An ANALYSIS of Medicare Benefits per the 2016 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 2016 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 2016 Medicare and You handbook.

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

<table>
<thead>
<tr>
<th>Service:</th>
<th>Medicare Pays:</th>
<th>Special Medicfill Pays:</th>
<th>Subscriber Pays:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Hospital Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Days 1-60</td>
<td>All but the Part A deductible.</td>
<td>The Part A deductible.</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Days 61-90</td>
<td>All but a fixed coinsurance amount</td>
<td>The fixed coinsurance amount</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Days 91-150</td>
<td>Nothing.</td>
<td>All covered inpatient costs. Pays the coinsurance amount if lifetime reserve days are used.</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Days 151-365</td>
<td>Nothing.</td>
<td>All covered inpatient costs. Pays the coinsurance amount if lifetime reserve days are used.</td>
<td>Nothing.</td>
</tr>
<tr>
<td>Inpatient Skilled Nursing Facility (SNF) Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Days 1-20</td>
<td>100% of allowed charges</td>
<td>Nothing.</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Days 21-100</td>
<td>All but a fixed coinsurance amount</td>
<td>The fixed coinsurance amount.</td>
<td>Nothing.</td>
</tr>
<tr>
<td>Hospice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Hospice – Home Care (or I/P or SNF care when medically necessary)</td>
<td>100% of allowed charges</td>
<td>Nothing.</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ I/P Respite Care – 5 days maximum</td>
<td>All but 5% of the Medicare approved amount.</td>
<td>5% of the Medicare approved amount.</td>
<td>Nothing.</td>
</tr>
<tr>
<td>Home Health Care</td>
<td>100% of allowed charges</td>
<td>Nothing.</td>
<td>Nothing.</td>
</tr>
<tr>
<td>Blood</td>
<td>100% of allowed charges</td>
<td>Nothing.</td>
<td>First 3 pints of blood</td>
</tr>
<tr>
<td>Service:</td>
<td>Medicare Pays:</td>
<td>Special Medicfill Pays:</td>
<td>Subscriber Pays:</td>
</tr>
<tr>
<td>----------</td>
<td>----------------</td>
<td>-------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td></td>
<td>after first 3 pints in any benefit year.</td>
<td></td>
<td>in any benefit year.</td>
</tr>
</tbody>
</table>

**PART B & SPECIAL MEDICFILL TABLE**

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

<table>
<thead>
<tr>
<th>Service:</th>
<th>Medicare Pays:</th>
<th>Special Medicfill Pays:</th>
<th>Subscriber Pays:</th>
</tr>
</thead>
</table>
| Preventive Services

Note: Services identified with this symbol in the *Medicare and You* handbook are preventive services, and are listed together, below.

- **Abdominal aortic aneurysm screening** (One-time, as part of the "Welcome to Medicare" preventive visit.)
  - 100% of allowed charges, no deductible
  - Nothing.
  - Nothing.

- **Alcohol Misuse Counseling** (One screening, and up to 4 brief counseling sessions per year.)
  - 100% of allowed charges, no deductible
  - Nothing.
  - Nothing.

- **Bone Density Screening** (every 24 mos.)
  - 100% of allowed charges, no deductible
  - Nothing.
  - Nothing.

- **Breast Cancer Screening** (Mammograms - women age 40 & older; one baseline b/w ages 35-39 years.)
  - 100% of allowed charges, no deductible
  - Nothing.
  - Nothing.

