

1.1 About this Document

This document contains information specific to the state of Connecticut. Please refer to the Provider Reference Guide for general information regarding plan administration.

1.2 Covered Benefits

Aetna for Better Health – Husky Part A (Medicaid)

Benefit	Benefit Limitations/Criteria
Exam	1 service date every year.
Exam Replacement	<ul style="list-style-type: none"> ▪ 1 service date every year age 20 and under if it is not possible to obtain the prescription of the previous eye exam by another provider. ▪ 1 service date every 2 years age 21 and older due to a change in the medical condition. Documentation must be kept on file and shall include information regarding specific medical necessity for the additional exam within the two year period.
Necessary Exam After Eye Surgery	1 service date after eye surgery if frame, lenses and contact lenses are determined to be medically necessary after eye surgery.
Frame	<ul style="list-style-type: none"> ▪ 1 unit every year age 20 and under. ▪ 1 unit every 2 years age 21 and older. ▪ Standard Medicaid frame.
Frame Replacement	<ul style="list-style-type: none"> ▪ Fully covered if frame is lost, stolen or broken beyond repair age 20 and under. ▪ 1 unit every 2 years age 21 and older if medically necessary due to a change in medical condition. Documentation must be kept on file and shall include information regarding specific medical necessity for the additional pair of eyeglasses within the two year period.
Eyewear after Eye Surgery	Covered if frames, lenses and contact lenses are determined to be medically necessary after eye surgery, the initial pair only.
Lens (Single, Bifocal, Trifocal)	<ul style="list-style-type: none"> ▪ 2 units every year age 20 and under. ▪ 2 units every 2 years age 21 and older. ▪ Regular single vision and bifocal lenses. ▪ Trifocals are covered only when the member has a special need due to a job training program or extenuating circumstances ▪ Oversize lenses shall be covered only when needed for physiological reasons, and not for cosmetic reasons
Lens Replacement	<ul style="list-style-type: none"> ▪ Fully covered if lenses are lost, stolen or broken beyond repair age 20 and under. ▪ 2 units every 2 years age 21 and older if medically necessary due to a change in medical condition. Documentation must be kept on file and shall include information regarding specific medical necessity for the additional pair of eyeglasses within the two year period.
Polycarbonate Lens	<p>2 units every year age 20 and under. 2 units every 2 years age 21 and older.</p> <ul style="list-style-type: none"> ▪ Covered for children age 18 and younger. ▪ Covered for adults who are blind in one eye, +/-8.00 or permanently reduced vision in one eye less than 20/200, facial deformity, or disease that interferes with eye glass fit or documented occupational hazard.
Necessary Contact Lenses	<p>Fully covered when such lenses provide better management of a visual or ocular condition than can be achieved with spectacle lenses, including, but not limited to the diagnosis of:</p> <ul style="list-style-type: none"> ▪ Unilateral aphakia ▪ Keratoconus ▪ Corneal transplant ▪ High anisometropia <p>Extended wear contact lenses shall be covered for aphakia and for members whose coordination or physical condition makes daily</p>

Connecticut Specific Information

Benefit	Benefit Limitations/Criteria
	usage of contact lenses impossible.
Prescription Sunglasses	Fully covered when light sensitivity which will hinder driving or seriously handicap the outdoor activity of such member is evident.
Single Vision Eyeglasses in Lieu of Bifocals	2 units every 2 years age 20 and under. <ul style="list-style-type: none"> ▪ Two pairs of eyeglasses, distance and near, are allowed in lieu of bifocals if need is substantiated in member's medical record by clinical data.
Non-Covered Services	<ul style="list-style-type: none"> ▪ Two pairs of eyeglasses in lieu of bifocals for members age 21 and older regardless of medical necessity for a second pair. ▪ No additional benefit for members who feel their vision has changed and need another exam and possibly new glasses. ▪ Medical or surgical eye care.

