

DUAL ELIGIBLE

MEDICARE OPTIONS

If you are eligible for full Medicaid or have Qualified Medicare Beneficiary (QMB), SLMB or QI status, you have these options with Medicare:

Medicare, parts A and B – you can go to any health care provider accepting Medicare patients. Also choose a Medicare drug plan and since you are eligible for assistance, your drug costs are greatly reduced through the Extra Help program.

Medicare Advantage plan – there are 31 plans in Allen County providing health care and prescription drug coverage as well as other benefits like dental, hearing and vision which are not covered by Medicare.

- If you choose a PPO plan and go outside of the network of providers, you will pay more.
- If you choose an HMO plan, you will likely pay the full cost if you go outside of the plan's network. An HMO plan will pay out-of-network providers and facilities under these conditions:
 - a. Emergency services without requiring prior authorization. Your costs are based on what the plan would pay an in-network provider.
 - b. When you go to an in-network hospital, you may see out-of-network providers. The most those providers may bill you is your plan's in-network cost-sharing amount. They can charge you more if they have given you a previous statement (5 days prior).
 - c. Your Primary Care Provider must give you approval in advance (a referral) before you can use providers not in the plan's network.

Special Needs - Dual eligible plan – These plans are for those on Full Medicaid, however some plans also will cover you if you are QMB, SLMB and QI-eligible. Some plans have age restrictions.

These are Medicare Advantage plans that have the same coverage options as a regular Medicare Advantage plan, plus offering a monthly allowance for 1 or more of: utilities, food, rent, transportation and over-the-counter drug store purchases.