

YOUR KENTUCKY MEDICAID BENEFIT PLAN

The following section of this Member Handbook provides an overview of the benefits you are entitled to receive through your Kentucky Medicaid Benefit Plan. It also describes the dollar amount you may be responsible for when you receive a service or a prescription.

What are my Benefits?

Starting January 1, 2014 all members will be in the same benefit plan and receive the same benefits. These are the same benefits provided through the Kentucky Medicaid State Plan. The chart below explains the benefits, as well as potential copay amounts that you may be responsible for paying at the time of your visit, prescription fill, or supply purchase.

Copays

Copays refer to the dollar amount you, as the member, are responsible for paying when you receive certain services, supplies, or prescriptions. The following table lists the copay amounts for Medicaid beneficiaries. A list of individuals who are exempt from copay requirements is provided immediately after the table. All copay amounts are effective beginning January 1, 2014.

Benefit	Copay	Limits
<i>Hospitalization</i>		
Acute Inpatient Hospital Services	\$50	
Inpatient Physician/Surgeon Services	\$0	
Transplant	\$0	
<i>Emergency Services</i>		
Emergency Room	\$0; non-emergency use: \$8	
Emergency Ambulance	\$0	
<i>Ambulatory Patient Services</i>		
Physician Office Services	\$3	
Outpatient Hospital/Ambulatory Surgical Center	\$4	Does not cover cosmetic surgery (except for post-mastectomy re-constructive surgery)

Benefit	Copay	Limits
Dental Services (children)	\$0	
Dental Services (adults)	\$3	1 cleaning and 1 set of x-rays per 12 month period
Home Health Care	\$0	
Vision Services (children)	\$0	
Vision Services (adults)	\$3	1 eye exam per year
Urgent Care	\$3	
Radiation Therapy	\$0	
Chemotherapy	\$0	
Family Planning	\$0	
Podiatry	\$3	
<i>Maternity and Newborn Care</i>		
Prenatal and Postnatal Care	\$0	
Maternity Services	\$0	
<i>Prescription Drugs</i>		
Home Infusion Therapy	\$0	Limited to administration by parent or guardian in the home

Benefit	Copay	Limits
Prescription Drugs	\$1 Generic; \$4 Preferred Brand; \$8 Non-preferred Brand	<p>Non-preferred brand copay is applicable to all members (including those typically excluded from copays)</p> <ul style="list-style-type: none"> ○ Family planning, no copays ○ Tobacco cessation, no copays ○ 2nd Generation Antipsychotics and Injectable Antipsychotics, \$1 copay ○ Anticonvulsants, non-preferred brands, \$4 copay ○ Oral oncology, non-preferred brands, \$4 copay ○ Diabetic supplies <ul style="list-style-type: none"> ▪ Meters, no copays ▪ Test strips, control solutions, insulin needles, lancets, etc. \$4 copay with no more than one copay per calendar day being charged
Rehabilitative and Habilitative Services and Devices		
Skilled Nursing and Rehabilitation	\$0	
Chiropractic Services	\$3	26 visits per 12 month period
Durable Medical Equipment	\$4 per date of service	
Hearing Aids/Audiometric Services	\$0	Limited to children under 21
Prosthetic Devices	\$4	
Physical / Occupational / Speech Therapy	\$3	20 visits per year per therapy (combined for rehabilitative and habilitative); no limit for children
Private Duty Nursing	\$0	2,000 hours per year
Laboratory Services		
Laboratory, Diagnostic, and Radiology Services	\$3	

Benefit	Copay	Limits
<i>Pediatric Services</i>		
Autism Spectrum Disorders	\$0	Up to Age 21
EPSDT Special Services	\$0	Limited to medically necessary services not included in the State Plan and authorized under Section 1905(a) of the Social Security Act, or 42 USC Section 1396d(a)
EPSDT Screening	\$0	
Commission for Children with Special Health Care Needs	\$0	Limited to children who meet the eligibility criteria of the Kentucky Commission for Children with Special Health Care Needs
IMPACT Plus	\$0	Limited to children with severe emotional disabilities in the custody or under the supervision of DCBS, or at risk of DCBS custody, who are also institutionalized or at risk of institutionalization for behavioral health issues.
Specialized Children’s Services Clinics	\$0	Services limited to children under age 18 and must be performed by specialized clinics
Targeted Case Management: SED Children	\$0	Limited to children who meet Kentucky’s statutory definition of severe emotional disability.
First Steps Services	\$0	Services are available to children from birth through age two who have developmental delays or diagnosed physical or mental conditions associated with developmental delay.

Benefit	Copay	Limits
<i>Mental Health and Substance Use Disorder Services</i>		
Targeted Case Management: SMI Adults	\$0	Limited to adults who meet Kentucky’s statutory definition of severe mental illness.
Inpatient Mental Health/Substance Use Services	\$50	
Outpatient Mental Health/Substance Use Services	\$3	
<i>Preventive Services and Chronic Disease Management</i>		
Smoking Cessation	\$0	
Allergy Services	\$0	
Immunizations and other preventive health services recommended by national expert groups (such as annual check-ups, pap smears, blood pressure screenings, etc.)	\$0	
<i>Other</i>		
Long Term Care	\$0	Limited to individuals who meet level of care criteria for a nursing facility or an Intermediate Care Facility for Individuals with Intellectual Disabilities
Non-Emergency Transportation	\$0	
Hospice	\$0	
Renal Dialysis/Hemodialysis	\$0	

NOTES:

- All benefits provided must be medically necessary.
- Copays are applicable for non-exempt members only.
- Copays may vary between MCOs.
- The maximum amount of total copays shall not exceed 5% of your family’s total income per calendar quarter (3 months).

Individuals Exempt from Copays

All Medicaid beneficiaries are obligated to pay the copays outlined above except for the following exempt individuals and services. Please note that ALL Medicaid members, even those listed on the exemption list below, are responsible for the \$8 non-preferred drug copay obligation.

- *Children*—Services furnished to individuals under 18 years of age (and, services provided to individuals who are part of an optional group, such as foster care and remain on Medicaid, who have reached their 18th birthday but have not turned 19).
- *Pregnant women*—Services furnished to pregnant women.
- *Institutionalized individuals*—Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution if the individual is required (pursuant to Code of Federal Regulations§435.725, 435.733, 435.832, or 436.832), as a condition of receiving services in the institution, to spend all but a minimal amount of his income required for personal needs, for medical care costs.
- *Emergency services*—Services as defined at section Code of Federal Regulations 1932(b)(2) of the Act and §438.114(a).
- *Family planning*—Family planning services and supplies furnished to individuals of child-bearing age.
- *American Indians*.—Items and services furnished to an American Indian directly by an American Indian health care provider or through referral under contract health services.
- Services furnished to an individual who is receiving hospice care
- Preventive services