# HUSKY Health Program
## Member Benefits Grid

Covered Services for HUSKY B

HUSKY HEALTH CONNECTICUT

Community Health Network of Connecticut, Inc.℠

MESHH-OT126446-0725

# Member Benefits – Covered Services for HUSKY B

**All healthcare you receive through the HUSKY Health program must be from providers who participate in the Connecticut Medical Assistance Program (CMAP). CMAP providers make up the HUSKY Health network.** Facilities such as pharmacies, hospitals, medical equipment companies, and home care agencies must also participate in the CMAP network for goods/services to be covered by HUSKY Health. Some non-participating providers can write prescriptions, order tests, or refer HUSKY Health members for services. However, HUSKY Health members may be responsible for the cost of visits or other services received from these non-participating providers. If you are unsure if your provider participates in HUSKY Health, need help finding a provider, or need more information on HUSKY Health benefits or services, call Member Engagement Services at 1.800.859.9889 or send us a secure email anytime. **All services must be medically necessary.**

HUSKY B members have a $10 co-pay to see a specialist or a primary care provider for any visit outside of an annual wellness visit ("checkup"). There is a $0 co-pay for an annual wellness visit. Members covered under the HUSKY B prenatal package have a $0 co-pay for prenatal services.
The list below is a summary of commonly requested services. For questions about services not seen on this list, please call Member Engagement Services at 1.800.859.9889 or send us a secure email anytime.

| HUSKY B Benefit | HUSKY B Limitations | *Is Prior Authorization Required? | Providers Who Offer This Care |
|---|---|---|---|
| **Allergy Testing/Office Visits**<br>**Allergy Shots** | $10 co-pay for office visit.<br>No co-pay applies for allergy shots.<br>No co-pay for immunotherapy or other therapy. | No | Primary Care Provider or Allergist |
| **Ambulance: Emergency ground and rotary air ambulance** | For emergencies only (Call 911 for emergency ground ambulance). | No | Ambulance |
| **Behavioral Health**<br>*(Mental Health and Substance Use Treatment)* | Contact Connecticut Behavioral Health Partnership at www.ctbhp.com or 1.877.552.8247.<br>Co-pays apply for some services. | | |
| **Birth Control (Contraceptives)** | Requires prescription for all methods of contraception obtained at a pharmacy.<br>Monthly limit applies for condoms.<br>The "morning-after" pill is also covered with prescription. | No | Pharmacy, or for methods of birth control that are implanted/inserted, Primary Care Provider or OB/GYN |
| **Cardiac Care**<br>*(Includes Diagnostic Screening & Testing)* | $10 co-pay for office visit. | No | Cardiologist or Primary Care Provider |
| **Cardiac Rehabilitation Program** | | No | Hospital |

# Member Benefits – Covered Services for HUSKY B

**All healthcare you receive through the HUSKY Health program must be from providers who participate in the Connecticut Medical Assistance Program (CMAP). CMAP providers make up the HUSKY Health network.** Facilities such as pharmacies, hospitals, medical equipment companies, and home care agencies must also participate in the CMAP network for goods/services to be covered by HUSKY Health. Some non-participating providers can write prescriptions, order tests, or refer HUSKY Health members for services. However, HUSKY Health members may be responsible for the cost of visits or other services received from these non-participating providers. If you are unsure if your provider participates in HUSKY Health, need help finding a provider, or need more information on HUSKY Health benefits or services, call Member Engagement Services at 1.800.859.9889 or send us a secure email anytime. **All services must be medically necessary.**

