSR) | | | Silver Plan 1 / 250 | Silver Plan 2 - Cost Sharing Reduction Plans (CSR) | | | Silver Plan 2 / 250 |
| | CSR 100 | CSR 150 | CSR 200 | | CSR 100 | CSR 150 | CSR 200 | |
| Value Basics | | | | | | | | |
| Teladoc Virtual Care Visits 24/7/365 | Free | Free | Free | Free | Free | Free | Free | Free |
| Annual Wellness Visit - Adults | Free | Free | Free | Free | Free | Free | Free | Free |
| Routine Preventive Screenings - Children & Adults | Free | Free | Free | Free | Free | Free | Free | Free |
| Routine Vision Exams, and Eyewear for Children (Ages 0-18) | Free | Free | Free | Free | Free | Free | Free | Free |
| Preventive Prescription Drugs | Free | Free | Free | Free | Free | Free | Free | Free |
| 24 Hour Nurse Line | Free | Free | Free | Free | Free | Free | Free | Free |
| Urgent Care At Same Cost As Primary Physician Visit | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Plan Options with Adult Vision Services | Yes | Yes | Yes | Yes | Not Available | Not Available | Not Available | Not Available |
| Benefit and Cost Share Highlights | | | | | | | | |
| Deductible (Ind/Fam) | \$0 / \$0 | \$0 / \$0 | \$0 / \$0 | \$0 / \$0 | \$0 | \$0 | \$3,450 Comb. Med/Rx | \$5,200 Comb. Med/Rx |
| Out of Pocket Max (Ind/Fam) | \$1,200 / \$2,400 | \$2,800 / \$5,600 | \$6,700 / \$13,400 | \$8,500 / \$17,000 | \$1,200 / \$2,400 | \$2,850 / \$5,700 | \$6,700 / \$13,400 | \$8,150 / \$16,300 |
| Drug Deductible (Ind/Fam) | \$0 / \$0 | \$150 / \$300 Rx Tiers 3&4 Only | \$350 / \$700 Rx Tiers 3&4 Only | \$800 / \$1,600 Rx Tiers 3&4 Only | \$0 / \$0 | \$0 / \$0 | Comb. w/Med | Comb. w/Med |
| Emergency Room Services | \$250 | \$400 | \$750 | \$750 | 25% | 40% | 40% after ded | 40% after ded |
| Hospital / Facility Services | | | | | | | | |
| Inpatient Hospital | \$600/day (max 2 copays) | \$750/day (max 2 copays) | \$1,200/day (max 2 copays) | \$1,200/day (max 2 copays) | \$300/day (max 2 copays) | \$575/day (max 2 copays) | \$900/day (max 2 copays) | \$1,350/day (max 2 copays) |
| Skilled Nursing Facility Services | \$600/day | \$750/day | \$1,200/day | \$1,200/day | \$300/day | \$575/day | \$900/day | \$1,350/day |
| Hospital Physician Services | \$10 | \$30 | \$60 | \$60 | \$10 | \$30 | \$40 | \$65 |
| Outpatient Surgery Services | \$100 | \$350 | \$500 | \$500 | 25% | 40% | 40% after ded | 40% after ded |
| Outpatient Services | | | | | | | | |
| Primary & Urgent Care Services | \$0 | \$6 | \$30 | \$30 | \$0 | \$10 | \$20 | \$30 |
| Specialist Services | \$10 | \$30 | \$60 | \$60 | \$10 | \$30 | \$40 | \$65 |
| Mental/Behavioral Health Services | \$0 | \$6 | \$30 | \$30 | \$0 | \$10 | \$20 | \$30 |
| Imaging & Specialized Radiology | \$50 | \$400 | \$700 | \$700 | 25% | 40% | 40% after ded | 40% after ded |
| Rehabilitative Services -ST, OT, PT | \$0 | \$6 | \$30 | \$30 | \$0 | \$10 | \$20 | \$30 |
| Routine Laboratory Services | \$6 | \$30 | \$45 | \$45 | \$0 | \$30 | \$30 | \$40 |
| Routine X-Ray & Diagnostic Services | \$15 | \$50 | \$80 | \$80 | 25% | 40% | 40% after ded | 40% after ded |
| Prescription Drugs | | | | | | | | |
| Tier 1 - Preferred Generic Drugs | \$0 | \$5 | \$22 | \$29 | \$0 | \$12 | \$25 | \$25 |
| Tier 2 - Preferred Brand Drugs | \$10 | \$25 | \$60 | \$60 | \$15 | \$40 | \$60 | \$65 |
| Tier 3 - Non-Pref Brand & Generic Drugs | 10% | 40% after ded | 40% after ded | 40% after ded | 25% | 40% | 40% after ded | 50% after ded |
| Tier 4 - Specialty Drugs | 10% | 40% after ded | 40% after ded | 40% after ded | 25% | 40% | 40% after ded | 50% after ded |

