



HUSKY Health Program Member Benefits Grid

Covered Services for HUSKY A, C, and D





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All healthcare you receive through the HUSKY Health program must be from providers who participate in the Connecticut Medical Assistance Program (CMAP) network. Providers such as: pharmacies, hospitals, medical equipment companies and home care agencies must also participate in the CMAP (HUSKY) network. Some non-participating providers can write prescriptions, order tests, or refer HUSKY members for services. However, HUSKY 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, need help finding a provider, or need more information on HUSKY 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.

For information on wellness exams, screenings and vaccines, [click here](#).

| Benefit | Limitations | *Is Prior Authorization Required? | HUSKY Providers Who Offer This Care |
|--|--|-----------------------------------|---|
| Acupuncture | Covered when medically necessary. | No | Medical Doctor or Osteopath who performs acupuncture |
| Allergy Testing/Shots | Covered when medically necessary. | No | Primary Care Provider or Allergist |
| Ambulance: Emergency ground and rotary air ambulance | For emergencies only (Call 911 for emergency ground ambulance). | No | Ambulance |
| Ambulance: Non-emergency air ambulance | To the closest appropriate provider for an approved service. | Yes | Contact Veyo at 1.855.478.7350 for additional information |
| Behavioral Health <i>(Mental Health and Substance use Treatment)</i> | Contact Connecticut Behavioral Health Partnership at www.ctbhp.com or 1.877.552.8247 | | |
| Birth Control | Requires prescription for all methods of contraception obtained at a pharmacy. Monthly limits apply for condoms. The Plan B morning after pill is also covered with prescription. | No | Ages Birth through 20: Pharmacy or pharmacy that is also a Medical Equipment Provider Ages: 21+: Pharmacy only <ul style="list-style-type: none"> • Methods of birth control that are implanted/inserted: Primary Care Provider or OB/GYN |
| Cardiac Care <i>(Includes Diagnostic Screening and Testing)</i> | Covered when medically necessary. | No | Cardiologist or Primary Care Provider |
| Cardiac Rehabilitation Program | Covered when medically necessary. | No | Hospital |



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| Chiropractic | Ages Birth through 20: Limited to certain specific services provided by an independent chiropractor or within a clinic/health center setting. Ages 21+: Limited to certain specific services provided only at a Federally Qualified Health Center. | Yes | Chiropractor |
| Dental | Contact Dental Health Partnership at www.ctdhp.com or 1.855.283.3682. | | |
| Dialysis | Covered when medically necessary. | No | Dialysis site or hospital |
| Diapers and Adult Incontinence Supplies | Ages Birth through 2: Not covered. Ages 3+: Covered if medically necessary Prescription required. | Yes, for ages 3-12 | Medical Equipment provider |
| Diabetic Supplies such as: <i>blood glucose monitor, alcohol wipes, test strips (urine, blood or reagent), lancets</i> | Ages Birth through 20: Covered under both the Pharmacy benefit or under the Medical Equipment benefit. Ages 21+: Covered under the Medical Equipment benefit; specific items covered under the pharmacy benefit. For details see: https://www.ctdssmap.com/CTPortal/Portals/0/StaticContent/Publications/CT_Diabetic_Supply_PREFERRED_Product_List.pdf <i>Insulin is covered for all ages under the pharmacy benefit.</i> | Yes, for some items such as insulin pumps | Ages 21+: Pharmacy for specific items or pharmacy, Medical Equipment provider or pharmacy that is also a Medical Equipment provider |
| Diabetic Shoes/Inserts | Ages 21+: 2 pairs are covered per calendar year without prior authorization. | If more than 2 pairs per calendar year are requested, prior authorization is needed. | Medical Equipment provider |



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| Emergency Services/Urgent Care | <p>In-state: Covered at a Hospital or Urgent Care Provider.</p> <p>Out-of-state: Not covered <i>unless</i> visit is medically necessary AND the provider enrolls in HUSKY.</p> <p>Out-of-country: Emergency services are not covered when received outside of the U.S. or U.S. territories.</p> | No | Hospital Emergency Department or Urgent Care Center within the U.S. and U.S. territories |
| Eye Care/Glasses <i>(see also Vision Care)</i> | <p>Eyeglasses - Ages 21+: Some limits apply on type of frames and lenses. Limits also apply on how often you can get glasses. One pair of glasses can be covered every 24 months unless a new pair is medically necessary</p> <p>Birth through 20: Some limits apply on type of frames and lenses. One pair of glasses can be covered every 24 months unless a new pair is medically necessary or the previous pair was lost, stolen or broken.</p> <p>Contact lenses: Only covered for certain diagnoses.</p> | No | <p>Optometrist or Ophthalmologist for vision exam</p> <p>Optometrist or Optician for eyeglasses or contact lenses when covered</p> |
| Family Planning (For ongoing care) <i>(Includes birth control, exams, testing and treatment for sexually transmitted diseases and HIV. Also see Birth Control and Maternity)</i> | Covered when medically necessary. | No | <p>Primary Care Provider or Specialist</p> <p>Prescription items are obtained at a pharmacy</p> |
| Genetic Testing | Covered when medically necessary. | Yes | Specialist or Primary Care Provider |
| Gynecology | Covered when medically necessary. | No | Primary Care Provider, OB/GYN |



