

ALLEN COUNTY SPECIAL NEEDS PLANS - 2026

DUAL ELIGIBLE	UNITED HEALTHCARE				ANTHEM				HUMANA		
Plan	UHC DUAL COMPLETE										
	IN-S002 Dual Complete	IN-D001 Dual Complete	IN-S1 Dual Care Pathways	IN-S3 Dual Care	Full Dual Advan.	Dual Advant.	Full Dual Advant Pathways	Full Dual Advan. NFLOC	Dual Care Pathways	Dual Select	Gold Plus
Plan Type	PPO	PPO	PPO	PPO	HMO	HMO	HMO	HMO	HMO-POS *	HMO-POS *	HMO- POS *
Plan #	2385-001	2385-002	2385-003	2385-004	0629-001	0629-002	0629-003	0629-004	4939-001	4939-002	4939-003
	* Out-of-network coverage for dental, medical usually not covered										
Rating (5 is max)											
Who is eligible?	Full Medicaid under 60	QMB,SLMB	Full Medicaid age 60+	Full Medicaid age 60+, nursing home	Full Medicaid	QMB, SLMB	Full Medicaid age 60 & over	Full Medicaid age 60+, nursing home	Full Medicaid age 60 +	QMB,SLMB	Full Medicaid
Prem.- mo. (A)	\$ -	\$0 - 38.40	\$ -	\$ -	\$ -	\$0-25.90	\$ -	\$ -	\$ -	\$0-37.50	\$ -
Medical Deduct. (A)	\$ -	\$0-257	\$ -	\$ -	\$ -	\$0-257	\$ -	\$ -	\$ -	\$0-257 est.	\$ -

CO-PAYS:**Maximum-annual**

In Network (A)	\$ -	\$ 9,250	\$ -	\$ -	\$ 9,250	\$ 9,250	\$ 9,250	\$ 9,250	\$ 9,250	\$ 9,250	\$ 9,250
Out of network	\$ 13,900	\$ 13,980	\$ 13,900	\$ 13,900	Won't pay	Won't pay	Won't pay	Won't pay	Won't pay	Won't pay	Won't pay
Office visits & other medical (A)	0	0-20%	0	\$ -	0	0-20%	0	0	0	\$0 - 20%	0
Hospital (A)		\$0-\$2,165	\$0	\$ -	0	0-\$1,676	0	0	0	\$0-2,230 per admit.	0

EXTRA BENEFITS:

Hearing Aids	\$2,500 every 2 yrs.	\$1,500 every 2 yrs.	\$2,200 every 2 yrs.	\$3,200 every 2 yrs.	\$300-3,000	\$300- 2,000	\$300- 2,000	\$300-3,000	\$0 co-pay every 3 yrs.	\$0 co-pay every 3 yrs.	\$0 co-pay every 3 yrs.
Dental:											
Coverage limit	\$ 2,000	Routine only	\$ 2,500	\$ 5,000	\$ 2,000	\$ 1,500	\$ 2,500	\$ 4,000	\$ 2,500	\$ 3,500	\$ 4,000
Eyewear Allow.	\$ 200	\$ 200	\$ 250	\$ 300	\$300	\$200	\$300	\$300	\$ 350	\$300-400	\$ 500
Transportation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Monthly allowance - Items covered	\$ 93	\$ 93	\$ 242	\$378 (B)	\$ 110	\$ 97	\$ 289	\$ 364	\$ 260	\$ 115	\$ 125
	Food, OTC items & utilities				Food, OTC items & Utilities				Food, OTC items, rent & transportation		

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

B) For members with a qualifying condition such as diabetes, cardiovascular disorders, chronic heart failure, chronic high blood pressure and/or chronic high cholesterol.