Services Without Any Deductible

Note: This "Benefits At A Glance" is intended to be a summary of covered benefits that lists some features of our plans. It does not list or describe all benefits covered under a specific product or every limitation or exclusion. Visit PassportHealthPlan.com/Marketplace for plan details.

2022 Passport Kynect Health Coverage Benefits At A Glance



| Services | Constant Care Silver 4 | | | | Constant Care Silver 7 | | | |
|--|--|-----------------------------|-------------------------------|-------------------------------|--|-----------------------------------|------------------------------------|--|
| | New Plans For 2022 | | | | New Plans For 2022 | | | |
| | Silver Plan 4 - Cost Sharing Reduction Plans (CSR) | | | Silver Plan 4 / 250 | Silver Plan 7 - Cost Sharing Reduction Plans (CSR) | | | Silver Plan 7 / 250 |
| | CSR 100 | CSR 150 | CSR 200 | | CSR 100 | CSR 150 | CSR 200 | |
| Value Basics | | | | | | | | |
| Teladoc Virtual Care Visits 24/7/365 | Free | Free | Free | Free | Free | Free | Free | Free |
| Annual Wellness Visit - Adults | Free | Free | Free | Free | Free | Free | Free | Free |
| Routine Preventive Screenings - Children & Adults | Free | Free | Free | Free | Free | Free | Free | Free |
| Routine Vision Exams, and Eyewear for Children (Ages 0-18) | Free | Free | Free | Free | Free | Free | Free | Free |
| Preventive Prescription Drugs | Free | Free | Free | Free | Free | Free | Free | Free |
| 24 Hour Nurse Line | Free | Free | Free | Free | Free | Free | Free | Free |
| Urgent Care At Same Cost As Primary Physician Visit | Yes | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Plan Options with Adult Vision Services | Not Available | Not Available | Not Available | Not Available | Not Available | Not Available | Not Available | Not Available |
| Benefit and Cost Share Highlights | | | | | | | | |
| Deductible (Ind/Fam) | \$725 Comb. Med/Rx | \$2,150 Comb. Med/Rx | \$5,975 Comb. Med/Rx | \$7,450 Comb. Med/Rx | \$0 / \$0 | \$0 / \$0 | \$0 / \$0 | \$0 / \$0 |
| Out of Pocket Max (Ind/Fam) | \$725 / \$1,450 | \$2,150 / \$4,300 | \$5,975 / \$11,950 | \$7,450 / \$14,900 | \$1,200 / \$2,400 | \$2,850 / \$5,700 | \$6,800 / \$13,600 | \$8,550 / \$17,100 |
| Drug Deductible (Ind/Fam) | Comb. w/Med | Comb. w/Med | Comb. w/Med | Comb. w/Med | \$0 / \$0 | \$80 / \$160 Rx Tiers 3&4 Only | \$350 / \$700 Rx Tiers 3&4 Only | \$1,350 / \$2,700 Rx Tiers 3&4 Only |
| Emergency Room Services | 0% after ded | 0% after ded | 0% after ded | 0% after ded | \$350 | \$600 | \$950 | \$1,400 |
| Hospital / Facility Services | | | | | | | | |
| Inpatient Hospital | \$100/day (max 2 copays) | \$400/day (max 2 copays) | \$1,200/day (max 2 copays) | \$1,500/day (max 2 copays) | \$200/day (max 2 copays) | \$375/day (max 2 copays) | \$600/day (max 2 copays) | \$600/day (max 2 copays) |
| Skilled Nursing Facility Services | \$100/day | \$400/day | \$1,200/day | \$1,500/day | \$200/day | \$375/day | \$600/day | \$600/day |
| Hospital Physician Services | \$10 | \$30 | \$60 | \$65 | \$10 | \$30 | \$75 | \$90 |
| Outpatient Surgery Services | 0% after ded | 0% after ded | 0% after ded | 0% after ded | \$120 | \$120 | \$150 | \$150 |
| Outpatient Services | | | | | | | | |
| Primary & Urgent Care Services | \$0 | \$7 | \$20 | \$30 | \$0 | \$5 | \$25 | \$30 |
| Specialist Services | \$10 | \$30 | \$60 | \$65 | \$10 | \$30 | \$75 | \$90 |
| Mental/Behavioral Health Services | \$0 | \$7 | \$20 | \$30 | \$0 | \$5 | \$25 | \$30 |
| Imaging & Specialized Radiology | 0% after ded | 0% after ded | 0% after ded | 0% after ded | \$100 | \$400 | \$700 | \$700 |
| Rehabilitative Services -ST, OT, PT | \$0 | \$7 | \$30 | \$30 | \$0 | \$5 | \$25 | \$30 |
| Routine Laboratory Services | 0% after ded | 0% after ded | 0% after ded | 0% after ded | \$20 | \$40 | \$50 | \$50 |
| Routine X-Ray & Diagnostic Services | 0% after ded | 0% after ded | 0% after ded | 0% after ded | \$30 | \$100 | \$100 | \$135 |
| Prescription Drugs | | | | | | | | |
| Tier 1 - Preferred Generic Drugs | \$0 | \$6 | \$15 | \$25 | \$0 | \$8 | \$25 | \$30 |
| Tier 2 - Preferred Brand Drugs | \$20 | \$50 | \$70 | \$75 | \$10 | \$35 | \$75 | \$100 |
| Tier 3 - Non-Pref Brand & Generic Drugs | 0% after ded | 0% after ded | 0% after ded | 0% after ded | 10% | 10% after Rx ded | 40% after Rx ded | 40% after Rx ded |
| Tier 4 - Specialty Drugs | 0% after ded | 0% after ded | 0% after ded | 0% after ded | 10% | 10% after Rx ded | 40% after Rx ded | 40% after Rx ded |