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|--|---|---|---|
| Hearing exams | Covered when medically necessary. | Yes for more than 1 evaluation per calendar year or 2 or more visits per calendar week. | Audiologist or Ear, Nose and Throat doctor (ENT) |
| Hearing Aids | HUSKY A, C, D: 1 pair every 3 years. | No | Audiologist as a Medical Equipment provider or 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: | | | |
| <ul style="list-style-type: none"> Skilled Nursing Visits at Home | Covered when medically necessary. Maternity Visits: Limited to services for pregnant women at high risk. | <ul style="list-style-type: none"> Yes for more than 2 nursing visits per calendar week Yes for greater than 2 prenatal visits and/or 2 post-natal visits | Home Health Care Agency |
| <ul style="list-style-type: none"> Home Health Aide Visits at Home | Must provide hands-on physical care (for feeding, bathing, toileting, dressing or mobility). Custodial or homemaker/companion services are not covered. | Yes for more than 14 hours/week. | Home Health Care Agency |
| <ul style="list-style-type: none"> Physical Therapy (PT), Occupational Therapy (OT), and/or Speech Therapy (ST) Visits at Home | Covered when medically necessary. | <ul style="list-style-type: none"> PT & ST: Needed for more than 2 visits per week OT: Needed for more than 1 visit per week Certain diagnoses require prior authorization for more than 9 visits per calendar year per provider | Home Health Care Agency |



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| <ul style="list-style-type: none"> Extended Skilled Nursing Visits at Home <i>(nursing shifts)</i> | Covered when medically necessary. | Yes | Home Health Care Agency |
| <ul style="list-style-type: none"> Hospice at Home <i>Hospice care is aimed at comfort care and relieving symptoms of terminal illness. It usually does not include treatment aimed at cure.</i> For inpatient hospice, see <i>Hospice Inpatient Care</i> below | Hospice services are available to members who are diagnosed with a terminal illness with a life expectancy of 6 months or less. 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 |
| <ul style="list-style-type: none"> Home Infusion Services at Home <i>(Intravenous medicine at home)</i> | Ages Birth through 20: Covered when medically necessary. Ages 21+: Home Health Agency will teach members to administer their own medication. | Yes | Home Health Care Agency/Home Infusion Company |
| <ul style="list-style-type: none"> Nursing Visits at Home for Behavioral Health Conditions | Contact Connecticut Behavioral Health Partnership at www.ctbhp.com or 1.877.552.8247 | | |
| Hospice Inpatient Care <i>Hospice care is aimed at comfort care and relieving symptoms of a terminal illness. It usually does not include treatment aimed at cure.</i> | Inpatient Hospice services are available to members who are diagnosed with a terminal illness with a life expectancy of 6 months or less. | Yes for inpatient stays that last longer than 5 days. | Inpatient hospice or hospice unit |
| Hospital Care: | | | |
| <ul style="list-style-type: none"> Inpatient | Inpatient stays and doctor visits while you are inpatient are covered when medically necessary. | Yes for all <i>scheduled</i> admissions except for maternity. | Hospital |
| <ul style="list-style-type: none"> Outpatient | Covered when medically necessary. | Yes, for some surgical procedures. | Hospital |
| <ul style="list-style-type: none"> Specialized Long-term Hospital Care | Covered when medically necessary. | Yes | Hospital |



