HUSKY Health Program
Member Benefits Grid

Covered Services for HUSKY A, C, and D

Member Benefits – Covered Services for HUSKY A, C and D

Any healthcare you receive through the HUSKY Health program must be from providers who participate in the HUSKY Program.
HUSKY enrolled providers also include: pharmacies, hospitals, medical equipment companies and home health care agencies. 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 well exams, screenings and protective shots for children and adults, 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 *(Mental Health and Substance use Treatment)*	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 • Methods of birth control that are implanted/inserted: Primary Care Provider or OB/GYN
Cardiac Care *(Includes Diagnostic Screening and Testing)*	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: *blood glucose monitor, alcohol wipes, test strips (urine, blood or reagent), lancets*	**Ages Birth through 20:** Covered under both the Pharmacy benefit or under the Medical Equipment benefit. **Ages 21+:** Covered only under the Medical Equipment benefit. *Insulin is covered for all ages under the pharmacy benefit.*	Yes, for some items such as insulin pumps	**Ages Birth through 20:** Pharmacy OR at a pharmacy that is also a Medical Equipment provider **Ages 21+:** Medical Equipment provider only
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
Emergency Services/Urgent Care	**In-state:** Covered at a Hospital or Urgent Care Provider. **Out-of-state:** Not covered *unless* visit is medically necessary AND the provider enrolls in HUSKY. **Out-of-country:** Emergency services are not covered when received outside of the US or US territories.	No	Hospital Emergency Department or Urgent Care Center within the US and US territories

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Eye Care/Glasses *(see also Vision Care)*	**Eyeglasses - Ages 21+:** Some limits apply on type of frames and lenses. Limits also apply on how often you can get glasses. **Contact lenses:** Only covered for certain diagnoses.	No	Optometrist or Ophthalmologist for vision exam 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)*	Covered when medically necessary.	No	Primary Care Provider or Specialist Prescription items are obtained at a pharmacy
Genetic Testing	Covered when medically necessary.	Yes	Specialist or Primary Care Provider
Gynecology	Covered when medically necessary.	No	Primary Care Provider, OB/GYN
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

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Home Health Care:			
• **Skilled Nursing Visits at Home**	Covered when medically necessary. **Maternity Visits:** Limited to services for pregnant women at high risk.	• 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
• **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
• **Physical Therapy (PT), Occupational Therapy (OT), and/or Speech Therapy (ST) Visits at Home**	Covered when medically necessary.	• 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
• **Extended Skilled Nursing Visits at Home** *(nursing shifts)*	Covered when medically necessary.	Yes	Home Health Care Agency

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• **Hospice at Home** *Hospice care is aimed at comfort care and relieving symptoms of terminal illness. It usually does not include treatment aimed at cure.* For inpatient hospice, see *Hospice Inpatient Care* 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
• **Home Infusion Services at Home** *(Intravenous medicine at home)*	**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
• **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 *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 6 months or less.	Yes for inpatient stays that last longer than 5 days.	Inpatient hospice or hospice unit
Hospital Care:			
• **Inpatient**	Inpatient stays and doctor visits while you are inpatient are covered when medically necessary.	Yes for all *scheduled* admissions except for maternity.	Hospital
• **Outpatient**	Covered when medically necessary.	Yes, for some surgical procedures.	Hospital
• **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)* *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 (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 *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		
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

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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
Orthotics *Prescription custom made supportive inserts to address conditions of the feet and ankles*	Covered when medically necessary.	Some orthotics require prior authorization.	Podiatrist, Physical Therapist or Orthopedic Doctor
Pharmacy *Prescription medicine* *Over-the-Counter medicine, vitamins and supplements*	A prescription is required even for Over-the-Counter (vitamins, medicines and supplements) that are covered; some limits apply.	Some prescriptions require prior authorization. *Call the Pharmacy Benefit Line: 1.860.269.2031 for specifics.*	Pharmacy
Prosthetics *An artificial device 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.	Contact Member Engagement Services
Rehab Services: Outpatient *Physical Therapy, Occupational Therapy, Speech Therapy* **Inpatient** *Physical Therapy, Occupational Therapy, Speech Therapy* (For services at home see Home Health Care)	Covered.	Yes	Physical Therapists, Occupational Therapists, Speech Therapists

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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
• **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 Veyo at ct.ridewithveyo.com 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 *(see also Eye Care/Glasses)*	**Eyeglasses - Ages 21+:** Some limits apply on type of frames and lenses. Limits also apply on how often you can get glasses. **Contact lenses:** Only covered for certain diagnoses.	No	Optometrist or Ophthalmologist for vision exam Optometrist or Optician for eyeglasses or contact lenses when covered
Wigs	Requires prescription.	No	Contact Member Engagement Services at 1.800.859.9889

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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).