
CHAPTER 1 – HUSKY AND CHARTER OAK HEALTH PLAN

PROGRAMS OVERVIEW

Healthcare for **Uninsured Kids and Youth (HUSKY)** is Connecticut's managed care program for children and families created through funds made available by the Balanced Budget Act of 1997. The HUSKY program is funded by the State of CT and the Federal Government and is administered through the Department of Social Services (DSS).

This program offers comprehensive healthcare coverage to all eligible children in Connecticut under the age of 19 who are residents of Connecticut. Children must be a U.S. citizen or qualified immigrant to be eligible for the program.

The HUSKY program in Connecticut has two parts: HUSKY A and HUSKY B.

HUSKY A is a program under Title XXI with fully subsidized premiums and with no co-pays, no fees for medical services, and no balance billing. Nationally this program is known as the Children's Health Insurance Program (CHIP). Families may have other health insurance and also have HUSKY A. This coverage remains in effect for 12 months even if the family has a change in income. At the end of the 12- month period, the family income will be reviewed.

HUSKY B is an expanded health insurance program, under Title XXI of the Social Security Act that became effective July 1, 1998. Nationally this program is known as the Children's Health Insurance Program (CHIP). This program is for Connecticut children under the age of 19 who are uninsured. Each HUSKY B member is issued an ID card, which includes the name of the members PCP, and the co- payment information. Providers can collect co-payments at the time of service. CHNCT will pay at agreed upon rates net of co-payments and will also notify providers when members reach their annual co-payment limits. Please Note: HUSKY B is not a supplemental program for families with insurance whose children's expenses have exceeded their plan's covered benefit maximum.

CHARTER OAK HEALTH PLAN PROGRAM:

The Charter Oak Health Plan, offered by Community Health Network of Connecticut, Inc. (CHNCT), is an affordable health insurance plan for uninsured adults of all incomes - from young people just out of school to early retirees. It offers a full range of health insurance coverage including preventative care,

emergency room and hospital visits, primary care, preventative care and specialist office visits, prescription medications, behavioral health, and both inpatient and outpatient rehabilitation services.

To learn more about The Charter Oak Health Plan, please visit www.charteroakhealthplan.com or call 1 -877-77-CTOAK (1-877-772-8625).

HUSKY A, HUSKY B and Charter Oak Health Plan Benefit Summary:

Benefit Description	HUSKY A	HUSKY B	Charter Oak
Alternative Medicine			
Acupuncture	N/C	N/C	N/C
Chiropractic	C/PA*	C/PA \$5 copay	N/C
Naturopathy	C*	C \$5 copay	N/C
	* Over age 21- not covered if performed by independently enrolled practitioners		
Family Planning			
Abortion – Medically Necessary	C-100% (Submit form W-484)	C-100%	C-100%
Family planning education and counseling	C-100%	C-100%	C-100%
In Office Visit – PCP for family planning	C-100%	C-100%	C-100%
Infertility Testing and Diagnosis	N/C	N/C	N/C
Infertility Treatment	N/C	N/C	N/C
Tubal ligation/other sterilizations – male and female	C-100% (pts under 21are not covered-submit form W-612)	N/A	C-100% (Patients under 21 are not covered)
Hearing			
Audiologist	C-100%	C-100%	C-\$35 copay
EPSDT/well child hearing screening	C-100%	C-\$5 copay for hearing screen	N/A
Cochlear Implants	C/PA-100%	C/PA-100%	C/PA-Subject to deductible

Benefit Description	HUSKY A	HUSKY B	Charter Oak
Hearing Aids	C/PA	C/PA under age 12 – limited to \$1000 in 24 months over age 12 – covered under HUSKY Plus (exception – Band 3)	C/PA
Medical Equipment			
DME and Medical Supplies	C-100% PA over \$500	C-100% PA over \$500	C-100% up to \$4,000 (annual for limited DME only. Excludes: orthotics, prosthetic and Med/Surg supplies PA over \$500
Medical Services - Facility			
Ambulatory Surgery Center	C/PA-100%	C/PA-100%	C/PA Subject to deductible
Cardiac Rehabilitation	C/PA-100%	C/PA-100%	C/PA-100% - Note: \$35 Co-pay can be waived in post-MI and post CABG situations.
Dialysis - Outpatient	C/PA-100%	C/PA-100%	C/PA-100%
Emergency Room	C-100%	C-100% if deemed ER, otherwise \$25 copay, waived if admitted	C-100% (\$100 copay waived if deemed ER/ admitted)
Gastric Bypass Surgery	C/PA	C/PA	C/PA
Home Health Care	C/PA-100%	C/PA-100%	C/PA
Home Infusion Services	C/PA	C/PA	C/PA
Hospice	C/PA	C/PA	C/PA
Inpatient Hospital	C/PA-100%	C/PA-100%	C/PA- Subject to deductible

