

KY Medicaid Co-pays

This is a list of current covered services and co-pays.

Except for the Pharmacy Non-Preferred co-pay, co-pays do not apply to the following:

- Non-KCHIP children
- Children under 19 in foster care
- Pregnant members
- Hospice care members
- Institutionalized individuals
- Emergency services
- Family planning
- American Indians
- Preventive services

Do you have questions?

See your member handbook for more about benefits and covered services. You can find the handbook at https://kentucky.wellcare.com/member/benefit_information.

Benefit/Services	Co-pay Amount	Description/Additional Information
Acute admissions medical diagnoses	\$0	<ul style="list-style-type: none"> • Per admission
Acute health care related to substance abuse and/or for detoxification	\$0	<ul style="list-style-type: none"> • Per admission

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Benefit/Services	Co-pay Amount	Description/Additional Information
Allergy Services	\$0	<ul style="list-style-type: none"> Covers adults and children
Alternative birthing center	\$0	<ul style="list-style-type: none"> 2 visits within 6 weeks of delivery
Ambulatory Surgical Centers	\$4	<ul style="list-style-type: none"> Per visit
Behavioral Health Services	\$50	<ul style="list-style-type: none"> Mobile crisis Residential crisis stabilization Assertive Community Treatment (ACT) Peer support Parent training Wellness recovery support/ crisis planning Crisis intervention outpatient
Cervical and vaginal cancer screening (Pap tests, pelvic exams)	\$0	<ul style="list-style-type: none"> Per screening 1 each year unless more are needed as ordered by the provider
Chiropractic Care (restrictions may apply)	\$3	<ul style="list-style-type: none"> Per visit
Community Mental Health Center (CMHC) services	\$0	<ul style="list-style-type: none"> Per admission

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Benefit/Services	Co-pay Amount	Description/Additional Information
Dental Services	<p style="text-align: center;">\$3</p> <p style="text-align: center;">\$0 co-pay for children's preventative services</p>	<ul style="list-style-type: none"> • Per visit • 1 dental visit per provider each 12-month period • 1 oral exam each 12-month period • 2 oral exams for members under 21 if in conjunction with a cleaning • 2 cleanings each 12-month period for members under 21 • 1 cleaning each 12-month period • 1 set of X-rays each 12-month period • Extractions and fillings
Durable Medical Equipment	\$4	<ul style="list-style-type: none"> • Covered per item
Dialysis End Stage Renal Disease (ESRD)	\$0	<ul style="list-style-type: none"> • Covered per visit • Services and procedures that promote and maintain the functioning of the kidneys and related organs
Emergency Room	<p>\$0</p> <p>\$8 Non-Emergency</p>	<ul style="list-style-type: none"> • Covered per visit • Emergency • Non-emergency

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Emergency ambulance and air transportation	\$0	<ul style="list-style-type: none"> • Covered per service • Basic life support (BLS) • Advanced life support (ALS) ambulance services
Family planning	\$0	<ul style="list-style-type: none"> • Covered per visit • Members of child-bearing age • Provided through routine physician visits or family planning clinics
Habilitation Services	\$3	<ul style="list-style-type: none"> • Up to 20 visits per calendar year
Hearing services for children under 21	\$0	<ul style="list-style-type: none"> • 1 complete hearing evaluation per calendar year
HIV screening	\$0	<ul style="list-style-type: none"> • Per screening, includes: <ul style="list-style-type: none"> - Pregnant members - Members at increased risk for infection - Members who ask for the test
Home health care services	\$0	<ul style="list-style-type: none"> • Per visit • Unlimited visits per calendar year • Includes: <ul style="list-style-type: none"> - Skilled nursing

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		<ul style="list-style-type: none"> - Home health aide - Physical, speech and occupational therapy
Hospital Services: Inpatient	\$50	<ul style="list-style-type: none"> • Per visit
Hospital Services: Outpatient	\$4	<ul style="list-style-type: none"> • Per visit
Immunizations	\$0	<ul style="list-style-type: none"> • Per immunization • Includes: <ul style="list-style-type: none"> - Adults and children - Flu - Pneumonia - Hepatitis B
Laboratory Diagnostic and Radiology Services (by physician or lab)	\$3	<ul style="list-style-type: none"> • Per visit
Maternity services	\$0	<ul style="list-style-type: none"> • Per visit
Meals and lodging	\$0	<ul style="list-style-type: none"> • Covered for appropriate escorts who help you get covered medical services
Non-emergency ambulance stretcher services	\$0	<ul style="list-style-type: none"> • Covered when other means of transportation could endanger your health
Nursing facility services	\$0	<ul style="list-style-type: none"> • Per visit

