



**HUSKY Health Benefits and Prior Authorization Requirements G \***  
**Chronic Disease Hospital and Long Term Care**  
**Effective: January 1, 2012**

Member Services: 800-859-9889  
 Authorizations: 800-440-5071 Option #2  
 Authorization Fax: 203-265-3994

| Benefit   | HUSKY A, HUSKY C (ABD)  | HUSKY B  | HUSKY D (LIA)   |
|---|---|--|---|
| <b>Chronic Disease Hospital</b>   | <b><u>Prior Authorization Required</u></b><br>100% Covered  | <b><u>Prior Authorization Required</u></b><br>HUSKY PLUS Supplemental coverage may be available for medically eligible children in Band 1 or Band 2<br><br>HUSKY B allows 60 days of coverage within an inpatient facility providing sub-acute level of care | <b><u>Prior Authorization Required</u></b><br>100% Covered if authorized  |
| <b>Out of Network Services</b>  | Non-Covered<br>Providers must be an enrolled CMAP provider to be reimbursed for services.   | Non-Covered<br>Providers must be an enrolled CMAP provider to be reimbursed for services.  | Non-Covered<br>Providers must be an enrolled CMAP provider to be reimbursed for services.   |
| <b>Out of State Care</b>  | <b><u>Non Emergent Care Requires Prior Authorization</u></b>  | <b><u>Non Emergent Care Requires Prior Authorization</u></b>   | <b><u>Non Emergent Care Requires Prior Authorization</u></b>  |
| <b>Out of Country Care (with the exception of Puerto Rico and USA territories of American Samoa, Federated States of Micronesia, Guam, Midway Islands, Northern Marina Islands, US Virgin</b> | Out of the country care (including emergency care) is <u>not</u> a covered benefit (with the exception of Puerto Rico and other USA territories – where emergency care is covered). | Out of the country care (including emergency care) is <u>not</u> a covered benefit (with the exception of Puerto Rico and other USA territories – where emergency care is covered).  | Out of the country care (including emergency care) is <u>not</u> a covered benefit (with the exception of Puerto Rico and other USA territories – where emergency care is covered). |

\*Not a Legal Document. Contents provide a general description of HUSKY Health Benefits. Coverage subject to change per Department of Social Services.



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|-----------------------------|---|---|---|
| <b>Islands)</b>             |   |   |   |
| <b>Nursing Facilities</b>   | 100% covered.<br><br>Managed through Department of Social Services - Ascend | STR is covered.<br><br>Managed through Department of Social Services – Ascend For questions please contact:<br>1-877-431-1388<br><br><u>Long Term Rehabilitation is not a covered benefit</u> | 100% covered.<br><br>Managed through Department of Social Services - Ascend |
| <b>Translation Services</b> | 1-800-440-5071  | 1-800-440-5071  | 1-800-440-5071  |

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