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| Laboratory Services | Covered when medically necessary. | For genetic testing only | Laboratory |
| Long Term Care Skilled Nursing Facility | Covered when medically necessary. | Yes | Skilled Nursing Facility |
| Maternity (prenatal, delivery and postpartum) Breast pumps | Hospital Births: No limitations. Home births: Covered when performed by a Certified Nurse Midwife. Breast pumps: Covered once the baby is born. A prescription in the mother's name is required. Childbirth/Lamaze classes: Not covered. | No prior authorization required for prenatal, delivery and postpartum. Breast pumps: Only hospital grade breast pumps require prior authorization. | OB/GYN, Certified Nurse Midwife |
| Medical Equipment (for use at home) <i>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.</i> | Must be medically necessary and meet the definition of Medical Equipment (see Benefit). Prescription is required. | Yes, for some items | Primary Care Provider or Specialist can write a prescription and a Medical Equipment provider supplies the items |
| Medical Supplies <i>Disposable i.e. Gauze, Gloves, Syringes</i> | Prescription is required. | No | Pharmacy |
| Mental Health | Contact Connecticut Behavioral Health Partnership at www.ctbhp.com or 1.877.552.8247 | | |
| Naturopath | Ages Birth through 20: Limited to some specific services; covered when medically necessary. Ages 21+: Care is covered only when provided in a hospital or outpatient clinic. | Yes, for greater than 5 visits per provider per month. | Naturopath |
| Nutritional Counseling | Nutritional counseling is covered when received by a physician, APRN or Physician's Assistant as part of an office visit or when part of a visit in a clinic or community health center. Nutritional counseling with an independent registered dietician is not covered. | No | Physician, Advanced Practice Registered Nurse (APRN), Physician Assistant (when part of a visit with a doctor or APRN); can also be provided as part of clinic visit |



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| Orthotics <i>Prescription custom made supportive inserts to address conditions of the feet and ankles</i> | Covered when medically necessary. | Some orthotics require prior authorization. | Podiatrist, Physical Therapist or Orthopedic Doctor |
| Pharmacy <i>Prescription medicine Over-the-Counter medicine, vitamins and supplements</i> | A prescription is required even for Over-the-Counter (vitamins, medicines and supplements) that are covered; some limits apply. | Some prescriptions require prior authorization. <i>Call the Pharmacy Benefit Line: 1.860.269.2031 for specifics.</i> | Pharmacy |
| Physicals | <i>(see Wellness Exams)</i> | | |
| Prosthetics <i>An artificial device to replace a missing body part. The body part may be missing due to trauma, disease or congenital condition</i> | Covered when medically necessary. | Some prosthetics require prior authorization. | Contact Member Engagement Services |
| Rehab Services: Outpatient <i>Physical Therapy, Occupational Therapy, Speech Therapy</i> Inpatient <i>Physical Therapy, Occupational Therapy, Speech Therapy</i> (For services at home see Home Health Care) | Covered. | Yes | Physical Therapists, Occupational Therapists, Speech Therapists |
| Surgery: | | | |
| • Bariatric | Covered when medically necessary. | Yes | Hospital or Surgical Center |
| • Cosmetic | Surgery considered to be cosmetic is not covered. | Yes | Hospital or Surgical Center |
| • Inpatient | Covered when medically necessary. | Yes | Hospital or Surgical Center |
| • Outpatient | Covered when medically necessary. | Some procedures require prior authorization. | Hospital or Surgical Center |
| • Reconstructive | Covered when medically necessary. | Yes | Hospital or Surgical Center |



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| <ul style="list-style-type: none"> • Transgender/Reassignment Surgery | Covered when medically necessary. | Yes | Hospital or Surgical Center |
| Transportation to Medical Appointments | Must be transportation to receive a service HUSKY covers. | Contact MTM, Inc. at https://www.mtm-inc.net/connecticut/ or 1.855.478.7350 | |
| Urgent Care/Walk-in (in-state) | Covered when medically necessary. | No | Urgent Care Centers |
| Vision Care, Eyeglasses and Contact Lenses <i>(see also Eye Care/Glasses)</i> | <p>Eyeglasses - Ages 21+: Some limits apply on type of frames and lenses. Limits also apply on how often you can get glasses. One pair of glasses can be covered every 24 months unless a new pair is medically necessary</p> <p>Birth through 20- Some limits apply on type of frames and lenses. One pair of glasses can be covered every 24 months unless a new pair is medically necessary or the previous pair was lost, stolen or broken.</p> <p>Contact lenses: Only covered for certain diagnoses.</p> | No | <p>Optometrist or Ophthalmologist for vision exam</p> <p>Optometrist or Optician for eyeglasses or contact lenses when covered</p> |
| <p>Wellness Exams: Children</p> <p>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.</p> | <p>Covered when medically necessary.</p> <p>For more information, click here.</p> | No | Primary Care Providers |



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| Wellness Exams: Adults 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 | Covered when medically necessary. For more information, click here . | No | Primary Care Providers |
| Wigs | Requires prescription | No | Contact Member Engagement Services at 1.800.859.9889 |

Community Health Network of Connecticut, Inc. and the HUSKY Health program comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. **ATTENTION:** If you speak a language other than English, language assistance services are available to you, free of charge. Call 1.800.859.9889 (TTY: 711) for assistance.

Español (Spanish):

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.859.9889 (TTY: 711).

Português (Portuguese):

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1.800.859.9889 (TTY: 711).