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		<ul style="list-style-type: none"> Includes physician services
Nutritional counseling	\$0	<ul style="list-style-type: none"> Per session
Physician services (PCPs, specialists, physician assistants, nurse practitioners, nurse midwives)	\$3	<ul style="list-style-type: none"> Per visit Includes: <ul style="list-style-type: none"> - Specialists - Physician assistants - Nurse practitioners - Nurse midwives - Office visits - Medical/surgical care and consultation - Diagnosis and treatment
Podiatry Services	\$3	<ul style="list-style-type: none"> Per visit Routine foot care not covered except for certain conditions that require professional supervision
Preventive care	\$0	<ul style="list-style-type: none"> Wellness visits
Prescription Drugs	\$1 generic	<ul style="list-style-type: none"> Unlimited prescriptions per month

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(Restrictions may apply for members who do not have Medicare)	\$4 (brand) \$8 NP	
Private Duty Nursing	\$0	<ul style="list-style-type: none"> Allows for 2,000 hours per year (outpatient only)
Prosthetic & orthotic devices	\$0	<ul style="list-style-type: none"> Per item
Psychiatric residential treatment facilities (PRTFs) (children ages 6 through 21)	\$0	<ul style="list-style-type: none"> Services are covered for residents ages 6 to 21 who need intensive treatment and a more highly structured environment than they can receive in family and other community-based alternatives to hospitalization
Rural health clinic (RHC), federally qualified health center (FQHC) & primary care center (PCC)	\$3	<ul style="list-style-type: none"> Per visit



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Second opinion	\$0	<ul style="list-style-type: none"> • Per visit
Specialized children’s services clinics	\$0	<ul style="list-style-type: none"> • Per visit • Sexual abuse medical exams are covered if medically necessary and member is under 18
Sports Physical	\$3	<ul style="list-style-type: none"> • 1 physical per year
Substance Abuse	\$3	<ul style="list-style-type: none"> • Coverage includes children, adults, and pregnant women
Telehealth	\$0	<ul style="list-style-type: none"> • Per service • Use of telecommunications and information technology to provide access to health assessment, diagnosis, intervention, consultation, supervision and information across distance
Targeted case management services	\$0	<ul style="list-style-type: none"> • Per service • Behavioral health services that include a minimum of 4 sessions in 1 month including: • 1 face-to-face contact



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		<ul style="list-style-type: none"> • 1 face-to face contact with a parent, family member, guardian or other person who has custody or supervision of the member • 2 additional contacts that may be by telephone or face-to-face
Therapeutic group residential services	\$0	<ul style="list-style-type: none"> • Per service • Services in a therapeutic environment with 24-hour supervision and treatment in a group residential facility
Transplant services	\$0	
Therapy – Physical, Speech, Occupational	\$3	<ul style="list-style-type: none"> • Up to 20 visits per calendar year
Tobacco Cessation	\$0	<ul style="list-style-type: none"> • Per visit (doctor) • 2 assessments each calendar year
Transplant services	\$0	<ul style="list-style-type: none"> • Per service
Ultrasound	\$0	<ul style="list-style-type: none"> • 2 each 9-month period unless more are ordered by the provider
Urgent Care Center		<ul style="list-style-type: none"> • Per visit



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	\$0	<ul style="list-style-type: none"> • Urgent or emergency treatment is covered if the PCP's office isn't open or can't be reached
Vision (<i>members under 21</i>)	\$0	<ul style="list-style-type: none"> • 1 eye exam each calendar year • Limit of 1 pair of eyeglasses per year (2nd pair if 1st pair is broken or prescription changes)
Vision (<i>member 21 and over</i>)	\$3	<ul style="list-style-type: none"> • 1 eye exam per year • Free pair of eyeglasses every 24 months for members age 21 and over