



HUSKY Health Overview

The HUSKY Health program is Connecticut's public health coverage program that includes Medicaid, the Children's Health Insurance Program (CHIP), and State-funded programs. HUSKY offers many benefits and services to help Connecticut residents stay healthy. This month's newsletter will provide an overview of HUSKY Health programs. Let's begin with some basic facts:

- Medicaid is a national health care program for families and individuals with limited resources.
- Medicaid is administered at the State level, but jointly funded between the State and the Federal Governments.
- Medicaid is not the same as Medicare, which is a federal program for individuals 65 and over, or for those with specific disabilities.
- CHIP is a national health care program for uninsured children in families with limited resources that are over income for Medicaid.
- State-funded programs provide coverage for some populations who don't qualify for HUSKY due to immigration status.

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HUSKY Health programs have varying income limits. When looking at the HUSKY income guidelines, please keep in mind that we may not count some types of income and may also deduct certain expenses. The best thing to do is apply and let us determine the eligibility.



HUSKY A

HUSKY A provides coverage to:

- Parents/Caregiver Relatives with incomes up to 160% of the Federal Poverty Level (FPL). This income limit will be changing to 138% on October 1, 2024, more information will be provided in a future newsletter
- Children up to age 19 in households with incomes up to 201% FPL
- Pregnant and postpartum individuals with incomes up to 263% FPL

HUSKY A covers over 524,000 parents/caretaker relatives and children in the state of CT!

HUSKY B (CHIP)

Uninsured children under age 19 in higher-income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program or CHIP). Depending on specific income level, family cost-sharing applies.

HUSKY B Band 1 provides coverage to:

- Children with family income up to 254% FPL
- Pregnant individuals who do not qualify for Medicaid due to immigration status up to 263% FPL

HUSKY B Band 2 provides coverage to:

- Children with family income between 254% and 323% FPL
- Requires a monthly premium of \$30 for one child and \$50 for 2 or more children

Former Foster Care Coverage

Coverage for children who were enrolled in Medicaid in any state while in foster care and:

- Are under age 26
- Aged out of foster care in any state (upon turning 18 or such higher age as the participating state elected)
- Are not enrolled in another eligibility group

Important: The new requirements will apply exclusively to those who turn age 18 on or after January 1, 2023. Original eligibility requirements for the FFCC group continue to apply for those who turned 18 prior to this date.

There is no income or asset test for this coverage group.

State HUSKY A and State HUSKY B

State HUSKY has eligibility groups that mirror HUSKY A and HUSKY B for children who do not qualify for typical HUSKY due to immigration status. These programs are fully funded by the state of Connecticut.

State HUSKY A provides coverage to:

- Children aged 0-15 with family income up to 201% FPL

State HUSKY B Band 1 provides coverage to:

- Children aged 0-15 with family income up to 254% FPL

State HUSKY B Band 2 provides coverage to:

- Children aged 0-15 with family income between 254% and 323% FPL
- Requires a monthly premium of \$30 for one child and \$50 for 2 or more children

Children enrolled prior to age 16 can stay enrolled through age 18 as long as other eligibility criteria are met.



State-Funded Postpartum



- Covers postpartum individuals with income up to 263% FPL who don't qualify for Medicaid due to immigration status
- Full state-funded Medicaid-equivalent for 12 months postpartum, regardless of reason for end of pregnancy

HUSKY B Prenatal

Coverage from conception to end of pregnancy (formerly called HUSKY B Prenatal) is coverage for the unborn child of pregnant individuals who do not qualify for Medicaid due to immigration status with income up to 263% FPL.

You can apply for health coverage one of the following ways:

- Phone: 1-855-805-4325
- If you are deaf or hearing impaired, you may use TTY at 1-855-789-2428 or call with a relay operator

We strongly encourage you to apply over the phone in order to get an immediate decision about qualifying for the program. Or, you may also apply by:

- Requesting a paper application be mailed to you from Access Health CT at 1-855-805-4325
- Visiting a DSS Resource Center in-person (<https://portal.ct.gov/dss/about-the-department-of-social-services/contact>).



HUSKY D

HUSKY D (also known as Medicaid for the Lowest-Income Populations) provides coverage to:

Connecticut residents ages 19 up to 65th birthday without dependent children; who do not qualify for HUSKY A; who do not receive Medicare; and who are not pregnant.

- The income limit for HUSKY D is currently 138% of the FPL.
- There are no asset limits for HUSKY D.

