



CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID SERVICES

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Mark D. Birdwhistell  
Secretary

Glenn Jennings  
Commissioner

September 25, 2006

**RE: Tier 3 Pharmacy Copayments limited to \$20 maximum**

Physicians (64) Provider Letter:	A-355
Physician's Group (64) Provider Letter:	A-14
Nurse Practitioner's (78) Provider Letter:	A-90
Pharmacy (54) Provider Letter:	A-475

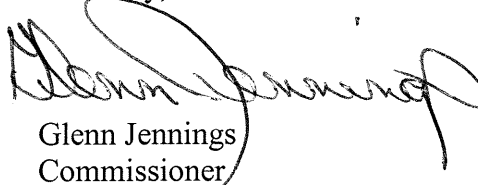
Dear Kentucky Medicaid Provider:

In July 2006, Kentucky Medicaid introduced new pharmacy benefit packages as part of *KyHealth Choices*. Under the new pharmacy benefit, most adult members have a 5% coinsurance when filling a prescription for a Tier 3 medication.

Effective October 3, 2006, the 5% Tier 3 coinsurance for those members will be capped at \$20 per prescription. This means that if a member is filling a prescription for a 3<sup>rd</sup> tier drug and the 5% coinsurance is more than \$20, the member only will have to pay \$20 for each prescription. If the 5% coinsurance is less than \$20, then the member will only pay the calculated amount. The pharmacy annual out-of-pocket maximum of \$225 per member will still apply.

If you have any questions regarding the out of pocket maximum of \$225, please see member copay cap poster under "Hot Topics" at the Kentucky pharmacy website: <http://kentucky.fhsc.com/pharmacy/default.asp>. If you have questions about a member's eligibility or benefit package, please call Member Services at 800-635-2570.

Sincerely,



Glenn Jennings  
Commissioner

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