

**An ANALYSIS of**

**Medicare Benefits per the 2019 *Medicare and You* Handbook &  
The State of Delaware's Special Medicfill Plan Benefits**

The chart below presents the list of benefits covered by Medicare, and categorized as Part A and Part B services as described in the 2019 *Medicare and You* handbook. For each service, the chart includes coverage provided by Medicare, the coverage provided by the State of Delaware's Special Medicfill plan and the net cost to the subscriber.

For more information about the benefits covered by Medicare, the subscriber should refer to **Section 3 – Find Out if Medicare Covers Your Test, Service or Item** of the 2019 *Medicare and You* handbook. The handbook is available at: <https://www.medicare.gov/sites/default/files/2018-09/10050-medicare-and-you.pdf>

Medicare subscribers also may use: <http://www.medicare.gov/coverage/your-medicare-coverage.html> to help determine what Medicare pays for specific services.

**MEDICARE PART A / SPECIAL MEDIFILL BENEFITS TABLE**

<b>Service:</b>	<b>Medicare Pays:</b>	<b>Special Medicfill Pays:</b>	<b>Subscriber Pays:</b>
<b>Inpatient Hospital Care</b>			
• Days 1-60	All but the Part A deductible.	The Part A deductible.	Nothing.
• Days 61-90	All but a fixed coinsurance amount	The fixed coinsurance amount	Nothing.
• Days 91-150	Nothing.	All covered inpatient costs. Pays the coinsurance amount if lifetime reserve days are used.	Nothing.
• Days 151-365	Nothing.	All covered inpatient costs. Pays the coinsurance amount if lifetime reserve days are used.	Nothing.
<b>Inpatient Skilled Nursing Facility (SNF) Care</b>			
• Days 1-20	100% of allowed charges	Nothing.	Nothing.
• Days 21-100	All but a fixed coinsurance amount	The fixed coinsurance amount.	Nothing.
<b>Hospice</b>			
• Hospice – Home Care (or I/P or SNF care when medically necessary)	100% of allowed charges	Nothing.	Nothing.
• I/P Respite Care – 5 days maximum	All but 5% of the Medicare approved amount.	5% of the Medicare approved amount.	Nothing.

<b>Service:</b>	<b>Medicare Pays:</b>	<b>Special Medicfill Pays:</b>	<b>Subscriber Pays:</b>
Home Health Care	100% of allowed charges	Nothing.	Nothing.
Blood	100% of allowed charges after first 3 pints in any benefit year.	Nothing.	First 3 pints of blood in any benefit year.

**PART B & SPECIAL MEDICFILL TABLE**

**Note: There's a deductible for Part B services that is separate from the Part A deductible.**

<b>Service:</b>	<b>Medicare Pays:</b>	<b>Special Medicfill Pays:</b>	<b>Subscriber Pays:</b>
<b>Preventive Services</b> Note: Services identified with this symbol in the <i>Medicare and You</i> handbook are preventive services, and are listed together, below.			
<ul style="list-style-type: none"> <li>Abdominal aortic aneurysm screening (One-time, as part of the "Welcome to Medicare" preventive visit.)</li> </ul>	100% of allowed charges, no deductible	Nothing.	Nothing.
<ul style="list-style-type: none"> <li>Alcohol Misuse Counseling (One screening, and up to 4 brief counseling sessions per year.)</li> </ul>	100% of allowed charges, no deductible	Nothing.	Nothing.
<ul style="list-style-type: none"> <li>Bone Density Screening (every 24 mos.)</li> </ul>	100% of allowed charges, no deductible	Nothing.	Nothing.
<ul style="list-style-type: none"> <li>Breast Cancer Screening (Mammograms - women age 40 &amp; older; one baseline b/w ages 35-39 years.)</li> </ul>	100% of allowed charges, with no deductible for annual mammograms for women age 40 and over.	Nothing.	Nothing.
<ul style="list-style-type: none"> <li>Cardiovascular disease (behavioral therapy) – One visit per year with primary doctor</li> </ul>	100% of allowed charges, no deductible	Nothing.	Nothing.