Applying for HUSKY A, HUSKY B, or HUSKY D

We encourage you to apply online or over the phone in order to get the fastest determination of whether you are eligible.

- Online 24/7 through Access Health CT at www.accesshealthct.com
- Over the phone by calling Access Health CT at 1-855-805-4325, Monday - Friday 8am-4pm
- Using application form 'AH3,' available by calling Access Health CT at 1-855-805-4325
- In person at a DSS Resource Center (please note that you may have to wait to see a worker) Monday -Friday 8am-4:30pm

Income Limits



HUSKY Health income limits vary by program.

For more information on program income limits please follow the links below:

[Monthly income limits](#)

[Annual income limits](#)

[How to apply](#)



HUSKY C

HUSKY C is Medicaid for the Aged, Blind, and Disabled and provides coverage for:

- Adults 65 and older and adults with disabilities, including long-term services and supports and Medicaid for Employees with Disabilities.
- Income and asset eligibility varies, depending on which part of HUSKY C you may qualify for. Monthly income limits:
 - Single person - \$723*
 - Married couple - \$980*
- Asset limits are as follows:
 - Single person - \$1600
 - Married couple - \$2400

(*does not include the portion of unearned income that is not counted)

HUSKY C Med-Connect

Medicaid for Employees with Disabilities, also known as MED-Connect, provides medical assistance to employed individuals with disabilities. Enrollees can earn up to \$75,000 per year and qualify for full Medicaid/HUSKY Health coverage. Some enrollees may pay a monthly premium for this coverage, depending on income. In general, an eligible person with a disability who is employed or becomes employed can qualify for MED-Connect without the use of 'spend-down' while earning more income than is allowed under other Medicaid coverage groups.

- Income limit:
 - Earnings up to \$75,000/year
- Asset limits:
 - Single person - \$10,000
 - Married couple - \$15,000

HUSKY C Spenddown



Individuals may have a spend-down if they are eligible for HUSKY C but their income exceeds the limit. If DSS has determined that someone is eligible for a spend-down, they can use certain medical expenses to reduce their income and activate HUSKY C coverage. Having a spenddown is similar to having an insurance deductible.

Medicare Savings Programs

Medicare Savings Programs (MSP) provides individuals receiving Medicare with help paying Medicare premiums and out-of-pocket costs. [Read more about how to qualify for these programs here.](#)

You can apply for the Medicare Savings Programs:

- Online to DSS at www.connect.ct.gov
- Using application form 'W-1QMB,' [available here.](#)
- In person at a DSS office (please note that you may have to wait to see a worker)



Applying for HUSKY C or MSP



Households and individuals who are 65 and older, blind or disabled who wish to apply for or renew HUSKY C, Medicaid for Employees with Disabilities (MED-Connect), or LTSS can apply online at: www.connect.ct.gov, under 'Apply for Benefits.'

Long Term Services and Supports (LTSS)

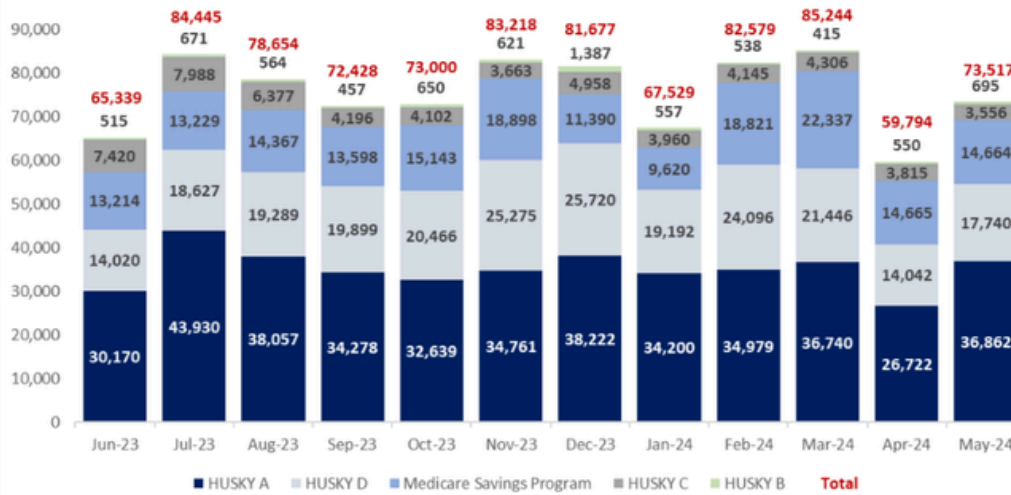
Formerly known as Long-Term Care, this umbrella term has been updated to include coverage of the entirety of the programs and services offered.