- **Cardiovascular disease** (behavioral therapy) – One visit per year with primary doctor
  - 100% of allowed charges, no deductible
  - Nothing.
  - Nothing.
<table>
<thead>
<tr>
<th>Service:</th>
<th>Medicare Pays:</th>
<th>Special Medicfill Pays:</th>
<th>Subscriber Pays:</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Cardiovascular Screenings (lab tests – every 5 years)</td>
<td>100% of allowed charges, no deductible</td>
<td>Nothing.</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Cervical and Vaginal Cancer Screening (every 24 mos. except for high risk - annually)</td>
<td>100% of allowed charges, no deductible</td>
<td>Nothing.</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ 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.)</td>
<td>100% of allowed charges, no deductible</td>
<td>Nothing</td>
<td>Nothing</td>
</tr>
<tr>
<td>▪ Colorectal Cancer Screening</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Occult Blood (50+: annually)</td>
<td>100% of allowed charges, no deductible</td>
<td>Nothing.</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Sigmoidoscopy (50+: every 48 mos., or 120 after mos. screening colonoscopy)</td>
<td>100% of allowed charges, no deductible</td>
<td>Nothing.</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Colonoscopy (once every 120 months unless at high risk for colon cancer; then once every 24 months.)</td>
<td>Routine: 100% of allowed charges, no deductible</td>
<td>Routine: Nothing.</td>
<td>Non-Routine: 20%</td>
</tr>
<tr>
<td>▪ Barium Enema (50+: once every 48 mos. instead of colonoscopy or sigmoidoscopy)</td>
<td>80% of allowed charges, no deductible</td>
<td>20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Depression Screening (annual in a primary care setting)</td>
<td>100% of allowed charges, no deductible</td>
<td>Nothing.</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Diabetes Screening (up to twice per year)</td>
<td>100% of allowed charges, no deductible</td>
<td>Nothing.</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Diabetes Self-</td>
<td>80% of allowed</td>
<td>Part B deductible, then</td>
<td>Nothing for covered</td>
</tr>
<tr>
<td>Service:</td>
<td>Medicare Pays:</td>
<td>Special Medicfill Pays:</td>
<td>Subscriber Pays:</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>----------------</td>
<td>-------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Management Training</td>
<td>charges after the deductible for covered services.</td>
<td>20%</td>
<td>services.</td>
</tr>
<tr>
<td>▪ Flu Shots (annual)</td>
<td>100% of allowed charges, no deductible</td>
<td>Nothing.</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Glaucoma Tests (annual for high risk)</td>
<td>80% of allowed charges after deductible</td>
<td>Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Hepatitis B Shots</td>
<td>100% of allowed charges, no deductible</td>
<td>Nothing.</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ HIV Screening (annually)</td>
<td>100% of allowed charges, no deductible</td>
<td>Nothing.</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Medical Nutrition Therapy Services</td>
<td>100% of allowed charges, no deductible</td>
<td>Nothing.</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Obesity Screening and Counseling</td>
<td>100% of allowed charges, no deductible</td>
<td>Nothing.</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Pneumococcal Shot (once per lifetime)</td>
<td>100% of allowed charges, no deductible</td>
<td>Nothing.</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Prostate Cancer Screenings</td>
<td>PSA test: 100% of allowed charges, no deductible Digital rectal exam: 80% of allowed charges after the deductible.</td>
<td>PSA: Nothing DRE: Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Tobacco Cessation (without diagnosis of tobacco related illness)</td>
<td>100% of allowed charges, no deductible</td>
<td>Nothing.</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Welcome to Medicare Preventive Visit (within 12 mos. of enrollment)</td>
<td>100% of allowed charges, no deductible</td>
<td>Nothing.</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Yearly Wellness Visits</td>
<td>100% of allowed charges, no deductible</td>
<td>Nothing.</td>
<td>Nothing.</td>
</tr>
</tbody>
</table>