<b>Service:</b>	<b>Medicare Pays:</b>	<b>Special Medicfill Pays:</b>	<b>Subscriber Pays:</b>
<ul style="list-style-type: none"> <li>Cardiovascular Screenings (lab tests – every 5 years)</li> </ul>	100% of allowed charges, no deductible. 80% of allowed after the Part B deductible for the associated doctor's visit.	When Medicare pays, this plan covers the Medicare Part B deductible and 20% coinsurance for associated doctor's visit.	Nothing.
<ul style="list-style-type: none"> <li>Cervical and Vaginal Cancer Screening –Pap Smear Only (every 24 mos. except for high risk - annually)</li> </ul>	100% of allowed charges, with no deductible requirement for the test. 80% of allowed after the Part B deductible for the associated doctor's visit.	When Pap smears for cancer screening are covered by Medicare, this plan pays nothing. When not covered by Medicare, this plan will pay 100% of our allowable charge for a Pap Smear every 12 months.	Nothing.
<ul style="list-style-type: none"> <li>Cervical and Vaginal Cancer Screening - Pap Collection, Pelvic Exams and Breast Exams</li> </ul>	100% of allowed charges, with no Part B deductible requirement, for Pap smears once every 24 months for women at average risk, and once every twelve months for women at high risk.	Nothing	Nothing
<ul style="list-style-type: none"> <li>Lung Cancer Screening (Annually for adults age 55-77 years with 30 pack/year smoking history and currently smokes or quit within the past 15 years.</li> </ul>	100% of allowed charges, no deductible	Nothing	Nothing
<b>Colorectal Cancer Screenings:</b>			
<ul style="list-style-type: none"> <li>Occult Blood (50+: annually)</li> </ul>	100% of allowed charges, no deductible	Nothing.	Nothing.
<ul style="list-style-type: none"> <li>Sigmoidoscopy (50+: every 48 mos., or 120 after mos. screening colonoscopy)</li> </ul>	100% of allowed charges, no deductible	Nothing.	Nothing.
<ul style="list-style-type: none"> <li>Colonoscopy (once every 120 months unless at high risk for colon cancer; then once every 24 months.)</li> </ul>	Routine: 100% of allowed charges, no deductible Non-Routine: 80% of allowed charges, no deductible, if polyp or other tissue is removed.	Routine: Nothing. Non-Routine: 20%	Nothing.

<ul style="list-style-type: none"> <li>Barium Enema (50+: once every 48 mos. instead of colonoscopy or sigmoidoscopy)</li> </ul>	80% of allowed charges, no deductible.	20%	Nothing.
<ul style="list-style-type: none"> <li>Depression Screening (annual in a primary care setting)</li> </ul>	100% of allowed charges, no deductible	Nothing.	Nothing.

