

COPAYS AND PREMIUMS



Below are some examples of when Passport Health Plan members may have to pay for some services.

Copays

Some members have to pay a small amount for prescriptions, dental services, and vision services. This amount is called a **copay**. It is called a copay because you pay some and Passport Health Plan will pay the rest. Copays must be paid to the provider or the pharmacy when the prescription is filled.

These copays include:

- \$0 - \$1 for each prescription, including over-the-counter medications. Please note:
 - The pharmacy must fill your prescription the first time, even if you cannot pay.
 - If you cannot pay the copay when you get your prescription, you should pay it the next time.
 - The pharmacy may tell you they will not fill your prescriptions anymore if you don't pay the copay.
- \$0 - \$2 for each dental visit, excluding routine dental services such as cleanings.
- \$0 for vision care.

Remember, your copay must be paid at the time you get the service.

***Copays and premiums may change. If so, Passport Health Plan will let you know.**

The following members do not have to pay a copay:

- Members 18 years and under including KCHIP members.
- Pregnant members.
- Members getting services within the first 60 days after delivery of a baby.
- Members in a nursing facility.
- Members in a family care home or personal care home.
- Members in an intermediate care facility for people with mental retardation (ICF/MR).
- A foster child in state custody.
- An American Indian or Alaskan native served through Kentucky Children's Health Insurance Program (KCHIP).
- Members in hospice care.
- Pacific Islanders.

If you have any questions about copays, please call Member Services.

Premiums

Kentucky Children's Health Insurance (KCHIP) and Transitional Medical Assistance (TMA) Premiums

The Kentucky Department for Medicaid Services (DMS) requires some families in the KCHIP and TMA programs to pay small monthly premiums. This affects KCHIP and TMA families who are Passport Health Plan members. If you have to pay this premium, you will be billed one month in advance. It is important that you pay this premium. If you do not pay, you will lose your Passport Health Plan benefits. If you lose your benefits because you cannot pay, you will have to reapply at your local DCBS office. To reapply for KCHIP, children 18 and under may fax or mail-in an application. KCHIP applications are available at www.passporthealthplan.com or by calling Member Services at 1-800-578-0603.

If you have questions, call the Premium Payment Center at 1-866-9KY-CHIP (1-866-959-2447). If you would like to make a payment by phone, please call 1-877-309-3926.

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