

205.6485 State child health plan -- Eligibility criteria -- Schedule of benefits -- Premium contributions -- Access. (Effective January 1, 2027)

- (1) As used in this section, "KCHIP" means the Kentucky Children's Health Insurance Program.
- (2) The Cabinet for Health and Family Services shall:
 - (a) Prepare a state child health plan, known as KCHIP, meeting the requirements of Title XXI of the Federal Social Security Act, for submission to the Secretary of the United States Department of Health and Human Services within such time as will permit the state to receive the maximum amounts of federal matching funds available under Title XXI; and
 - (b) By administrative regulation promulgated in accordance with KRS Chapter 13A, establish the following:
 1. The eligibility criteria for children covered by KCHIP, which shall include a provision that no person eligible for services under Title XIX of the Social Security Act, 42 U.S.C. secs. 1396 to 1396v, as amended, shall be eligible for services under KCHIP, except to the extent that Title XIX coverage is expanded by KRS 205.6481 to 205.6495 and KRS 304.17A-340;
 2. The schedule of benefits to be covered by KCHIP, which shall:
 - a. Be at least equivalent to one (1) of the following:
 - i. The standard Blue Cross/Blue Shield preferred provider option under the Federal Employees Health Benefit Plan established by 5 U.S.C. sec. 8903(1);
 - ii. A mid-range health benefit coverage plan that is offered and generally available to state employees; or
 - iii. Health insurance coverage offered by a health maintenance organization that has the largest insured commercial, non-Medicaid enrollment of covered lives in the state; and
 - b. Comply with subsection (6) of this section;
 3. The premium contribution per family for health insurance coverage available under KCHIP, which shall be based:
 - a. On a six (6) month period; and
 - b. Upon a sliding scale relating to family income not to exceed:
 - i. Ten dollars (\$10), to be paid by a family with income between one hundred percent (100%) to one hundred thirty-three percent (133%) of the federal poverty level;
 - ii. Twenty dollars (\$20), to be paid by a family with income between one hundred thirty-four percent (134%) to one hundred forty-nine percent (149%) of the federal poverty level; and
 - iii. One hundred twenty dollars (\$120), to be paid by a family with income between one hundred fifty percent (150%) to two hundred percent (200%) of the federal poverty level, and

which may be made on a partial payment plan of twenty dollars (\$20) per month or sixty dollars (\$60) per quarter;

4. There shall be no copayments for services provided under KCHIP; and
 5.
 - a. The criteria for health services providers and insurers wishing to contract with the Commonwealth to provide coverage under KCHIP.
 - b. The cabinet shall provide, in any contracting process for coverage of preventive services, the opportunity for a public health department to bid on preventive health services to eligible children within the public health department's service area. A public health department shall not be disqualified from bidding because the department does not currently offer all the services required by this section. The criteria shall be set forth in administrative regulations under KRS Chapter 13A and shall maximize competition among the providers and insurers. The Finance and Administration Cabinet shall provide oversight over contracting policies and procedures to assure that the number of applicants for contracts is maximized.
- (3) Within twelve (12) months of federal approval of the state's Title XXI child health plan, the Cabinet for Health and Family Services shall assure that a KCHIP program is available to all eligible children in all regions of the state. If necessary, in order to meet this assurance, the cabinet shall institute its own program.
- (4) KCHIP recipients shall have direct access without a referral from any gatekeeper primary care provider to dentists for covered primary dental services and to optometrists and ophthalmologists for covered primary eye and vision services.
- (5) KCHIP shall comply with:
- (a) KRS 304.12-237;
 - (b) KRS 304.17A-163 and 304.17A-1631; and
 - (c) KRS 304.17A-655 to 304.17A-659.
- (6) The schedule of benefits required under subsection (2)(b)2. of this section shall include:
- (a) Preventive services;
 - (b) Vision services, including glasses;
 - (c) Dental services, including sealants, extractions, and fillings; and
 - (d) The coverage required under:
 1. KRS 304.17A-129;
 2. KRS 304.17A-145; and
 3. KRS 304.17A-655 to 304.17A-659.

Effective: January 1, 2027

History: Amended 2026 Ky. Acts ch. 99, sec. 2, effective July 15, 2026; and ch. 101, sec. 7, effective January 1, 2027. -- Amended 2024 Ky. Acts ch. 69, sec. 4, effective January 1, 2025; and ch. 207, sec. 11, effective July 15, 2024. -- Amended 2022 Ky. Acts ch. 19, sec. 10, effective January 1, 2023. -- Amended 2021 Ky. Acts ch. 62,

sec. 2, effective June 29, 2021. -- Amended 2005 Ky. Acts ch. 99, sec. 261, effective June 20, 2005. -- Created 1998 Ky. Acts ch. 253, sec. 3, effective April 2, 1998.

Legislative Research Commission Note (1/1/2027). This statute was amended by 2026 Ky. Acts chs. 99 and 101, which do not appear to be in conflict and have been codified together.

Legislative Research Commission Note (1/1/2023). 2022 Ky. Acts ch. 19, sec. 13, provides that the amendments made to this statute shall apply to health plans delivered, issued for delivery, or renewed on or after January 1, 2023.