<b>Service:</b>	<b>Medicare Pays:</b>	<b>Special Medicfill Pays:</b>	<b>Subscriber Pays:</b>
<ul style="list-style-type: none"> <li>Diabetes Screening (up to twice per year)</li> </ul>	100% of allowed charges, no deductible	Nothing.	Nothing.
<ul style="list-style-type: none"> <li>Diabetes Self-Management Training</li> </ul>	80% of allowed charges after the deductible for covered services.	Part B deductible, then 20%	Nothing for covered services.
<ul style="list-style-type: none"> <li>Flu Shots (annual)</li> </ul>	100% of allowed charges, no deductible	Nothing.	Nothing.
<ul style="list-style-type: none"> <li>Glaucoma Tests (annual for high risk)</li> </ul>	80% of allowed charges after deductible	Part B deductible, then 20%	Nothing.
<ul style="list-style-type: none"> <li>Hepatitis B Shots</li> </ul>	100% of allowed charges, no deductible	Nothing.	Nothing.
<ul style="list-style-type: none"> <li>HIV Screening (annually)</li> </ul>	100% of allowed charges, no deductible	Nothing.	Nothing.
<ul style="list-style-type: none"> <li>Medical Nutrition Therapy Services</li> </ul>	100% of allowed charges, no deductible	Nothing.	Nothing.
<ul style="list-style-type: none"> <li>Obesity Screening and Counseling</li> </ul>	100% of allowed charges, no deductible	Nothing.	Nothing.
<ul style="list-style-type: none"> <li>Pneumococcal Shot (once per lifetime)</li> </ul>	100% of allowed charges, no deductible	Nothing.	Nothing.
<ul style="list-style-type: none"> <li>Prostate Cancer Screenings</li> </ul>	PSA test: 100% of allowed charges , no deductible  Digital rectal exam: 80% of allowed charges after the deductible.	PSA: Nothing DRE: Part B deductible, then 20%	Nothing.
<ul style="list-style-type: none"> <li>Tobacco Cessation (without diagnosis of tobacco related illness)</li> </ul>	100% of allowed charges, no deductible	Nothing.	Nothing.
<ul style="list-style-type: none"> <li>Welcome to Medicare Preventive Visit (within 12 mos. of enrollment)</li> </ul>	100% of allowed charges, no deductible	Nothing.	Nothing.
<ul style="list-style-type: none"> <li>Yearly Wellness Visits</li> </ul>	100% of allowed charges, no deductible	Nothing.	Nothing.

<b>Service:</b>	<b>Medicare Pays:</b>	<b>Special Medicfill Pays:</b>	<b>Subscriber Pays:</b>
<b>Other Part B Services</b>			
• Ambulance	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing.
• Ambulatory Surgical Centers	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing.
• Blood	100% of allowed charges after first 3 pints in any benefit year.	Nothing.	First 3 pints of blood in any benefit year.
• Cardiac Rehabilitation	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing.
• Chemotherapy	80% of allowed charges, no deductible	20%	Nothing.
• Chiropractic Services (limited to correction of subluxation of the spine)	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing.
• Clinical Research Studies	80% of allowed charges; the deductible may apply	If applicable, the Part B deductible, then 20%	Nothing.
• Defibrillator (Implantable Automatic)	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing.
• Diabetes Supplies	80% of allowed charges after the deductible for covered services.	Part B deductible, then 20%	Nothing for covered services.
• Doctor and Other Health Care Provider Services	80% of allowed charges after the deductible for covered services.	Part B deductible, then 20%	Nothing for covered services.
• Durable Medical Equipment	80% of allowed charges after the deductible for covered services.	Part B deductible, then 20%	Nothing for covered services.
• EKG (once for screening; otherwise diagnostic)	80% of allowed charges, no deductible	20%	Nothing.

<b>Service:</b>	<b>Medicare Pays:</b>	<b>Special Medicfill Pays:</b>	<b>Subscriber Pays:</b>
<ul style="list-style-type: none"> <li>Emergency Department Services</li> </ul>	80% of the allowed charges after the deductible	Part B deductible, then 20%	Nothing.
<ul style="list-style-type: none"> <li>Eyeglasses (limited to one pair glasses or contacts after cataract surgery with implanted lens)</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing.
<ul style="list-style-type: none"> <li>Federally-Qualified Health Center Services</li> </ul>	80% of allowed charges 100% of allowed charges, no deductible for most preventive services	20% or nothing for preventive services.	Nothing.
<ul style="list-style-type: none"> <li>Foot Exams and Treatment</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing.
<ul style="list-style-type: none"> <li>Hearing and Balance Exams</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing.
<ul style="list-style-type: none"> <li>Home Health Services (doctor ordered care with a Medicare-certified provider)</li> </ul>	100% of allowed charges, no deductible	Nothing.	Nothing.
<ul style="list-style-type: none"> <li>Kidney Dialysis Services and Supplies</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing.
<ul style="list-style-type: none"> <li>Kidney Disease Education Services</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing.
<ul style="list-style-type: none"> <li>Laboratory Services</li> </ul>	100% of allowed charges, no deductible	Nothing.	Nothing.
<ul style="list-style-type: none"> <li>Mental Health Care (Outpatient)</li> </ul>	Diagnosis: 80% of allowed charges after the deductible	Part B deductible, then: 20%	Nothing.
<ul style="list-style-type: none"> <li>Occupational Therapy</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing.
<ul style="list-style-type: none"> <li>Outpatient Hospital Services</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing.
<ul style="list-style-type: none"> <li>Outpatient Medical and Surgical</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing.