| HUSKY B Benefit | HUSKY B Limitations | *Is Prior Authorization Required? | Providers Who Offer This Care |
|---|---|---|---|
| **Chiropractic** | Covered when performed in independent office settings, FQHCs, and outpatient hospitals. Coverage limited to manual manipulations of the spine. | Yes | Chiropractor |
| **Dental** | Contact Dental Health Partnership at www.ctdhp.org or 1.855.283.3682. Co-pays apply for some services. | | |
| **Dialysis** | | No | Dialysis site or hospital |
| **Diapers and Adult Incontinence Supplies** | **Ages three-18 years:** Supplies for incontinence (diapers and gloves) are covered if medically necessary. Limited to 180 diapers and pull-ups (combined) and up to 180 combined disposable liners, shields, under pads for children ages three and older. | Yes | Medical Equipment Provider |
| **Diabetic Supplies such as:** *blood glucose monitor, alcohol wipes, test strips (urine, blood, or reagent), lancets* | **Ages Birth through 20:** Covered under both the Pharmacy benefit and under the Medical Equipment benefit.<br><br>**Ages 21+:** Specific items covered under the Medical Equipment benefit; covered under the pharmacy benefit.<br><br>*Insulin is covered for all ages under the pharmacy benefit.* | Yes, for some items such as insulin pumps. | Pharmacy or Medical Equipment Provider |
| **Diabetic Shoes** | Two pairs are covered per calendar year without prior authorization.<br><br>Orthopedic shoes are not covered. | Prior authorization is needed for more than two pairs per year. | Medical Equipment Provider |

# Member Benefits – Covered Services for HUSKY B

**All healthcare you receive through the HUSKY Health program must be from providers who participate in the Connecticut Medical Assistance Program (CMAP). CMAP providers make up the HUSKY Health network.** Facilities such as pharmacies, hospitals, medical equipment companies, and home care agencies must also participate in the CMAP network for goods/services to be covered by HUSKY Health. Some non-participating providers can write prescriptions, order tests, or refer HUSKY Health members for services. However, HUSKY Health members may be responsible for the cost of visits or other services received from these non-participating providers. If you are unsure if your provider participates in HUSKY Health, need help finding a provider, or need more information on HUSKY Health benefits or services, call Member Engagement Services at 1.800.859.9889 or send us a secure email anytime. **All services must be medically necessary.**

| HUSKY B Benefit | HUSKY B Limitations | *Is Prior Authorization Required? | Providers Who Offer This Care |
|---|---|---|---|
| **Emergency Services/Urgent Care** | **In-state:** Covered at a hospital or urgent care clinic. $10 co-pay for urgent care.<br>No co-pay for emergency room visits.<br>**Out-of-state:** Not covered *unless* visit is medically necessary, **and** the provider enrolls in HUSKY Health.<br>**Out-of-country:** Emergency services are not covered when received outside of the U.S. or U.S. territories. | No | Hospital Emergency Department or Urgent Care Clinic within the U.S. and U.S. territories |
| **Eye Care/Glasses** | **Eyeglasses:** Some limits apply on type of frames and lenses. Some special types of lenses may be covered if medically necessary. One pair of eyeglasses covered every 24 months.<br>$15 co-pay for vision exam.<br>**Contact lenses:** Only covered for certain diagnoses. | No | Optometrist or Ophthalmologist for vision exam<br><br>Optometrist or Optician for eyeglasses or contact lenses when covered |
| **Family Planning** (For ongoing care) *(Includes birth control, exams, testing and treatment for sexually transmitted diseases and HIV. Also see Birth Control and Maternity.)* | No co-pay for office visits.<br>**Birth Control:**<br>• When obtained at a pharmacy, $5 co-pay for generic birth control pills, $10 co-pay for brand birth control pills.<br>• When obtained at community health centers and family planning clinics, no co-pay.<br>• Fertility medicines and sterilization are not covered. | No | Primary Care Provider or Specialist<br><br>Prescription items are obtained at a pharmacy<br><br>Family planning clinics, community health centers |
| **Genetic Testing** | | Yes | Specialist or Primary Care Provider |
| **Gynecology** | | No | Primary Care Provider, OB/GYN |

# Member Benefits – Covered Services for HUSKY B

**All healthcare you receive through the HUSKY Health program must be from providers who participate in the Connecticut Medical Assistance Program (CMAP). CMAP providers make up the HUSKY Health network.** Facilities such as pharmacies, hospitals, medical equipment companies, and home care agencies must also participate in the CMAP network for goods/services to be covered by HUSKY Health. Some non-participating providers can write prescriptions, order tests, or refer HUSKY Health members for services. However, HUSKY Health members may be responsible for the cost of visits or other services received from these non-participating providers. If you are unsure if your provider participates in HUSKY Health, need help finding a provider, or need more information on HUSKY Health benefits or services, call Member Engagement Services at 1.800.859.9889 or send us a secure email anytime. **All services must be medically necessary.**

