



Benefits Highlights for Medicare Beneficiaries

State of Delaware Medicare Part D Prescription Drug Plan

Please refer to [CVS Caremark/SilverScript](#) for plan information.

Medicare Supplemental Coverage Rates

Rates	Total Monthly Rate (per person)	University Pays Monthly ¹ (per person)	Retiree Pays Monthly ¹ (per person)
Highmark Delaware			
Special Medicfill with prescription	\$459.38	\$436.42	\$22.96
Special Medicfill WITHOUT prescription ⁽²⁾	\$260.44	\$247.44	\$13.00

⁽¹⁾ For University retirees whose retirement was effective July 1, 2012 or earlier, the University continues to pay the total cost of the supplemental plan, and the retiree pays nothing for this coverage. For University retirees whose retirement was effective after July 1, 2012, the University will contribute 95% of the total cost of the supplemental plan.

⁽²⁾ Medicare Supplemental plan WITHOUT prescription is available for Medicare beneficiaries enrolled in another Medicare Part D plan. No one can be enrolled in both the University prescription coverage and another Medicare Part D plan.

IMPORTANT NOTICE FOR PARTICIPANTS: Delaware Law mandates that you, your spouse & eligible dependents elect Medicare A & B when eligible. Please contact the University of Delaware Human Resources Office upon receipt of your Medicare card. Failure to elect will result in termination of coverage under the University’s plans offered through the State of Delaware Group Health Insurance Program.

Please remember: It is your responsibility to advise the University of any family status change that affects your benefits and to monitor your elections/deductions. Also, if you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan. You must request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. As mentioned above, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Quick Reference Guide for Phone Numbers and Web Sites:

Highmark Delaware
1.800.633.2563 • www.highmarkbcbsde.com
Medicare
1.800.633.4227 • www.medicare.gov
Delaware Medicare Assistance Bureau
1.800.336.9500 • www.delawareinsurance.gov
Human Resources
1.302.831.2171 • www.udel.edu/hr • hrhelp@udel.edu

The following table provides a Summary of Benefits between Medicare and Special Medicfill, a supplemental coverage available under the University's health care plan to Medicare eligible participants.

	Medicare	Special Medicfill (Administered by Highmark Delaware)
	These benefit highlights briefly describe the benefits available to you from Medicare. For a complete description of your medical benefits under Medicare and any limitations on those benefits, consult Medicare Publications or the Centers for Medicare and Medicaid Services (CMS). More information can be found on the Internet at www.medicare.gov .	This plan supplements Medicare. Unless otherwise indicated, benefits will be paid as noted only after Medicare pays its full amount
INPATIENT HOSPITAL <i>Inpatient days in Acute Hospitals; Semiprivate Room and Ancillary Services (for covered expenses each benefit period)</i>		
Days 1-60	Medicare pays all but the Part A deductible, for each benefit period	Covers the Medicare Part A deductible. You pay nothing
Days 61-90	Medicare pays all but a specified dollar amount, for each benefit period of coinsurance per day	Covers the specified dollar amount of coinsurance. You pay nothing
Days 91-120	Medicare pays nothing*	Covers inpatient care for days 91-150 in general hospital (except mental and nervous treatment). These days may be used before Medicare's 60 life-time reserve days. Covers coinsurance amount. You pay nothing
Days 121-365	Medicare pays nothing*	Covers inpatient care for days 151-365 in a general hospital (except mental and nervous treatment). These days may be used before Medicare's 60 life-time reserve days. Covers coinsurance amount. You pay nothing
HOSPICE	Pays all for hospice care. Pays 95% of the Medicare-approved amount for up to 5 days of inpatient respite care. You must receive care from a Medicare certified hospice	Covers 5% coinsurance for up to 5 days of inpatient respite care
PHYSICIAN HOME AND OFFICE VISITS	Pays 80% of the Medicare-approved amount after the Medicare Part B deductible	Covers the Part B deductible and 20% of the Medicare-approved amount
SPECIALIST CARE/ CHIROPRACTIC CARE	Pays 80% of the Medicare-approved amount after the Medicare Part B deductible for specialist care and chiropractic manipulations. Pays nothing for any other services or tests ordered by a chiropractor	Covers Part B deductible and 20% of the Medicare-approved amount for specialist care and chiropractic manipulations. Covers nothing for any other services or tests ordered by a chiropractor
X-RAY, LAB AND OTHER DIAGNOSTIC SERVICES, RADIATION THERAPY	Generally pays 80% of the Medicare-approved amount after the Medicare Part B deductible. Pays all for certain blood tests, urinalysis and some screening tests	Covers Part B deductible and 20% of the Medicare-approved amount. Covers nothing for services for which Medicare pays all
ROUTINE GYN EXAM, PAP SMEAR, MAMMOGRAM	Pays all for lab Pap test, Pap test specimen collection, pelvic exam or the mammogram if the provider accepts assignment. Pap tests and pelvic exams generally covered once every 24 months. Screening mammograms covered once every 12 months for women age 40 and older; plus one baseline mammogram covered for women between 35-39	When covered by Medicare, this Plan covers nothing. When Pap smear is not covered by Medicare, covers 100% of the Medicare-approved amount for a Pap smear every 12 months
PROSTATE CANCER SCREENING EXAMS (AGE 50 AND OVER)	Pays all for the PSA test. For the digital rectal exam, pays 80% of the Medicare-approved amount after the Part B deductible. PSA and digital rectal exam covered once every 12 months	Covers nothing for PSA test. For digital rectal exam, covers Part B deductible and 20% of Medicare-approved amount
PERIODIC PHYSICAL EXAMS	Pays all for the "Welcome to Medicare" preventive visit or the "Yearly Wellness Visit", if the provider accepts assignment. Yearly Wellness Visit covered once every 12 months	Covers nothing for "Welcome to Medicare" preventive visit or "Yearly Wellness Visit"
FLU AND PNEUMOCOCCAL PNEUMONIA VACCINES	Pays all if the provider accepts assignment. Pneumonia-generally covered once per lifetime. Flu-covered once per flu season	Covers nothing for flu and pneumonia vaccines
ROUTINE VISION	Not Covered	Not Covered
PROSTHETICS AND DURABLE MEDICAL EQUIPMENT	Pays 80% of the Medicare-approved amount after the Part B deductible	Covers the Part B deductible and 20% of the Medicare-approved amount
OUTPATIENT REHABILITATION, OCCUPATIONAL THERAPY, PHYSICAL THERAPY, SPEECH THERAPY	Pays 80% of the Medicare-approved amount after the Part B deductible	Covers the Part B deductible and 20% of the Medicare-approved amount
EMERGENCY: SERVICES AND AMBULANCE	Pays all but specified copayment for the hospital emergency room visit. Pays 80% of the Medicare-approved amount for the doctor's services, and the Part B deductible applies. Costs may be different if admitted to the hospital. Ambulance-pays 80% of the Medicare-approved amount after the Medicare Part B deductible	Covers specified copayment for emergency room visit. Doctor's services and ambulance- covers Part B deductible and 20% of the Medicare-approved amount

* Medicare's 60 Lifetime Reserve Days may be used only once; they are not renewable.