Aetna for Better Health – Husky Part B (Medicaid)

Benefit	Benefit Limitations/Criteria
Exam	\$15 copay, 1 service date every year.
Necessary Exam After Eye Surgery	1 service date after eye surgery if frame, lenses and contact lenses are determined to be medically necessary after eye surgery.
Eyewear	\$100 allowance every 2 years for frame and lenses OR contact lenses. <ul style="list-style-type: none"> ▪ Regular single vision and bifocal lenses. ▪ Trifocals are covered only when the member has a special need due to a job training program or extenuating circumstances. ▪ Oversize lens shall be covered only when needed for physiological reasons, and not for cosmetic reasons.
Eyewear After Eye Surgery	<ul style="list-style-type: none"> ▪ Covered when frames, lenses and contact lenses are determined to be medically necessary after eye surgery, the initial pair only.
Necessary Contact Lenses	<ul style="list-style-type: none"> ▪ 2 units every 2 years when such lenses are determined to be the primary and best method of aiding the member's vision and the lenses are not needed solely for the correction of vision. ▪ Fully covered when needed for the treatment of keratoconus. ▪ Allowance does not apply.
Non-Covered Services	<ul style="list-style-type: none"> ▪ No additional benefit for a spare pair of eyeglasses or for replacement of lost or broken eyeglasses. ▪ No additional benefit for members who feel their vision has changed and need another exam and possibly new glasses. ▪ Medical or surgical eye care.

1.3 State Mandated Contract Provisions for Medicaid Members

Definitions

Charter Oak	A publicly-funded program that, pursuant to § 23 of Public Act No. 07-2, provides access to health insurance coverage for Connecticut residents who have been uninsured for at least six (6) months and who are ineligible for Medicare, HUSKY A, and HUSKY B or other publicly-funded health insurance.
Department	The Connecticut Department of Social Services or its agent.
Husky A	The health insurance plan which, for purposes of this Agreement, includes all those coverage groups previously covered in Connecticut Access, subject to expansion of eligibility groups pursuant to Conn. Gen. Stat. § 17b-266.
Husky B	The health insurance plan for children established pursuant to Title XXI of the Social Security Act, the provisions of Conn. Gen. Stat. § 17b-289 to 17b-303, inclusive, and of the § 16 of Public Act 97-1 of the October special session.
Medicaid	The Connecticut Medical Assistance Program operated by the Department under Title XIX of the federal Social Security Act and related federal and state regulations.
State	The State of Connecticut or its designated regulatory agencies.

Member Hold Harmless

No Provider, agent, trustee or assignee may: (a) maintain any action at law against a Member to collect sums owed by the Company; or (b) request payment from a Member for such sums. For purposes of this paragraph "request payment" includes, but is not limited to, submitting a bill for services not actually owed or submitting for such services an invoice or other communication detailing the cost of the services that is not clearly marked with the phrase "THIS IS NOT A BILL". Provider agrees and acknowledges that pursuant to Connecticut General Statutes, §20-7f, as amended from time to time, it is an unfair trade practice in violation of chapter 735a (Connecticut General Statutes, §42-110a et seq.) for any health care provider to request payment from a Member, other than a Copayment or Deductible, for covered medical services, or to report to a credit reporting agency a Member's failure to pay a bill for medical services when Company has primary responsibility for payment of such services.

Marketing

Provider represents covenants that it has received from Company the marketing guidelines identified in the Department's request for proposals, and that Provider will not market or promote any managed care plan.

Executive Order Number 16 – Violence in the Workplace Prevention Policy

This Agreement is subject to provisions of Executive Order No. Sixteen of Governor John G. Rowland promulgated August 4, 1999 and, as such, this Agreement may be cancelled, terminated or suspended by the contracting agency or the State for violation of or noncompliance with said Executive Order Number Sixteen. The parties to this Agreement, as part of the consideration hereof, agree that:

- i. Provider shall prohibit employees from bringing into the state work site, except as may be required as a condition of employment, any weapon/dangerous instrument defined in Subsection ii to follow.
- ii. Weapon means any firearm, including a BB gun, whether loaded or unloaded, any knife (excluding a small pen or pocket knife), including a switchblade or other knife having an automatic spring release device, a stiletto, any police baton or nightstick or any martial arts weapon or electronic defense weapon. Dangerous instrument means any instrument, article or substance that, under the circumstances, is capable of causing death or serious physical injury.
- iii. Provider shall prohibit employees from attempting to use, or threaten to use, any such weapon or dangerous instrument in the state work site and employees shall be prohibited from causing, or threatening to cause, physical injury or death to any individual in the state work site.
- iv. Provider shall adopt the above prohibitions as work rules, violation of which shall subject the employee to disciplinary action up to and including discharge. The Provider shall require that all employees are aware of such work rules.
- v. Provider agrees that any subcontract it enters into in the furtherance of the work to be performed hereunder shall contain the provisions i through iv, above.