

CO-PAYMENT CHANGES

New Connecticut laws, Public Act 10-3, increased cost sharing in the HUSKY B program to be the same as cost sharing for state employee health plans. The new law changes many of the copayment (co-pay) amounts you will have to pay, starting on July 1, 2010. The law does not change the types or amount of services your child may receive. Some co-pays are a set dollar amount (co-pays) and some of the new amounts are a percentage of the charge for the service. (co-insurance).

For example, the following changes will take effect:

- Co-pays will increase from \$5 to \$10 for non-preventive office visits; hearing screenings and routine eye exams will increase from \$5 to \$15.
- Prescription drug co-pays will increase from \$3 to \$5 on generic drugs and \$6 to \$10 on brand-name drugs.

The total amount you pay each year for costsharing will still be limited.

If you qualify for income Band 1 or Band 2, you should not pay more than 5% of your family's gross income in co-pays, co-insurance and premiums during the eligibility year. We will notify you in writing when you have reached the maximum amount. Your children will be issued new ID cards which will clearly state that no co-pay is due.

Preventive Services (No copays)

Well-baby care and well-child care services (“preventive services”) are still **excluded** from the co-payment requirement. You will **not** have to pay a co-payment for the following types of services:

- Newborn exam in the hospital
- WIC evaluations
- Prenatal care for women under age 19
- Regular newborn screening exam – in the hospital or the office
- Regular physical exams or “checkups” and lab tests related to those exams
- Immunizations and the office visit for the immunization
- Some dental services: Regular oral exams, cleanings, fluoride application, sealant application and x-rays

If any of the services in the chart below, such as a physician visit, are preventive, there is no co-pay.

Type of Service	Co-payment on and after July 1, 2010
Medical	
Inpatient Hospital	No co-pay
Inpatient Physician	No co-pay
Emergency Care	No co-pay
Ambulance	No co-pay (if emergency)
Outpatient Visits – Physician/ Nurse Practitioner/Nurse Midwife	\$10.00

Outpatient Surgery	No co-pay
Podiatrist	\$10.00, except physical therapy
Chiropractor	No co-pay
Naturopath	\$10.00, except physical therapy
Hearing Exam	\$15.00
Routine Vision Screen	\$15.00
Eyeglasses	Allowance of \$100 every 2 eligibility periods; No copay
Short term rehab: PT, OT, Speech Therapy, Skilled Nursing	No co-pay
Nutritional Formulas when ordered by MD	No co-pay
Lab, X-ray, Diagnostic Testing	No co-pay
Family Planning	No co-pay
DME	No co-pay
Allergy Office Visit/Testing	\$10.00
Allergy Injections or Immunotherapy or other therapy	No co-pay
Hospice	No co-pay
Behavioral Health	
Inpatient	No co-pay
Outpatient Visit	\$10.00
Inpatient Detox.	No co-pay
Outpatient substance abuse treatment	\$10.00
Medications	
Generic Drug	\$5.00
Brand Name Drug	\$10.00
Oral Contraceptives	Same as other generic or brand drugs
Dental	
Amalgam and Composite Restorations (Fillings)	20% of charge
Crowns, Inlays and Onlays/Prosthodontics	33% of charge
Bridges	50% of charge
Recement Bridges, Crowns Inlays & Space Maintainers	20% of charge
Full or Partial Denture	50% of charge
Repaid, Relining and Rebasing Dentures	20% of charge
Root Canal Treatment/Endodontic Surgery	20% of charge
Miscellaneous Surgical Procedure	20% of charge
Surgical Extraction, including wisdom tooth	33% of charge
Periodontal Surgery	50% of charge
Simple Extraction	20% of charge
Space Maintainers	33% of charge
Orthodontic Treatment	Allowance of \$725 per case; no copay
General Anesthesia	20% of charge
Miscellaneous	20% of charge

Thank you and best regards from the HUSKY Program.