

ALLEN COUNTY SPECIAL NEEDS PLANS - 2024

DUAL ELIGIBLE	AARP			ANTHEM			HUMANA			WELLCARE		ZING
	UHC DUAL COMPLETE			Full Dual			Gold Plus					
Plan	IN-S002	IN-S001	IN-D001	Dual Advan.	Advant.	Advant. Aligned	Integrated			Dual Access	Dual Access	Dual Complete Plus
Plan Type	PPO	PPO	PPO	HMO	HMO	HMO	HMO-POS *	HMO-POS *	HMO-POS *	HMO	PPO	HMO
Plan #	0271-005	0271-063	0271-054	3447-046	3447-020	3447-048	5619-054	5619-156	5619-158	3499-005	6348-006	4624-016
Rating (5 is max)	4.0	4.0	4.0	3.5	3.5	3.5	4.0	4.0	4.0	3.0	3.0	3.0
Who is eligible?	Full Medicaid	Full Medicaid under 60	Full Medicaid, QMB,SLMB & QI	Full Medicaid, QMB,SLMB & QI	Full Medicaid under 60	Full Medicaid under 60	Full Medicaid over 59	Full Medicaid, QMB,SLMB & QI	Full Medicaid under 60	Full Medicaid	Full Medicaid & QMB	Full Medicaid & QMB
Prem.- mo. \$	\$ -	\$ -	\$ 42.30	\$ 29.50	\$ -	\$ -	\$ -	\$0-42.30	\$ -	\$ -	\$ -	\$ -

CO-PAYS-IN NETWORK:

* Referral needed to use out-of-network providers.

Maximum-annual

In Network	\$ -	\$ -	\$ 8,850	\$ 3,900	\$ 8,850	\$ 8,850	\$ 8,850	\$ 8,850	\$ 8,850	\$ 8,850	\$ 8,850	\$ 8,300
Out of network	\$ 13,300	\$ 13,300	\$ 13,300	Won't pay	Won't pay	Won't pay	*	*	*	won't pay	\$ 13,300	Won't pay
Hospital				\$295/day Days 1-5	0	0	0	\$0-2,080 per admit.	0	0	0	0
Off. Visit-Primary				\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
" " -Specialist				\$ 25	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

EXTRA BENEFITS:

Hearing Aids	\$3,600 allow.	\$3,600 allow.	\$2,000 allow.	\$300-2,000	\$300-3,000	\$300-3,000	\$0 co-pay	\$1500 allow.	\$500 allow.	\$1,500 allowance	\$1,500 allowance	\$750 allow. every 3 yrs.
Dental:												
Coverage limit	\$ 3,000	\$ 3,000	\$ 2,000	\$ 2,000	\$ 4,000	\$ 4,000	\$ 4,000	\$ 1,500	\$ 2,000	\$ 3,000	\$ 2,000	\$ 3,000
Eyewear Allow.	\$ 300	\$ 300	\$ 200	\$200	\$300	\$300	\$500-550	\$150-200	\$400-450	\$ 300	\$ 300	\$ 285
# of meals-after hospitalization	28	28	28	20	20	20	14	14	14	42	42	10
Transportation - # of 1-way trips	36	48	24	24	60	60	unlimited	unlimited	unlimited	60	36	50
Food												\$50/mo.
Utilities				\$150/mo. optional	\$150/mo. optional	\$150/mo. optional						
Add'l dental, vision/year	\$ -	\$ -	\$ -	\$500 optional	\$500 optional	\$500 optional		\$ 250	\$ 250			
Monthly allowance *	\$ 146	\$ 252	\$ 120	\$ 55	\$ 140	\$ 140	\$ 250	\$ 100	\$ 100	\$ 151	\$ 126	300/qtr.

* Allowance for:

Food, OTC items & utilities

Food & OTC items

Food, OTC items, rent & transportation

OTC items, Dental, Vision, Hearing, Food, Gas, Utilities & Rent

OTC items