

## ALLEN COUNTY SPECIAL NEEDS PLANS - 2023

DUAL ELIGIBLE  Plan  Plan Type  Plan #	AARP		ANTHEM	CARE SOURCE	HUMANA	WELLCARE		ZING
	Dual Complete	Dual Compl. Choice	Medi-Blue Dual Adv.	Dual Advantage	Gold Plus	Dual Access	Dual Access	Dual Complete
	PPO	PPO	HMO	HMO	HMO	HMO	PPO	HMO-POS
	0271-005	0271-054	3447-020	7076-015	5619-054	3499-005	6348-006	4624-016
Rating (5 is max) Prem.- mo. \$								
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**CO-PAYS-IN NETWORK:****Maximum-annual**

In Network	\$ -	\$ 3,500	\$ 8,300	\$ 8,300	\$ -	\$ 8,300	\$ 8,300	\$ 7,550
Out of network	\$ 12,450	\$ 5,450	Won't pay	won't pay	won't pay	won't pay	\$ 12,450	Won't pay
<b>Hospital</b>	0	0	0	0	0	0	0	0
<b>Off. Visit-Primary</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
" " -Specialist	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Out- patient surgery:</b>								
Surgical Ctr.	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Hospital	\$ -	\$ -	\$ -	0%	\$ -	\$ -	\$ -	\$ -
<b>MRI &amp; CT scans</b>				\$0	\$0	\$0	\$0	\$0
	\$ -	\$ -	\$ -					

**EXTRA BENEFITS:**

<b>Hearing Aids</b>	\$3,600 allow.	\$1,100 allow.	\$3,000 allow.	\$1,000 allowance	Covered-no limit	\$1,500 allowance	\$1,500 allowance	\$0 copay every 3 yrs.
<b>Dental:</b>								
<b>Coverage limit</b>	\$ 3,000	\$ 1,000	\$ 3,500	\$ 3,000	\$ 3,000	\$ 3,000	\$ 2,000	\$ 3,000
<b>Eyewear Allow.</b>	\$ 600	\$ 200	\$300	\$ 300	\$ 300	\$ 300	\$ 300	\$ 295
<b>OTC Drug allowance/quarter</b>	incl with Food		incl with Food	\$ 310		\$ 325	\$ 100	\$ 300
<b>Transportation - # of 1-way trips</b>	48	24	48	60	48	60	36	50
<b>Food &amp; others</b>	\$110/mo.	\$50/mo.	\$125/mo.		\$150/mo	\$25/mo.	\$25/mo.	35/mo.
<b>Add'l dental, vision</b>			500/yr. (option)			\$500/yr.	\$500/yr.	