**Other Part B Services**

<p>| ▪ Ambulance                          | 80% of allowed charges after the deductible | Part B deductible, then 20% | Nothing.        |
| ▪ Ambulatory Surgical                | 80% of allowed charges | Part B deductible, then | Nothing.        |</p>
<table>
<thead>
<tr>
<th>Service:</th>
<th>Medicare Pays:</th>
<th>Special Medicfill Pay:</th>
<th>Subscriber Pays:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centers</td>
<td>charges after the deductible</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Blood</td>
<td>100% of allowed charges after first 3 pints in any benefit year.</td>
<td>Nothing.</td>
<td>First 3 pints of blood in any benefit year.</td>
</tr>
<tr>
<td>Cardiac Rehabilitation</td>
<td>80% of allowed charges after the deductible</td>
<td>Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>Chemotherapy</td>
<td>80% of allowed charges, no deductible</td>
<td>20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>Chiropractic Services</td>
<td>80% of allowed charges after the deductible</td>
<td>Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>Clinical Research Studies</td>
<td>80% of allowed charges; the deductible may apply</td>
<td>If applicable, the Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>Defibrilator (Implantable Automatic)</td>
<td>80% of allowed charges after the deductible</td>
<td>Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>Diabetes Supplies</td>
<td>80% of allowed charges after the deductible for covered services.</td>
<td>Part B deductible, then 20%</td>
<td>Nothing for covered services.</td>
</tr>
<tr>
<td>Doctor and Other Health Care Provider Services</td>
<td>80% of allowed charges after the deductible for covered services.</td>
<td>Part B deductible, then 20%</td>
<td>Nothing for covered services.</td>
</tr>
<tr>
<td>Durable Medical Equipment</td>
<td>80% of allowed charges after the deductible for covered services.</td>
<td>Part B deductible, then 20%</td>
<td>Nothing for covered services.</td>
</tr>
<tr>
<td>EKG (once for screening; otherwise diagnostic)</td>
<td>80% of allowed charges, no deductible</td>
<td>20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>Emergency Department Services</td>
<td>80% of the allowed charges after the deductible</td>
<td>Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>Eyeglasses (limited to one pair glasses or contacts after cataract surgery with implanted</td>
<td>80% of allowed charges after the deductible</td>
<td>Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>Service:</td>
<td>Medicare Pays:</td>
<td>Special Medicfill Pays:</td>
<td>Subscriber Pays:</td>
</tr>
<tr>
<td>----------</td>
<td>----------------</td>
<td>--------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Feds)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Federally-Qualified Health Center Services</td>
<td>80% of allowed charges 100% of allowed charges, no deductible for most preventive services</td>
<td>20% or nothing for preventive services</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Foot Exams and Treatment</td>
<td>80% of allowed charges after the deductible</td>
<td>Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Hearing and Balance Exams</td>
<td>80% of allowed charges after the deductible</td>
<td>Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Home Health Services (doctor ordered care with a Medicare-certified provider)</td>
<td>100% of allowed charges, no deductible</td>
<td>Nothing.</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Kidney Dialysis Services and Supplies</td>
<td>80% of allowed charges after the deductible</td>
<td>Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Kidney Disease Education Services</td>
<td>80% of allowed charges after the deductible</td>
<td>Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Laboratory Services</td>
<td>100% of allowed charges, no deductible</td>
<td>Nothing.</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Mental Health Care (Outpatient)</td>
<td>Diagnosis: 80% of allowed charges after the deductible</td>
<td>Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Occupational Therapy</td>
<td>80% of allowed charges after the deductible</td>
<td>Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Outpatient Hospital Services</td>
<td>80% of allowed charges after the deductible</td>
<td>Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Outpatient Medical and Surgical Services and Supplies</td>
<td>80% of allowed charges after the deductible</td>
<td>Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>▪ Physical Therapy</td>
<td>80% of allowed charges after the deductible (limits may apply)</td>
<td>Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>Service:</td>
<td>Medicare Pays:</td>
<td>Special Medicfill Pays:</td>
<td>Subscriber Pays:</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
<td>------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>• Prescription Drugs (limited)</td>
<td>80% of allowed charges after the deductible for certain drugs.</td>
<td>Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>• Prosthetic/Orthotic Items</td>
<td>80% of allowed charges after the deductible</td>
<td>Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>• Pulmonary Rehabilitation</td>
<td>80% of allowed charges after the deductible in a doctor's office. A copayment applies in a hospital setting.</td>
<td>Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>• Rural Health Clinic Services</td>
<td>80% of allowed charges after the deductible; Preventive Care: 100% of allowed charges, no deductible</td>
<td>Part B deductible, then 20%; Preventive Care: Nothing</td>
<td>Nothing.</td>
</tr>
<tr>
<td>• Second Surgical Opinions</td>
<td>80% of allowed charges after the deductible</td>
<td>Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>• Speech-Language Pathology Services</td>
<td>80% of allowed charges after the deductible</td>
<td>Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>• Surgical Dressing Services</td>
<td>80% of allowed charges after the deductible in a doctor's office. A copayment applies in a hospital setting.</td>
<td>Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>• Teleheath</td>
<td>80% of allowed charges after the deductible</td>
<td>Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>• Tests (other than lab tests)</td>
<td>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.</td>
<td>Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>• Tobacco Use Cessation Counseling (with)</td>
<td>80% of allowed charges after the deductible</td>
<td>Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>Service:</td>
<td>Medicare Pays:</td>
<td>Special Medicfill Pays:</td>
<td>Subscriber Pays:</td>
</tr>
<tr>
<td>---------</td>
<td>----------------</td>
<td>------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>diagnosis of tobacco-related illness)</td>
<td>deductible</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Transplants and Immunosuppressive Drugs</td>
<td>80% of allowed charges after the deductible for eligible transplants in a Medicare-certified facility</td>
<td>Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
<tr>
<td>Travel (health care needed when traveling outside the United States)</td>
<td>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</td>
<td>Out of country Surgical medical benefits: For services outside the U.S. which are covered by Medicare BCBS 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.</td>
<td>Nothing for services covered by Medicare. 80% for services not covered by Medicare but defined as coverable under Medicare policy guidelines.</td>
</tr>
<tr>
<td>Urgently-Needed Care</td>
<td>80% of allowed charges after the deductible. A copayment applies in a hospital setting.</td>
<td>Part B deductible, then 20%</td>
<td>Nothing.</td>
</tr>
</tbody>
</table>