

HUSKY B Benefits Covered by MCO

Appendix 6.1.B.

Outpatient Physician Visits	\$5 copay	*																												
Preventive Care	<p>No copay</p> <p>Periodic and well child visits, immunizations, WIC evaluations as applicable, and prenatal care covered in full with \$5 copay on other visits.</p> <p><u>Periodicity schedule</u> and reporting based on the American Academy of Pediatrics (AAP) as amended from time to time:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Age Category</u></th> <th style="text-align: left;"><u># of Exams</u></th> </tr> </thead> <tbody> <tr> <td>Birth to Age 1</td> <td>6 exams</td> </tr> <tr> <td>Ages 1-5</td> <td>6 exams</td> </tr> <tr> <td>Ages 6-10</td> <td>1 exam every 2 yrs.</td> </tr> <tr> <td>Ages 11-19</td> <td>1 exam every yr.</td> </tr> </tbody> </table> <p><u>Immunization schedule</u> per the Advisory Committee on Immunization Practices (ACIP), as amended from time to time. As of January 1, 2001, the schedule is as follows:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Age Category</u></th> <th style="text-align: left;"><u>Vaccine Type</u></th> </tr> </thead> <tbody> <tr> <td>Birth</td> <td>Hepatitis B-1st dose</td> </tr> <tr> <td>1-4 mos.</td> <td>Hepatitis B-2nd dose</td> </tr> <tr> <td>2 mos.</td> <td>Diphtheria, Tetanus, Pertussis (DTP)-1st Dose; Haemophilus Influenza Type B (hib)-1st dose; Polio (OVP)-1st dose</td> </tr> <tr> <td>4 mos.</td> <td>Diphtheria, Tetanus, Pertussis (DTP)-2nd Dose; Haemophilus Influenza Type B (hib)-2nd dose; Polio (OVP)-2nd dose</td> </tr> <tr> <td>6 mos.</td> <td>Diphtheria, Tetanus, Pertussis (DTP)-3rd Dose; Haemophilus Influenza Type B (hib)-3rd dose</td> </tr> <tr> <td>6-12 mos.</td> <td>Hepatitis B-3rd dose; Polio (OVP)-3rd Dose</td> </tr> <tr> <td>12-15 mos.</td> <td>Haemophilus Influenza (hib)-3rd Dose; Measles, Mumps, Rubella (MMR)-1st dose</td> </tr> <tr> <td>12-18 mos.</td> <td>Chicken Pox (Var)-single dose;</td> </tr> </tbody> </table>	<u>Age Category</u>	<u># of Exams</u>	Birth to Age 1	6 exams	Ages 1-5	6 exams	Ages 6-10	1 exam every 2 yrs.	Ages 11-19	1 exam every yr.	<u>Age Category</u>	<u>Vaccine Type</u>	Birth	Hepatitis B-1 st dose	1-4 mos.	Hepatitis B-2 nd dose	2 mos.	Diphtheria, Tetanus, Pertussis (DTP)-1 st Dose; Haemophilus Influenza Type B (hib)-1 st dose; Polio (OVP)-1 st dose	4 mos.	Diphtheria, Tetanus, Pertussis (DTP)-2 nd Dose; Haemophilus Influenza Type B (hib)-2 nd dose; Polio (OVP)-2 nd dose	6 mos.	Diphtheria, Tetanus, Pertussis (DTP)-3 rd Dose; Haemophilus Influenza Type B (hib)-3 rd dose	6-12 mos.	Hepatitis B-3 rd dose; Polio (OVP)-3 rd Dose	12-15 mos.	Haemophilus Influenza (hib)-3 rd Dose; Measles, Mumps, Rubella (MMR)-1 st dose	12-18 mos.	Chicken Pox (Var)-single dose;	*
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	<p>Diphtheria, Tetanus, Pertussis (DTP)-4th Dose 4-6 yrs. Diphtheria, Tetanus, Pertussis (DTP)-5th Dose; Measles, Mumps, Rubella (MMR)-2nd dose; Polio (OVP)-4th Dose 11-12 yrs. Tetanus Diphtheria (Td) <u>Influenza</u>—Every year beginning at 6 months for children who have serious long-term health problems such as heart disease, lung disease, kidney disease, metabolic disease, diabetes, asthma, anemia, &/or are on long-term aspirin treatment. <u>Pneumococcal</u>—Vaccinate children 2 years and older who are at risk of pneumococcal disease or its complications.</p>	
<p>Family Planning Family Planning services include: Reproductive health exams; Patient counseling; Patient education; Lab tests to detect the presence of conditions affecting reproductive health; Screening, testing and treatment; Pre and post-test counseling for sexually transmitted diseases and HIV; abortions that are necessary to save the life of the mother or if the pregnancy resulted from rape or incest; and other medically necessary abortions as defined in Section 3.14 of the contract, until the MCO and Department execute a separate abortion contract.</p>	<p>100%</p>	
<p>Preventive Family Planning Services</p>	<p>100%</p>	<p>*</p>
<p>Oral Contraceptives</p>	<p>\$5 copay (included in prescription drugs)</p>	<p>*</p>