<b>Service:</b>	<b>Medicare Pays:</b>	<b>Special Medicfill Pays:</b>	<b>Subscriber Pays:</b>
Services and Supplies			
<ul style="list-style-type: none"> <li>Physical Therapy</li> </ul>	80% of allowed charges after the deductible (limits may apply)	Part B deductible, then 20%	Nothing.
<ul style="list-style-type: none"> <li>Prescription Drugs (limited)</li> </ul>	80% of allowed charges after the deductible for certain drugs.	Part B deductible, then 20%	Nothing.
<ul style="list-style-type: none"> <li>Prosthetic/Orthotic Items</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing.
<ul style="list-style-type: none"> <li>Pulmonary Rehabilitation</li> </ul>	80% of allowed charges after the deductible in a doctor's office. A copayment applies in a hospital setting.	Part B deductible, then 20%	Nothing.
<ul style="list-style-type: none"> <li>Rural Health Clinic Services</li> </ul>	80% of allowed charges after the deductible; Preventive Care: 100% of allowed charges , no deductible	Part B deductible, then 20%; Preventive Care: Nothing	Nothing.
<ul style="list-style-type: none"> <li>Second Surgical Opinions</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing.
<ul style="list-style-type: none"> <li>Speech-Language Pathology Services</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing.
<ul style="list-style-type: none"> <li>Surgical Dressing Services</li> </ul>	80% of allowed charges after the deductible in a doctor's office. A copayment applies in a hospital setting.	Part B deductible, then 20%	Nothing.
<ul style="list-style-type: none"> <li>Teleheath</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing.
<ul style="list-style-type: none"> <li>Tests (other than lab tests)</li> </ul>	80% of allowed charges after the deductible for x-rays, MRIs, CT scans, EKGs and some other diagnostic tests. A copayment may apply in hospital setting.	Part B deductible, then 20%	Nothing.



<b>Service:</b>	<b>Medicare Pays:</b>	<b>Special Medicfill Pays:</b>	<b>Subscriber Pays:</b>
<ul style="list-style-type: none"> <li>Tobacco Use Cessation Counseling (with diagnosis of tobacco-related illness)</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing.
<ul style="list-style-type: none"> <li>Transplants and Immunosuppressive Drugs</li> </ul>	80% of allowed charges after the deductible for eligible transplants in a Medicare-certified facility	Part B deductible, then 20%	Nothing.
<ul style="list-style-type: none"> <li>Travel (health care needed when traveling outside the United States)</li> </ul>	Medicare generally doesn't cover medical care while you're traveling outside the U.S. or its territories and possessions. If emergency care is needed and covered, payment is 80% of allowed charges after the deductible	Out of country Surgical medical benefits: For services outside the U.S. which are covered by Medicare BCBSD will pay the Medicare Part B deductible and 20% coinsurance. Benefits for services outside the U.S. not paid by Medicare are covered at 20% of the BCBSDE traditional RBRVS allowable, if these services are defined as coverable under Medicare policy guidelines.	Nothing for services covered by Medicare. 80% for services not covered by Medicare but defined as coverable under Medicare policy guidelines.
<ul style="list-style-type: none"> <li>Urgently-Needed Care</li> </ul>	80% of allowed charges after the deductible. A copayment applies in a hospital setting.	Part B deductible, then 20%	Nothing.