ALLEN COUNTY SPECIAL NEEDS PLANS - 2026

DUAL ELIGIBLE	UNITED HEALTHCARE				ANTHEM				HUMANA		
	UHC DUAL COMPLETE										
Plan	**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)	new	new	new	new	new	new	new	new	new	new	new
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 allow./uses	$ 93	$ 93	$ 242	$ 378	$ 110	$ 97	$ 289	$ 364	$ 260	$ 115	$ 125
- If not chronically ill	Use for OTC items				Use for OTC items				Use for OTC items		
- If chronically ill	Use for Food, OTC items & utilities				Use for Food, OTC items & Utilities				Use for Food, OTC, rent & transport		
Unused allowance	Expires at end of month.				Expires at end of month.				Rolls over to next month - expire at the end of year.		

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