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Inpatient Physician	100%	*
Inpatient Hospital	100%	
Outpatient Surgical Facility	100%	
Ambulance	100% if determined to be an emergency in accordance with state law	
Pre-Admission/Continued Stay	Arranged through provider	
Prescription Drug	\$3 copay on generics \$5 copay on oral contraceptives \$6 copay on brand names-formularies	*
Short Term Rehabilitation for conditions where significant improvement is expected within sixty days, including: Physical Therapy, Speech Therapy, Occupational Therapy and Skilled Nursing Care (excludes private duty nursing)	100%	
Home Health Care (includes disposable medical supplies) for homebound members	100%, excludes custodial care; homemaker care or care that may be provided in a medical office, hospital or skilled nursing facility and offered to member in such setting.	
Hospice	100%, provided to members who are diagnosed as having a terminal illness with a life expectancy of six months or less. Covered care includes nursing care, physical therapy, speech therapy, and occupational therapy; medical social services; home health aides and homemakers; medical supplies; drugs; appliances; DME; physician services; short-term inpatient care, including respite care and care for pain control and acute and chronic symptom management; services of volunteers and other benefits when ordered by a physician. Limitations on short-term therapies do not apply.	
Long Term Rehabilitation, Long Term Physical Therapy and Long Term Skilled Nursing Care	Not covered under HUSKY B. Supplemental coverage available under HUSKY Plus for medically eligible children.	
Lab and X-Ray	100%	
Pre-Admission Testing	100%	
Emergency Care	100% if determined to be an emergency in accordance with state law. \$25 copay if determined a non-emergency. \$25 copay waived if the patient is admitted.	*
Durable Medical Equipment (DME) means equipment, furnished by a supplier or home health agency that: (1) can withstand repeated use; (2) is primarily and customarily used to serve a medical	100% Does not include power wheelchairs for members eligible for HUSKY Plus Physical; devices not medical in nature, such as, whirlpools, saunas, elevators, vans, van lifts, home convenience items (e.g., air cleaners, filtration units and related	