Clients are allowed coverage of Long-Term Care Services through several programs and over a continuum of settings. This includes care in a skilled nursing facility, Residential Care Home, through Home and Community Based services, and also through Money Follows the Person.

For more information, please visit the [LTSS FAQ page](#).

You can also find detailed information on applying for the various LTSS programs [here](#).

Monthly Number of Clients Renewed/Retained by HUSKY Plan



Did you know that about 1 in 4 CT residents are HUSKY Health members? Each month a portion of HUSKY members are due for their annual renewal. The adjacent graph shows what that can look like by program each month.

About HUSKY Coverage

The HUSKY Health program offers a comprehensive health care benefit package. Basic benefits for all HUSKY Health members include:

- Preventive Care
- Doctor Visits
- Women’s Health Care
- Family Planning Services
- Maternity Care
- Long-term Services and Supports
- Hospital Stays
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Audiology Services
- Physical Rehabilitation
- Dialysis
- Durable Medical Equipment
- Hearing Aids
- Orthotic and Prosthetic Devices
- Home Health Care
- Hospice Services
- Ambulatory Surgery
- Hospital Outpatient Care
- Laboratory Tests
- X-rays and other Radiology Services
- Vision Care
- Emergency Care
- Dental Services (through CT Dental Health Partnership)
- Behavioral Health Services (through CT Behavioral Health Partnership)
- Pharmacy (medications)



HUSKY Health Member Services



HUSKY Health is here to help members be as healthy as can be. Learn about benefits, services, health conditions, and community services on the [HUSKY Health Members page](#).

Emergency Medicaid

Emergency Medicaid allows Connecticut residents who meet all requirements for Medicaid except immigration status to have certain emergency medical services covered. The services are limited to treatment required after sudden onset of a medical emergency. Emergency Medicaid does not cover routine visits for chronic conditions like heart disease, however, emergency room visits due to a heart attack, or sudden acute symptoms can be covered.

This type of Medicaid cannot be pre-approved. Instead, the medical bill(s) for treatment of the emergency are submitted by the hospital with an application to be reviewed by a Medical Review Team at the Connecticut of Department of Social Services.

Limited Benefit



HUSKY Health Outpatient Dialysis Coverage

Allows Connecticut residents diagnosed with end-stage renal disease (ESRD) who don't qualify for full Medicaid coverage due to their immigration status coverage for routine outpatient dialysis; the treatment of complications directly related to routine outpatient dialysis care; and services offered as part of, or as follow-up to, outpatient dialysis. This program is covered as part of Emergency Medicaid.

Special Programs

Connecticut residents who do not qualify for full HUSKY benefits can apply for special programs if they are:

- U.S. citizen or legal immigration status (legal permanent resident, conditional entrant, parolee for at least one year, or a battered person who meets specific requirements AND
- Residence in the United States for at least five years.

HUSKY LB - Individuals with Tuberculosis

Medicaid coverage for patients while they are being evaluated or treated for TB disease and infection. This program is for people who don't qualify for regular Medicaid and are uninsured or underinsured.

HUSKY LB - Family Planning Limited Coverage

Covers family planning and family planning-related services. Family planning services are services offered to prevent pregnancy or to plan the number and spacing of your children. This program is for residents of Connecticut who don't qualify for regular Medicaid, are of childbearing age and not pregnant.

HUSKY Coverage for Breast and Cervical Cancer

Eligibility conducted with 'Qualified Entities' (health departments, hospitals, or clinics) affiliated with the U.S. Centers for Disease Control and Prevention. Provides full Medicaid benefits to eligible women in the State of Connecticut who:

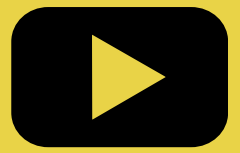
- Are found to need treatment for breast or cervical cancer
- At or below 250% of the Federal Poverty Level
- Must be under the age of 65
- Must not have 'creditable' private health insurance



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How Do I Become a Community Partner?

Through the DSS Community Partner program you can help Connecticut residents apply for benefits at access points in their community.

Current community partners include residential care homes, nursing homes, town social service agencies, and advocacy groups.

If you are interested in becoming a community partner, please email

[**DSS.PartnerSignUp@ct.gov**](mailto:DSS.PartnerSignUp@ct.gov)

Did you know?



You can print common DSS applications, forms and brochures.

[Click here to view common forms](#)