

**Passport Advantage
Provider Manual
Section 7.0
Benefits Summary and Exclusions**

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7.1 Benefits Summary

Passport Advantage members receive all the benefits covered by original Medicare and more. Services and benefits for the plan are listed below:

- Deductible
- Passport Advantage members will have deductibles, co-pays/co-insurance and/or non-covered services fees. For those remaining charges, please submit a separate claim to the member's Medicaid. This includes Part B drugs administered in your doctor's office (such as chemotherapy) as well as Part B drugs purchased at a pharmacy (such as diabetic testing supplies, nebulized medications and some vaccines). Claims may be submitted electronically (Electronic Payer ID: 97652) or on paper.
- Outpatient Care and Services
 - Note: Services with a ¹ may require prior authorization, while services with a ² may require a referral from your doctor
 - Acupuncture: Not Covered
 - Ambulance: Fully Covered
 - Chiropractic care: Manipulation of the spine to correct a subluxation is fully covered
 - Dental services
- In general, preventive dental services (such as cleaning, routine dental exams, and dental x-rays) are not covered by Original Medicare.
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- *Passport Advantage only covers dentures under this plan. Our plan covers one pair of dentures every 60 months within the denture network. Copays may apply. Medical necessity is required. (See section 15 for more detail.)
 - Diabetes supplies, services, self-management training, and therapeutic shoes or inserts are fully covered
 - Diagnostic tests, labs, radiology services, and x-rays¹
 - Note: Cost for these services can be different if received in an outpatient surgery setting
 - Diagnostic radiology services, like MRIs and /or CT scans, are fully covered
 - Diagnostic tests and procedures are fully covered
 - Lab services are fully covered
 - Outpatient x-rays are fully covered
 - Therapeutic radiology services, like radiation treatment for cancer are fully covered.
 - Doctor's office visits (PCP, Specialist) are fully covered²
 - Durable medical equipment, such as wheelchairs and /or oxygen, are fully covered¹
 - Emergency care is fully covered
 - Podiatry services
 - Foot exams and treatment are fully covered when the member has diabetes-related nerve damage and /or meets certain conditions
 - Hearing services

- Exams to diagnose and treat hearing and balance issues are fully covered
 - There is a \$0.00 copay for one hearing aid per ear per year*
- Home health care is fully covered
- Mental health care¹
 - Inpatient visits are fully covered up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental services provided in a general hospital
 - Hospital and skilling nursing facility (SNF) co-pays are based on benefit periods
 - Inpatient hospital stays are fully covered for 90 days
 - Members also have a total of 60 lifetime reserve days. These days are used for inpatient hospital stays longer than 90 days and can only be used once
 - Outpatient group and individual therapy visits are fully covered
- Outpatient Rehabilitation¹
 - Cardiac rehab services are fully covered for a maximum of 2 hour sessions per day for up to thirty six sessions up to thirty six weeks
 - Occupational therapy visits are fully covered
 - Physical therapy visits are fully covered
 - Speech and language therapy visits are fully covered
- Outpatient substance abuse
 - Group and individual therapy visits are fully covered
- Outpatient surgery¹
 - Ambulatory surgical center visits are fully covered
 - Outpatient hospital visits are fully covered
- Over the counter items are not covered
- Prosthetic Devices (braces, artificial limbs, etc.)¹
 - Prosthetic devices are fully covered
 - Related medical supplies are fully covered
- Renal dialysis is fully covered
- Transportation is not covered
- Urgently needed services are fully covered
- Vision services
 - Outpatient physician services for the diagnosis and treatment of diseases and conditions of the eye, including treatment for age related macular degeneration is fully covered. This includes the yearly glaucoma screening. Routine eye exams are not covered by Medicare.
 - Eyeglasses (frames and lenses) have a \$0.00 copay for up to one for every year.
 - Eyeglasses or contact lenses after a cataract surgery with insertion of intraocular lens (IOL) are fully covered by Passport Advantage.
 - Passport Advantage pays up to \$125.00 every year for eyeglasses (frames and lenses)*
- Preventive Care is fully covered
 - This includes abdominal aortic aneurysm screening, alcohol misuse counseling, bone mass measurement, breast cancer screening,

- cardiovascular disease behavioral therapy, cardiovascular screenings, cervical and vaginal cancer screenings, colorectal cancer screening (colonoscopy, fecal occult blood test, flexible sigmoidoscopy), depression screening, diabetes screenings, HIV screening, medical nutrition therapy services, prostate cancer screenings (PSA), sexually transmitted infections screening and counseling, tobacco use cessation counseling, vaccines (including flu shots, hepatitis B shots, pneumococcal shots), “welcome to Medicare” one-time preventive visit, yearly “wellness” visit, annual physical exam, and any additional preventive services approved by Medicare
 - Hospice care from a Medicare-certified hospice is fully covered.
 - Members may be responsible for part of the cost of drugs and respite care
 - Hospice is covered outside of your plan
 - Contact Passport Advantage for more information
- Inpatient Care
 - Inpatient hospital care¹
 - Inpatient hospital care is fully covered
 - Hospital and skilled nursing facility (SNF) co-pays are based on benefit periods
 - Inpatient hospital stays are fully covered for 90 days
 - Members also have a total of 60 lifetime reserve days². These days are used for inpatient hospital stays longer than 90 days and can only be used once
 - Outpatient group and individual therapy visits are fully covered
 - Inpatient mental health care is fully covered under the same rules as outpatient mental health care
 - Skilled nursing facility (SNF) is fully covered up to a 100 days¹.
- Prescription Drug Benefits
 - Part B drugs are fully covered
 - Depending on the member’s income and institutional status, they will be covered at the following:
 - Generic drugs, including brand drugs treated as generic)
 - \$0.00, \$1.20, or \$2.95 copay
 - All other drugs
 - \$0.00, \$3.60, \$7.40 copay
 - Catastrophic Coverage is fully covered

* Signifies Supplements Benefits which are benefits not covered under Part A, Part B, or Part D but are covered by the MA plan for every person enrolled in the MA plan. These benefits are paid for either in full, directly by, or on behalf of, Passport Advantage (HMO SNP) enrollees by premiums and cost-sharing, or through the application of rebate dollars.

7.2 Services Covered Outside Passport Advantage

Members can continue to receive certain health services not covered by their Passport Advantage

Health Plan but covered by CMS. Members can obtain these services from any Medicare provider by using their Medicare ID number. Members choosing to obtain these services are encouraged to notify their PCP to update their medical records.

Members can find out what is covered by under these services by calling 1-800-MEDICARE (1-800-633-4227) or accessing www.medicare.gov.

7.3 Non-Covered Services

Services that are not covered by the Passport Advantage health plan include:

- Services and supplies that are not medically reasonable or necessary
 - This includes:
 - Hospital services that exceed the Medicare length of stay limitations
 - Therapy or diagnostic procedures that exceed Medicare usage limits.
 - Services not warranted based on the diagnosis of the beneficiary.
- Non-covered items and services
 - This includes:
 - Items and services furnished outside the United States
 - Items and services required as a result of war
 - Personal comfort items and services
- Services and supplies denied as bundled or included in the basis allowance of another service
 - This includes:
 - Indirect prolonged care
 - Physician standby services
 - Case management services
- Items and services reimbursable by other organization or furnished without charge
 - This includes:
 - Services reimbursable under automobile no-fault, or liability insurance, as well as services under worker's compensation

Items and services authorized or paid by a government entity