| HUSKY B Benefit | HUSKY B Limitations | *Is Prior Authorization Required? | Providers Who Offer This Care |
|---|---|---|---|
| **Hearing exams** | $15 co-pay applies. | Yes, for more than one evaluation per calendar year. | Audiologist or Ear, Nose, and Throat (ENT) Doctor |
| **Hearing Aids** | Covered every 24-months. | No | Audiologist as a Medical Equipment Provider that dispenses hearing aids |
| **Hearing Aid Batteries** | Requires prescription. | No | A pharmacy that is also a Medical Equipment Provider |
| **Home Health Care:** | | | |
| • **Skilled Nursing Visits at Home** | **Maternity Visits:** Limited to services for pregnant women at high risk.<br><br>Extended skilled nursing visits are not covered. | • Yes, for more than two nursing visits per calendar week.<br>• Yes, for greater than two prenatal visits and/or two post-natal visits. | Home Health Care Agency |
| • **Home Health Aide Visits at Home** | Must provide hands-on physical care (for feeding, bathing, toileting, dressing, or mobility).<br><br>Custodial or homemaker/companion services are not covered. | • Yes, for more than 14 hours/week. | Home Health Care Agency |

# Member Benefits – Covered Services for HUSKY B

**All healthcare you receive through the HUSKY Health program must be from providers who participate in the Connecticut Medical Assistance Program (CMAP). CMAP providers make up the HUSKY Health network.** Facilities such as pharmacies, hospitals, medical equipment companies, and home care agencies must also participate in the CMAP network for goods/services to be covered by HUSKY Health. Some non-participating providers can write prescriptions, order tests, or refer HUSKY Health members for services. However, HUSKY Health members may be responsible for the cost of visits or other services received from these non-participating providers. If you are unsure if your provider participates in HUSKY Health, need help finding a provider, or need more information on HUSKY Health benefits or services, call Member Engagement Services at 1.800.859.9889 or send us a secure email anytime. **All services must be medically necessary.**

| HUSKY B Benefit | HUSKY B Limitations | *Is Prior Authorization Required? | Providers Who Offer This Care |
|---|---|---|---|
| • **Physical Therapy (PT), Occupational Therapy (OT), and/or Speech Therapy (ST) Visits at Home** | | • PT & ST: Needed for more than two visits per week.<br>• OT: Needed for greater than one evaluation per year, per provider, and more than one visit per week, per provider.<br>• Certain diagnoses require prior authorization for more than nine visits per calendar year per provider. | Home Health Care Agency |
| • **Hospice at Home**<br>*Hospice care is aimed at comfort care and relieving symptoms of terminal illness. It usually does not include treatment aimed at cure.* | Hospice services are available to members who are diagnosed with a terminal illness with a life expectancy of six months or less.<br><br>Ages Birth through 20: Members may receive treatment aimed at cure at the same time they are receiving Hospice care. | No | Home Health Care/Home Hospice Agency |
| • **Home Infusion Services at Home**<br>*(Intravenous medicine at home)* | Ages Birth through 20: Covered when medically necessary. | Yes | Home Health Care Agency/Home Infusion Company |
| • **Nursing Visits at Home for Behavioral Health Conditions** | Contact Connecticut Behavioral Health Partnership at www.ctbhp.com or 1.877.552.8247. Co-pays may apply. | | |
| **Hospice (Inpatient Care)**<br>*Hospice care is aimed at comfort care and relieving symptoms of a terminal illness. It usually does not include treatment aimed at cure.* | Inpatient Hospice services are available to members who are diagnosed with a terminal illness with a life expectancy of six months or less. | Yes, for inpatient stays that last longer than five days. | Inpatient Hospice or Hospice Unit |