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<p>purpose; (3) is generally not useful to an individual in the absence of an illness or injury; and (4) is appropriate for use in the home.</p> <p>Hearing Aids</p>	<p>apparatus, exercise bicycles and other types of exercise equipment), insulin injectors, non-rigid appliances and supplies, such as, sheets, self-help devices, experimental or investigational research equipment, and items for personal comfort and or usefulness to the members' household.</p> <p>Hearing aids for children twelve years of age or younger, limited to \$1,000.00 within a 24-month period.</p> <p>Supplemental coverage available under HUSKY Plus for medically eligible children.</p>	
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Prosthetics –Devices whether worn anatomically or surgically implanted, which replace all or part of a body organ or structure and which correct, strengthen or provide necessary support to the body, will be covered when medically necessary.	100% Does not include orthopedic shoes, foot orthotics, wigs or hairpieces. Supplemental coverage available under HUSKY Plus for medically eligible children.	
Eye Care Eye Exams	\$5 copay	*
Hearing Exam	\$5 copay	*
Nurse Midwives	\$5 copay (except for preventive services)	*
Nurse Practitioners	\$5 copay (except for preventive services)	*
Podiatrists	\$5 copay	*
Chiropractors	\$5 copay	*
Naturopaths	\$5 copay	*
Dental Dental services include: Exams and- 1 every 6 months; X-Rays; Fillings; Fluoride Treatments; Oral Surgery	100%	*
<u>LIMITED BENEFITS</u>		
<u>Benefit Features</u>	<u>HUSKY Coverage</u>	
Eye Care Eyeglass frames and lenses or contact lenses	Once every 2 consecutive eligibility period with an allowance of \$100 toward the purchase of these goods. The optical hardware must be provided without charge under the following conditions: (i) one pair of contact lenses every 2 consecutive eligibility periods when such lenses are determined to be the primary and the best method for aiding the member vision and the lenses are not needed solely for the correction of vision; (ii) eyeglass frames and lenses and contact lenses that are determined to be medically necessary after eye surgery, the initial pair only; and (iii) contact lenses, as needed, for the treatment of Keratonconus.	
Dental Orthodontia	\$725 allowance per orthodontia case.	
Bridges or crowns; root canals; full or	\$50 allowance per procedure, per member but no more	

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partial dentures; or extractions	than an aggregate allowance for all such procedures of \$250 per eligibility period.	
Contraceptives Intrauterine Device (IUD) and insertion of the IUD	\$50 allowance per member	*
Internally implantable time-release devices & their insertion	\$50 allowance per member	*
Time-released contraceptive injections	\$15 allowance per member per injection	*
Nutritional Formulas	100% limited to medically necessary amino acid modified preparations and low protein modified food products for the treatment of inherited metabolic diseases when ordered by a participating physician	*

Annual copayments cannot exceed \$760/1360 (Income Band 1/Income Band 2), including premiums, per year.

EXCLUSIONS AND LIMITATIONS

1. Services and/or procedures considered to be of an unproven, experimental, or research nature or cosmetic, social, habilitative, vocational, recreational, or educational.
2. Services in excess of those deemed medically necessary to treat the patient's condition.
3. Services for a condition that is not medical in nature.
4. Devices required by third parties, such as school or employment physicals, physicals for summer camp, enrollment in health, athletic, or similar clubs, premarital blood work or physicals, or physicals required by insurance companies or court ordered alcohol or drug abuse course.
5. Cosmetic and reconstructive surgery is excluded, except when surgery is required for:
 - a) reconstructive surgery in connection with the treatment of malignant tumors or other destructive pathology that causes dysfunction;
 - b) reduction mammoplasty in females when Medically Necessary and breast surgery in males only in cases of suspected malignancy. Surgery must be necessary to achieve normal physical or bodily function.
6. Routine foot care rendered:
 - a) in the examination, treatment or removal of all or part of corns, callosities, hypertrophy or hyperplasia of the skin or subcutaneous tissues of the foot;
 - b) in the cutting, trimming or other non-operative partial removal of toenails, except when Medically Necessary in the treatment of neuro-circulatory conditions.

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7. Evaluation, treatment and procedures related to, and performance of, sex-change operations.
8. Surgical treatment or hospitalization for the treatment of morbid obesity except where prior authorized as Medically Necessary.
9. Care, treatment, procedures, services or supplies that are primarily for dietary control including, but not limited to, any exercise or weight reduction programs, whether formal or informal, and whether or not recommended by an In-network Physician or an Out-of-Network Physician.
10. Acupuncture biofeedback, or hypnosis.
11. Treatment at pain clinics unless determined to be Medically Necessary.
12. Ambulatory blood pressure monitoring.
13. Any court order for testing, diagnosis, care, or treatment deemed not Medically Necessary.

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