Services Without Any Deductible

Note: This "Benefits At A Glance" is intended to be a summary of covered benefits that lists some features of our plans. It does not list or describe all benefits covered under a specific product or every limitation or exclusion. Visit PassportHealthPlan.com/Marketplace for plan details.

2022 Passport Kynect Health Coverage Benefits At A Glance



| | Confident Care Gold |
|--|--------------------------------------|
| Services | New Plan For 2022 |
| | Gold Plan 1 |
| Value Basics | |
| Teladoc Virtual Care Visits 24/7/365 | Free |
| Annual Wellness Visit - Adults | Free |
| Routine Preventive Screenings - Children & Adults | Free |
| Routine Vision Exams, and Eyewear for Children (Ages 0-18) | Free |
| Preventive Prescription Drugs | Free |
| 24 Hour Nurse Line | Free |
| Urgent Care At Same Cost As Primary Physician Visit | Yes |
| Plan Options with Adult Vision Services | Yes |
| Benefit and Cost Share Highlights | |
| Deductible (Ind/Fam) | \$2,100 / \$4,200 |
| Out of Pocket Max (Ind/Fam) | \$8,550 / \$17,100 |
| Drug Deductible (Ind/Fam) | Combined Med/Rx Rx Tiers 3&4 Only |
| Emergency Room Services | 20% after ded |
| Hospital / Facility Services | |
| Inpatient Hospital | 20% after ded |
| Skilled Nursing Facility Services | 20% after ded |
| Hospital Physician Services | 20% after ded |
| Outpatient Surgery Services | 20% after ded |
| Outpatient Services | |
| Primary & Urgent Care Services | \$10 |
| Specialist Services | \$50 |
| Mental/Behavioral Health Services | \$10 |
| Imaging & Specialized Radiology | 20% after ded |
| Rehabilitative Services -ST, OT, PT | \$10 |
| Routine Laboratory Services | \$15 |
| Routine X-Ray & Diagnostic Services | 20% after ded |
| Prescription Drugs | |
| Tier 1 - Preferred Generic Drugs | \$10 |
| Tier 2 - Preferred Brand Drugs | \$50 |
| Tier 3 - Non-Pref Brand & Generic Drugs | 30% after ded |
| Tier 4 - Specialty Drugs | 30% after ded |

Services Without Any Deductible

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