# Member Benefits – Covered Services for HUSKY B

**All healthcare you receive through the HUSKY Health program must be from providers who participate in the Connecticut Medical Assistance Program (CMAP). CMAP providers make up the HUSKY Health network.** Facilities such as pharmacies, hospitals, medical equipment companies, and home care agencies must also participate in the CMAP network for goods/services to be covered by HUSKY Health. Some non-participating providers can write prescriptions, order tests, or refer HUSKY Health members for services. However, HUSKY Health members may be responsible for the cost of visits or other services received from these non-participating providers. If you are unsure if your provider participates in HUSKY Health, need help finding a provider, or need more information on HUSKY Health benefits or services, call Member Engagement Services at 1.800.859.9889 or send us a secure email anytime. **All services must be medically necessary.**

| HUSKY B Benefit | HUSKY B Limitations | *Is Prior Authorization Required? | Providers Who Offer This Care |
|---|---|---|---|
| **Hospital Care:** | | | |
| • **Inpatient** | Coverage includes doctor visits while you are inpatient. | Yes, for all *scheduled* admissions except for maternity. | Hospital |
| • **Outpatient** | | Yes, for some surgical procedures. | Hospital |
| • **Specialized Long-Term Hospital Care** | | Yes | Hospital |
| **Laboratory Services** | | Yes, for genetic testing only. | Laboratory |
| **Long-Term Care Skilled Nursing Facility** | | Yes | Skilled Nursing Facility |
| **Maternity (prenatal, delivery, and postpartum)**<br><br>**Breast pumps** | **Hospital births:** No limitations.<br>**Home births**: Covered when performed by a Certified Nurse Midwife.<br>**Breast pumps**: Covered in the third trimester.<br>A prescription in the mother's name is required.<br>**Childbirth/Lamaze classes:** Not covered. | No prior authorization required for prenatal, delivery, and postpartum.<br>**Breast pumps:** Only hospital grade breast pumps require prior authorization. | OB/GYN, Certified Nurse Midwife |
| **Medical Equipment** *(for use at home)*<br>*Definition: Reusable equipment that can withstand repeated use and is generally used to serve a medical purpose. Includes items such as walkers, wheelchairs, sleep apnea equipment, breast pumps, etc.* | Must be medically necessary and meet the definition of Medical Equipment.<br><br>Prescription is required. | Yes, for some items. | Primary Care Provider or Specialist can write a prescription and a Medical Equipment Provider supplies the items. |

# Member Benefits – Covered Services for HUSKY B

**All healthcare you receive through the HUSKY Health program must be from providers who participate in the Connecticut Medical Assistance Program (CMAP). CMAP providers make up the HUSKY Health network.** Facilities such as pharmacies, hospitals, medical equipment companies, and home care agencies must also participate in the CMAP network for goods/services to be covered by HUSKY Health. Some non-participating providers can write prescriptions, order tests, or refer HUSKY Health members for services. However, HUSKY Health members may be responsible for the cost of visits or other services received from these non-participating providers. If you are unsure if your provider participates in HUSKY Health, need help finding a provider, or need more information on HUSKY Health benefits or services, call Member Engagement Services at 1.800.859.9889 or send us a secure email anytime. **All services must be medically necessary.**

| HUSKY B Benefit | HUSKY B Limitations | *Is Prior Authorization Required? | Providers Who Offer This Care |
|---|---|---|---|
| **Medical Supplies**<br>*Disposable (i.e., gauze, gloves, syringes)* | Prescription is required. | No | Pharmacy |
| **Mental Health** | Contact Connecticut Behavioral Health Partnership at www.ctbhp.com or 1.877.552.8247.<br>Co-pays may apply. | | |
| **Naturopath** | Limited to some specific services. $10 co-pay. | Yes, for greater than five visits per provider, per month. | Naturopath |
| **Nutritional Counseling** | Only covered as part of a clinic visit or when received from a Physician, Advanced Practice Registered Nurse (APRN), or Physician Assistant; not covered with an independent registered dietician. | No | Physician, Advanced Practice Registered Nurse (APRN), Physician Assistant (when part of a visit with a doctor or APRN) |
| **Orthotics**<br>*Prescription custom-made, supportive inserts to address conditions of the feet* | Orthopedic shoes are not covered. | Yes | Podiatrist, Physical Therapist, or Orthopedic Doctor |
| **Pharmacy**<br>*Prescription medicine*<br>*Over-the-counter medicine, vitamins, and supplements* | Prescription required even for over-the-counter medicines, vitamins, and supplements that are covered; some limits apply.<br>$5 co-pay for generic medicines.<br>$10 co-pay for brand medicines. | Some prescriptions require prior authorization.<br>*Call the Pharmacy Benefit Line: 1.866.409.8430 for specifics.* | Pharmacy |
| **Physicals** | *(See Wellness Exams)* | | |

