

DUAL ELIGIBLE OPTIONS

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

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

Medicare Advantage plan – these plans provide health care and prescription drug coverage. Your drug costs will be greatly reduced through the Extra Help program. These plans provide additional benefits like dental, hearing and vision not covered by Medicare, parts A & B.

All Medicare Advantage plans utilize a network of providers. Coverage for using an out-of-network provider include these restrictions:

1. HMO plan - you **generally pay the entire cost** (except for emergency care, out-of-area urgent care, or temporary out-of-area dialysis).
2. HMO-POS plan – the majority of these plans are the same as an HMO plan i.e., you **generally pay the entire cost** (except for emergency care, out-of-area urgent care, or temporary out-of-area dialysis) for medical costs. You may use out-of-network providers for dental expenses.

There is 1 HMO-POS plan (IU Health) offering out-of-network provider coverage for both medical and dental.

3. PPO plan - you will pay out-of-network fees which are typically higher than an in-network provider, however **you will have coverage**.

Dual Eligible plans – these are Medicare Advantage plans offering a monthly allowance covering items such as: utilities, food, rent, transportation and over-the-counter drug store purchases.

Some of the dual eligible plans are only for those on Full Medicaid.

Other plans are designed for those eligible for QMB, SLMB or QI. Being eligible for these benefits means Medicaid will pay Medicare part B premiums and may pay medical co-pays.

Certain dual eligible plans have age restrictions.