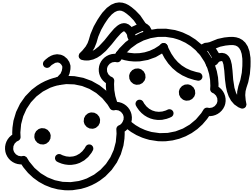


FROM HEALTH CARE FOR CHILDREN JANUARY 1 0-12 YEARS OLD 2023 REGARDLESS OF IMMIGRATION STATUS



WHAT ARE STATE HUSKY A AND STATE HUSKY B FOR CHILDREN?

These programs cover uninsured children ages 0-12 with household income between 0-323% of the Federal Poverty Level (FPL), who do not qualify for regular HUSKY A Medicaid or HUSKY B CHIP coverage because they do not have a qualifying immigration status.

WHO IS ELEGIBLE?

Children must:

- Be aged 0-12 (coverage is available through age 18 if enrolled before age 13);
- Be a non-citizen who does not qualify for HUSKY A Medicaid or HUSKY B CHIP due to immigration status;
- Does not have access to affordable insurance

If a child was enrolled in the program prior to age 13, they may be eligible for coverage through the age of 18.

HOW MUCH DOES THE COVERAGE COST?

For State HUSKY A, coverage is free. There is no premium (monthly charge) and there are no co-payments or other cost-sharing. Children enrolled in State HUSKY A will receive the same level of benefits as a HUSKY A Medicaid enrollee.

For State HUSKY B Band 1, there is no premium, but there may be small copayments. **For State HUSKY B Band 2**, there is a monthly premium of either \$30 for one child or \$50 for two or more children. There are small copayments for non-routine services and some other cost sharing. For more information on HUSKY Health benefits, visit <https://portal.ct.gov/HUSKY/Benefit-Overview>.

DOES THIS PROGRAM AFFECT MY ABILITY TO APPLY FOR CITIZENSHIP? (PUBLIC CHARGE)

Applying for or receiving Medicaid or CHIP benefits, or getting savings for health insurance costs in the Marketplace, doesn't make someone a "public charge". This means it won't affect their chances of becoming a Lawful Permanent Resident or U.S. citizen.

WHAT DO I NEED TO SIGN UP?

- Names and date of birth of all people in the household
- Proof of CT address
- Household income, including frequency and source. For verification, you can use paychecks or a letter from your employer.

If eligible, you will be given a 90-day, post enrollment, reasonable opportunity period to send in verification document(s).

WHAT IS THE INCOME ELIGIBILITY LIMIT?

Have a household income:

- **HUSKY A:** up to 201% of the Federal Poverty Level (FPL)
- **HUSKY B Band 1:** above 201% up to 254% of the Federal Poverty Level (FPL)
- **HUSKY B Band 2:** above 254% up to 323% of the Federal Poverty Level (FPL)

	FAMILY OF 2	FAMILY OF 3	FAMILY OF 4	FAMILY OF 5	FAMILY OF 6
HUSKY A	Under \$3,067 per month	Under \$3,858 per month	Under \$4,649 per month	Under \$5,439 per month	Under \$6,230 per month
HUSKY B - BAND 1	From \$3,068 to \$3,876 per month	From \$3,859 to \$4,875 per month	From \$4,650 to \$5,874 per month	From \$5,440 to \$6,873 per month	From \$6,231 to \$7,872 per month
HUSKY B - BAND 2	From \$3,877 to \$4,929 per month	From \$4,876 to \$6,119 per month	From \$6,875 to \$7,470 per month	From \$6,874 to \$8,740 per month	From \$7,873 to \$10,011 per month

HOW TO APPLY

- Phone: Access Health CT at 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
- Request a paper application be mailed to you by calling 1-855-805-4325, or
- Visiting a DSS Service Center in-person (www.ct.gov/dss/fieldoffices)

We strongly encourage phone applications in order to get an immediate decision about qualifying for the program.

**WHEN WE FIGHT, WE WIN! JOIN THE CAMPAIGN:
WWW.HUSKY4IMMIGRANTS.ORG**