Benefit Description	HUSKY A	HUSKY B	Charter Oak
Inpatient Hospital-Maternity	C/PA-100%	N/A	C/PA- Subject to deductible and 10% coinsurance after deductible.
Pulmonary Rehab	C/PA-100%	C/PA-100%	C/PA- \$35 copay and 10% coinsurance after deductible
Occupational Therapy	C/PA-100%	C/PA-100% (Short term only-improvement within 60 days)	C-\$35 copay, up to 30 visits/yr, all therapy combined
Physical Therapy	C/PA-100%	C/PA-100% (Short term only-improvement within 60 days)	C-\$35 copay, up to 30 visits/yr, all therapy combined
Speech Therapy	C/PA-100%	C/PA-100% (Short term only-improvement within 60 days)	C-\$35 copay, up to 30 visits/yr, all therapy combined
Skilled Nursing Facility (SNF)	C/PA-100%	C/PA-100%	C/PA –Subject to deductible and coinsurance. 14 days/yr unless documented to be a cost eff. alt. to hospitalization
Urgent Care	C-100%	C-100%	C-\$35 copay
Weight Loss Treatments	N/C	N/C	N/C
Organ Transplant			
Transplant and other related costs	C/PA-100%	C/PA-100%	C/PA-100% Subject to deductible & annual benefit max.
Network Specialists			
In office visit – PCP (other than preventive visit)	C-100%	C-\$5 copay	C-\$25 copay
In office visit - specialist	C-100%	C-\$5 copay	C-\$35 copay
Inpatient setting	C-100%	C-100%	C-100%
Maternity Care/ Obstetrics	C-100% with notification	C-100% with notification	C-100% with notification

Benefit Description	HUSKY A	HUSKY B	Charter Oak
Plastic and Reconstructive Surgery	C/PA Must meet medical necessity criteria	C/PA Must meet medical necessity criteria	C/PA-Subject to deductible and must meet medical necessity criteria
Podiatry	C/PA * *Over 21 not covered if performed by independently enrolled practitioner	C/PA \$5 copay	C/PA \$35 copay
Preventative SVCS			
Annual, preventative, EPSDT, immunizations	C-100%	C-100%	C-100%
Transportation			
Emergency Transport	C-100%	C-100%	C-100%
Facility to facility transport	C-100%	C-100%	C-100%
Non-emergent transport	C-100%	N/C	N/C
Vision Care			
Routine vision exam	C-100%	C-\$5 copay	N/C

Important Information

- Many services require that you obtain our pre-certification or pre-authorization prior to obtaining care prescribed or rendered by non-participating providers.

If you have questions regarding our plan, call us at 203-949-4000 or 1-800-440-5071

Charter Oak Health Plan Cost Shares

Deductibles under the Charter Oak Health Plan (CO) will vary as they are based on household size and income. Please see chart below:

Income Band	Amount of Income	Annual Deductible	Annual Co-insurance Maximums
Income Band C1	0 to 150% of the Federal Poverty Level (FPL)	\$150 for each member	\$150 for each member
Income Band C2	151% to 185% of the FPL	\$200 for one member \$175 for each member if there are two (2) Charter Oak members in the household*	\$200 for one member \$175 for each member if there are two (2) Charter Oak members in the household*
Income Band C3	186% to 235 % of the FPL	\$400 for one member \$300 for each member if there are two (2) Charter Oak members in the household*	\$400 for one member \$300 for each member if there are two (2) Charter Oak members in the household*
Income Band C4	236% to 300% of the FPL	\$750 for one member \$700 for each member if there are two (2) Charter Oak members in the household*	\$750 for one member \$700 for each member if there are two (2) Charter Oak members in the household*
Income Band C5	Over 300% of the FPL	\$900 for one member \$875 for each member if there are two (2) Charter Oak members in the household*	\$900 for one member \$875 for each member if there are two (2) Charter Oak members in the household*

*Note: Charter Oak members are part of the same household if they are married or joined in a civil union, and live together. There is a maximum of two (2) Charter Oak members per household/family. For example, if a married couple is both Charter Oak members and has a 19-year-old child who is also a Charter Oak member, the married couple counts as one household and the 19-year-old child counts as one household.