# Member Benefits – Covered Services for HUSKY B

**All healthcare you receive through the HUSKY Health program must be from providers who participate in the Connecticut Medical Assistance Program (CMAP). CMAP providers make up the HUSKY Health network.** Facilities such as pharmacies, hospitals, medical equipment companies, and home care agencies must also participate in the CMAP network for goods/services to be covered by HUSKY Health. Some non-participating providers can write prescriptions, order tests, or refer HUSKY Health members for services. However, HUSKY Health members may be responsible for the cost of visits or other services received from these non-participating providers. If you are unsure if your provider participates in HUSKY Health, need help finding a provider, or need more information on HUSKY Health benefits or services, call Member Engagement Services at 1.800.859.9889 or send us a secure email anytime. **All services must be medically necessary.**

| HUSKY B Benefit | HUSKY B Limitations | *Is Prior Authorization Required? | Providers Who Offer This Care |
|---|---|---|---|
| **Prosthetics**<br>*Artificial devices used to replace a missing body part. The body part may be missing due to trauma, disease, or congenital condition.* | Covered when medically necessary. | Some prosthetics require prior authorization. | Medical Equipment Provider |
| **Rehab Services: Outpatient**<br>*Physical Therapy, Occupational Therapy, Speech Therapy*<br><br>**Inpatient**<br>*Physical Therapy, Occupational Therapy, Speech Therapy*<br>(For services at home, see Home Health Care.) | Cannot receive therapy from two different providers at the same time. Cannot have therapy at home and at a clinic/facility at the same time.<br><br>Independent providers not covered for members ages 21 and over. | Yes, for:<br>• PT/ST – greater than the initial evaluation and two visits per week.<br>• OT – greater than the initial evaluation and one visit per week.<br>• Certain diagnoses require prior authorization for more than nine visits per calendar year per provider. | Physical Therapists, Occupational Therapists, Speech Therapists |
| **Surgery:** | | | |
| • **Bariatric** | | Yes | Hospital or Surgical Center |
| • **Cosmetic** | Surgery considered to be cosmetic is not covered. | Yes | Hospital or Surgical Center |
| • **Inpatient** | | Yes | Hospital or Surgical Center |
| • **Outpatient** | | Some procedures require prior authorization. | Hospital or Surgical Center |
| • **Reconstructive** | | Yes | Hospital or Surgical Center |

# Member Benefits – Covered Services for HUSKY B

**All healthcare you receive through the HUSKY Health program must be from providers who participate in the Connecticut Medical Assistance Program (CMAP). CMAP providers make up the HUSKY Health network.** Facilities such as pharmacies, hospitals, medical equipment companies, and home care agencies must also participate in the CMAP network for goods/services to be covered by HUSKY Health. Some non-participating providers can write prescriptions, order tests, or refer HUSKY Health members for services. However, HUSKY Health members may be responsible for the cost of visits or other services received from these non-participating providers. If you are unsure if your provider participates in HUSKY Health, need help finding a provider, or need more information on HUSKY Health benefits or services, call Member Engagement Services at 1.800.859.9889 or send us a secure email anytime. **All services must be medically necessary.**

| HUSKY B Benefit | HUSKY B Limitations | *Is Prior Authorization Required? | Providers Who Offer This Care |
|---|---|---|---|
| **Transportation to Medical Appointments** | Not covered. | | |
| **Urgent Care/Walk-in (in-state)** | $10 co-pay | No | Urgent Care Clinics, Walk-in Medical Centers |
| **Wellness Exams: Children (ages 0-17)** Wellness exams for children can include: a medical history, physical exam, growth screening, vaccines, oral screening, blood work, urine tests, screening for developmental and/or behavioral health issues, and information about safety. | Limit one wellness exam per calendar year. | No | Primary Care Providers |
| **Wellness Exams: Adults (ages 18+)** Wellness exams for adults can include: a medical and family history, physical exam, blood pressure and cholesterol screening, hearing exam, blood work, urine screenings for behavioral health issues, alcohol, tobacco and substance use, personal safety, heart health, nutrition and physical activity; and vaccines. | Limit one wellness exam per calendar year. | No | Primary Care Providers |