

## Medicare Benefits per the 2024 Medicare & You Handbook and The State of Delaware's Special Medicfill Plan Benefits

The chart below represents the list of benefits covered by Medicare, categorized as Part A and Part B services as described in the *2024 Medicare & 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 subscriber cost share.

### Medicare and COVID-19\*

For the most up to date information regarding Medicare's coverage of COVID-19 vaccines, testing and treatment, please refer to page 37 of the *2024 Medicare & You* handbook.

For more information about the benefits covered by Medicare, the subscriber may refer to **Section 2 – Find Out if Medicare Covers Your Item or Service** of the *2024 Medicare & You* handbook. The electronic copy of the handbook is available at: <https://www.medicare.gov/pubs/pdf/10050-medicare-and-you.pdf>

**MEDICARE PART A and SPECIAL MEDICFILL 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
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

**MEDICARE PART B and SPECIAL MEDICIFILL BENEFITS 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 Medicifill Pays:</b>	<b>Subscriber Pays:</b>
<b>Preventive Services</b>			
<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>Advance Care Planning (can also be covered as part of your medical treatment)</li> </ul>	100% of allowed charges, no deductible—when this service isn't part of your "Wellness" visit, the Part B deductible and coinsurance apply	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 months)</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
<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 Pap smears once every 24 months for women at average risk, and once every twelve months for women at high risk. 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
<b>Colorectal Cancer Screenings:</b>			
<ul style="list-style-type: none"> <li>• Multi-target Stool DNA test  (Ages 50-85 once every three years if meets criteria)</li> </ul>	100% of allowed charges, no deductible	Nothing	Nothing
<ul style="list-style-type: none"> <li>• Blood-based biomarker test  (Ages 50-85 once every three years if meets criteria)</li> </ul>	100% of allowed charges, no deductible	Nothing	Nothing
<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 previous screening colonoscopy for those not at high risk)</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

<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>Hepatitis C Screening Test</li> </ul>	100% of allowed charges for persons at risk	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>Lung Cancer Screening</li> <li>(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
<ul style="list-style-type: none"> <li>Medical Nutrition Therapy Services</li> </ul>	100% of allowed charges, no deductible provided the diagnostic criteria is met.	Nothing	Nothing
<ul style="list-style-type: none"> <li>Obesity Screening and Counseling</li> </ul>	100% of allowed charges, no deductible for persons with a body mass index (BMI) of 30 or more.	Nothing	Nothing
<ul style="list-style-type: none"> <li>Pneumococcal Shot</li> </ul>	100% of allowed charges, no deductible for one shot per lifetime.	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>Sexually Transmitted Infection (STI) Screening and Counseling</li> </ul>	Covered once per 12 months for person who are pregnant or at an increased risk for a STI. Medicare also covers up to two individual 20-30 minute counseling sessions for sexually active adults at increased risk for STI's	Nothing	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>Other Part B Services</b>			
<ul style="list-style-type: none"> <li>Acupuncture for back pain</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
<ul style="list-style-type: none"> <li>Ambulance</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
<ul style="list-style-type: none"> <li>Ambulatory Surgical Centers</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
<ul style="list-style-type: none"> <li>Behavioral Health Integration Services</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
<ul style="list-style-type: none"> <li>Blood</li> </ul>	100% of allowed charges after first 3 pints in any benefit year.	Nothing	First 3 pints of blood in any benefit year
<ul style="list-style-type: none"> <li>Cardiac Rehabilitation</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
<ul style="list-style-type: none"> <li>Chemotherapy</li> </ul>	80% of allowed charges, no deductible	20%	Nothing
<ul style="list-style-type: none"> <li>Chiropractic Services (limited to correction of subluxation of the spine)</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing

<ul style="list-style-type: none"> <li>Chronic Care Management Services</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
<ul style="list-style-type: none"> <li>Continuous Positive Airway Pressure (CPAP therapy)</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
<ul style="list-style-type: none"> <li>Clinical Research Studies</li> </ul>	80% of allowed charges; the deductible may apply	If applicable, the Part B deductible, then 20%	Nothing
<ul style="list-style-type: none"> <li>Cognitive assessment and care plan services</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	Nothing
<ul style="list-style-type: none"> <li>Defibrillator (Implantable Automatic)</li> </ul>	80% of allowed charges after the deductible for covered services	Part B deductible, then 20%	Nothing
<ul style="list-style-type: none"> <li>Diabetes Equipment &amp; Supplies &amp; Therapeutic</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>Doctor and Other Health Care Provider Services</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>Durable Medical Equipment</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>EKG (once for screening; otherwise diagnostic)</li> </ul>	80% of allowed charges, no deductible	20%	Nothing
<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) Effective 1/1/2024, benefits will also include intensive outpatient program services. Visit <a href="https://www.medicare.gov/coverage/mental-health-care-partial-hospitalization">Medicare.gov/coverage/mental-health-care-partial-hospitalization</a> to learn more.</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>• Opioid use Disorder Treatment Services</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 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>• 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	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>Screening, Brief Intervention &amp; Referral to Treatment</li> </ul>	80% of allowed charges after the deductible	Part B deductible, then 20%	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>Telehealth (limited) &amp; other virtual visits—E-Visits and Virtual Check-ins. . Effective 1/1/2024, you must be in an office or medical facility located in a rural area to get most telehealth services. See the Medicare and You booklet at the link noted at the top of this document for exceptions to the 1/1/2024 update.</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
<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>• Transitional Care Management Services</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 guideline
<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