

ALLEN COUNTY SPECIAL NEEDS PLANS - 2025

DUAL ELIGIBLE	AARP				ANTHEM				HUMANA		
	UHC DUAL COMPLETE										
Plan	IN-S002	IN-S001	IN-S3	IN-D001	Full Dual Advan. Aligned NFLOC	Full Dual Advant.	Full Dual Advant. Aligned	Dual Advant.	Gold Plus Integrated	Gold Plus	Gold Plus
Plan Type	PPO	PPO	PPO	PPO	HMO	HMO	HMO	HMO	HMO-POS *	HMO-POS *	HMO-POS *
Plan #	2001-027	2001-064	2001-067	2001-057	3447-055	3447-020	3447-048	3447-046	5619-054	5619-156	5619-158
Rating (5 is max)	4.0	4.0	4.0	4.0	3.5	3.5	3.5	3.5	3.5	3.5	3.5
Who is eligible?	Full Medicaid under 60	Full Medicaid age 60+	Full Medicaid age 60 +	QMB,SLMB & QI	Full Medicaid (B)	Full Medicaid under 60	Full Medicaid age 60 +	QMB,SLMB & QI	Full Medicaid age 60 +	QMB,SLMB & QI	Full Medicaid
Nursing facility			(B)								
Prem.- mo. (A)	\$ -	\$ -	\$ -	\$ 49.60	\$ -	\$ -	\$ -	\$0-35.60	\$ -	\$0-48.60	\$ -
Medical Deduct. (A)	\$ -	\$ -	\$ -	\$0-257 est.	\$ -	\$ -	\$ -	\$ -	\$ -	\$0-257 est.	\$ -

CO-PAYS-IN NETWORK:

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

Maximum-annual

	AARP	ANTHEM	HUMANA
In Network	\$ -	\$ 9,350	\$ 9,350
Out of network	\$ 14,000	Won't pay	*
Hospital (A)	\$0 - 1,580 per admit.	0	\$0-2,185 per admit.

EXTRA BENEFITS:

	AARP	ANTHEM	HUMANA
Hearing Aids	\$2,200 allow.	\$300-3,000	\$0 co-pay
Dental:			
Coverage limit	\$ 2,000	\$ 4,000	\$ 6,000
Eyewear Allow.	\$ 300	\$ 300	\$500-550
# of meals-after hospitalization	28	20	program avail.
Transportation - # of 1-way trips	36	150	unlimited
Monthly allowance - Items covered	\$ 109	\$ 190	\$ 225

A) Amount will be \$0 if you have full Medicaid or QMB, otherwise the higher amount applies.

B) For those with home & community waiver or in a nursing facility.