Dental Benefits

Effective September 1, 2008, dental benefits for HUSKY are managed by Benecare Dental Plan. For information or questions regarding dental benefits contact Benecare Dental Plan customer service at 1-866-420-2924, Monday – Friday 8:00am to 5:00pm or go to their website at www.benecare.com.

Behavioral Health

Behavioral health services are provided by the Connecticut Behavioral Health Partnership (CT BHP). For information about CT BHP you can contact them at 1-877-552-8247 between the hours of 9:00am – 7:00pm.

Retail Pharmaceutical Services

Retail Pharmacy services are provided through the Department of Social Services (DSS). For information on the State of Connecticut Preferred Drug list or any other questions please go to www.ctdssmap.com and click on Pharmacy Information.

STERILIZATION/TUBAL LIGATION REQUIREMENTS

Sterilization and Tubal ligations do not require prior authorization from CHNCT. Through the HUSKY A program, members are allowed family planning services without referrals or prior authorizations and at a location of their choice. DSS has set specific procedures to be followed for members seeking sterilization.

The W-612 consent form for sterilizations must be completed by the member. Consent must be obtained at least thirty (30) days, but not more than 180 days, before the date of service. The member must be mentally competent and must be at least twenty-one years old on the date that the consent form is signed. To obtain the sterilization consent form, W-612, please contact:

**Department of Social Services
25 Sigourney Street
Hartford, CT 06106-5033**

This form is also located on the internet under www.ctdssmap.com. Select Information, Publications and under other Forms, select Consent to Sterilization, W-612 forms.

The form with an original signature must be submitted with the claim for payment. All questions should be directed to the Provider Relations Department at (800) 440-5071.

Exclusions:

The following benefits are not covered under both HUSKY A and HUSKY B:

- Cosmetic procedures (performed for reconstructive purposes), social, habilitative, vocational, tattooing or tattoo removal
- Drugs solely used to promote fertility
- Drugs that the FDA has proposed to withdraw from the market
- Autopsy Services
- Institutions for Mental Disease (IMD) inpatient care not covered for individuals aged 21 – 64 years of age
- Obesity Treatment and services, including gastric stapling except where preauthorized as medically necessary
- Dietary Control care, treatment, procedures, services or supplies
- Nuclear powered pacemakers
- Experimental services that are unproven or of a research nature
- Hair transplants (punch graft)
- Recreational or educational programs or memberships
- Routine physical exams and devices required by third parties, such as school or employment physicals

- Transsexual surgery, evaluation, treatment and procedures related to and performance of
- Services which are not within the scope of a practitioner's practice under State law
- Services in excess of those deemed medically necessary
- Tuboplasty and sterilization reversal
- Acupuncture, biofeedback or hypnosis
- Pain Clinic treatment, unless Medically Necessary
- Ambulatory blood pressure monitoring
- Any court order for testing, diagnosis, alcohol or drug abuse course, unless Medically Necessary
- Services in excess of those deemed Medically Necessary to treat the patient's condition
- Court ordered alcohol or drug abuse course
- Evaluation, treatment and procedures related to, and performance of, sex-change operations
- Surgical treatment or hospitalization for the treatment of morbid obesity, except where pre-authorized as Medically Necessary
- Care, treatment, procedures, services or supplies that are primarily for dietary control
- Sterilization for members under the age of 21
- Osteopathic manipulation
- Hypnosis
- Rhinoplasty
- Dermabrasion
- Lipectomy
- Ear piercing
- Penile Implants
- Patient Convenience items
- Organ Acquisition
- Leave of Absence
- Artificial Insemination
- In-Vitro Fertilization
- Sterilization Reversal

ADDITIONAL HUSKY B Non-Covered Medical Services:

The following benefits are not covered under ONLY the HUSKY B plan:

