ALLEN COUNTY SPECIAL NEEDS PLANS - 2027
CHRONIC ILLNESS - HEART & DIABETES

INCL. DRUG COVERAGE	UNITED HEALTH CARE	HUMANA	DEVOTED HEALTH		
Plan Name	**Complete Care IN-21**	**Gold Plus-Diabetes & Heart**	**Choice Plus 013-IN**	**Choice-Enhanced 015 IN**	**Choice Giveback Extras 019-IN**
Plan Type	HMO-POS	HMO	PPO	PPO	PPO
Plan #	2802-068	5619-055	7471-013	7471-015	7471-019
Rating (5 is max)	3.5	4.0			
Prem.- mo. $	$ -	$ -	$ -	$ -	$ -
Deductible-medical exp.	$ -	$ -	$ 900	$ -	$ 150
CO-PAYS:					
Maximum-annual					
In Network	$ 7,150	$ 9,150	$ 9,850	$ 5,300	$ 7,100
Out of network	Won't pay	Won't pay	$ 14,800	$ 10,600	$ 10,750
Hospital -daily CoPay	$ 550	$ 405	$ 2,241	$ 375	$ 550
- # of days	5	6	Per stay	6	5
Off. Visit-Primary	$ -	$ -	$ -	$ -	$ -
" " -Specialist	$ 55	$ 45	30%	$ 50	$ 50
Ambulance	$400	$325	50%	$315	$335
EXTRA BENEFITS:					
Hearing Aids	$1,000	$575-750 copay	$399-699 allow.	$399-699 allow.	$599-899 allow.
Dental-Coverage limit	$ -	$ 500	$ 4,000	$ 2,000	$ 2,250
-Comprehensive coverage	No comp. coverage	0% copay			
Eyewear Allowance	$200/2 yrs.	$ 100	$ 300	$ 300	$ 350
Part B rebate	$ -	$ -	$ -	$ -	$ 110
OTC drug allow.-quarterly	$ -	$ -	$ 50	$ 50	$ 85
Monthly allowance	$ 40	$ 35	$ 423	$ 200	$ -
Allowance may be used for	OTC Drugs, healthy foods	OTC Drugs	Food, utilities, rent, mortgage		
Allowance may also be used for these items if there is a high risk of hospitalization or require intensive care		Groceries, Rent, Utilities			