ALLEN COUNTY SPECIAL NEEDS PLANS - 2027
DUAL ELIGIBLE INDIVIDUALS

Plan	UNITED HEALTHCARE				ANTHEM				HUMANA			
	UHC DUAL COMPLETE											
	IN-S002 Dual Complete	IN-Q1 Dual Complete	IN-Y1 Pathways Dual Care	IN-YL Pathways Dual Care	Full Dual Advan.	Dual Advant.	Pathways Dual Care Advant	Pathways Dual Care Advan. NFLOC	Pathways Dual Care	Dual Select	Gold Plus	Pathways Dual Care (NFLOC)
Plan Type	PPO	PPO	PPO	PPO	HMO	HMO	HMO	HMO	HMO-POS *	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	4939-004
						* Out-of-network coverage for dental, medical usually not covered						
You are eligible if you have	Full Medicaid and are under 60	QMB,SLMB , QI	Full Medicaid and are age 60+	Full Medicaid age 60+, nursing home	Full Medicaid	QMB, SLMB, QI	Full Medicaid age 60 & over	Full Medicaid age 60+, nursing home	Full Medicaid age 60 +	QMB,SLMB , QI	Full Medicaid	Full Medicaid age 60+, nursing home
Prem.- mo. (A)	$ -	$0 - 17	$ -	$ -	$ -	$0-14.20	$ -	$ -	$ -	$ -	$ -	$ -
Medical Deduct. (A)	$ -	$0-283	$ -	$ -	$ -	$0-283	$ -	$ -	$ -	$0-283	$ -	$ -
CO-PAYS:												
Maximum-annual												
In Network (A)	$ -	$ 9,850	$ -	$ -	$ 9,850	$ 9,850	$ -	$ -	$ -	$ 9,850	$ 9,850	$ -
Out of network	$ -	$ 14,800	$ -	$ -	Won't pay	Won't pay	Won't pay	Won't pay	Won't pay	Won't pay	Won't pay	Won't pay
Hospital (A)		$0-$1,690	$0	$ -	0	0-$1,736	0	0	0	$0-2,241 per admit.	0	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.	$300-2,000	$300-2,000	$300-2,000	$300-3,000	$0 co-pay every 3 yrs.	$0 co-pay	$0 co-pay	$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	$ 2,500	$ 2,500	none listed
Eyewear Allow.	$ 200	$ 200	$ 250	$ 500	$300	$200	$300	$300	$ 350	$50-100	$200-300	$200-300
Transportation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Monthly allow.	$ 137	$ 102	$ 314	$ 442	$ 139	$ 97	$ 305	$ 410	$ 260	$ 115	$ 125	$ 390
- 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.