- Non-emergency transportation
- Services provided while the enrollee is out of the State of Connecticut, except for emergency care
- Hearing aids
- Except for emergency care, any medical care not approved by CHNCT, including the Member's PCP and furnished by a non-network provider
- Services performed in a hospital emergency room that do not require emergency care or urgent care

Exclusions Charter Oak:

The following services are NOT covered:

- Routine foot care
- Power wheel chairs
- Custodial and homemaker care
- Non-emergent out of state care
- Care provided by a non-participating provider
- Services for which prior authorization is required and is not obtained
- Treatment of infertility
- Services that are considered to be of an unproven, experimental or research nature, or cosmetic, Social, habilitative, vocational, recreational or educational
- Services that are not medically necessary
- Services required by third parties, such as school or employment physicals, physicals for summer camp, etc.
- Cosmetic and reconstructive surgery
- Any services related to sexual reassignment surgery
- Treatment for morbid obesity
- Weight reduction programs
- Acupuncture, biofeedback, hypnosis
- Treatment at pain clinics
- Ambulatory blood pressure monitoring
- Court ordered testing, diagnosis, care or treatment not deemed medically necessary
- Dental Care
- Vision Care
- Chiropractic Care
- Naturopathic Care

The following services are covered benefits under the Charter Oak Program but are not provided through CHNCT:

- Retail Pharmacy
- Behavioral Health Services

Retail Pharmacy Services:

Retail Pharmacy services are not provided through CHNCT. The Charter Oak Health Plan includes a Pharmacy Benefit. The Pharmacy Benefit covers most drugs that need a prescription. The Pharmacy Benefit also covers some medicines that you can buy “off the shelf” when your provider writes a prescription for it.

If you have questions about the Charter Oak Pharmacy Benefit

- Call the Charter Oak Health Plan Pharmacy Customer Call Center toll free at 1-866-409-8430 or local at 860-269-2031. Lines are open Monday through Friday from 8:00 a.m. to 5:00 p.m. (except holidays).
- Go to www.dtdssmap.com. Click on **Pharmacy Information**.

Covered Drugs

Charter Oak providers must prescribe generic drugs. If you wish to prescribe a brand name drug when there is a generic equivalent, prior authorization is required.

Prescription benefits are filled by in-state pharmacies that are enrolled in the CT Medical Assistance Programs.

The Pharmacy Benefit does not cover the following types of drugs.

- Drugs used to quit smoking
- Drugs to treat sexual problems
- Drugs to treat cosmetic conditions
- Drugs to treat obesity
- Experimental drugs
- Fertility drugs
- Free shots from the Department of Health
- Drugs that are ineffective

Charter Oak members must pay for part of the cost of their medicines. The chart below shows how much you have to pay. There is a co-pay for **each** prescription that is filled

Type of Drug	Amount You Must Pay
Generic drug	\$10 each prescription
Preferred brand-name drug	\$35 each prescription
Non-preferred brand-name drug with approval	\$35 each prescription
Non-preferred brand-name drug without approval	Full cost of the prescription

CHARTER OAK BEHAVIORAL HEALTH SERVICES:

Behavioral Health Services are not provided through CHNCT. The Charter Oak Behavioral Health program gives coverage for mental health and substance abuse issues.

Here is how to reach Charter Oak Behavioral Health.

Call their Customer Service Department at Monday-Friday, 9:00 a.m.-7:00 p.m. at 1-877-286-2524 (1-866-218-0525 for hearing impaired). They can help you with language interpretation at no cost if you need it. Visit their website at www.charteroakbehavioralhealth.com.

Out-of-Pocket Expenses HUSKY A:

HUSKY A members may not be billed for covered services even if the provider claim payment is denied and regardless of the reason for denial. Co-payments and balance billing are not allowed under the HUSKY A Program. Providers are not allowed to bill for cancelled or missed appointments or for record transfers.

A provider may only bill a HUSKY A member for goods and services which are not covered by Medicaid, when the member knowingly elects to receive the goods or services and enters into an agreement in writing to pay for such goods or services prior to receiving them.

HUSKY B and Charter Oak – Balance billing is not allowed in the HUSKY B or Charter Oak programs.

Charter Oak - Annual maximums are based on member's anniversary date of enrollment. If a member reaches the maximum during the year, they are issued a temporary zero co-payment card upon re-enrollment.