

University of Delaware - Medicfill Benefit Summary

Medicfill is a Medicare-complementary benefit program that fills in the coverage gaps and cost sharing of traditional Medicare (Medicare Part A and Medicare Part B). In order to enroll in Medicfill, you must be enrolled in Medicare Part A and Medicare Part B.

Medicare Part A Services ⁽¹⁾			
Covered Services	Medicare Pays	Plan Pays	Member Pays
Inpatient Hospital Days 1-60	All but Part A Deductible	Medicare Part A Deductible	\$0
Inpatient Hospital Days 61-90	All but Part A Coinsurance	Medicare Part A Coinsurance	\$0
Inpatient Hospital Days 91-365	Medicare provides 60 Lifetime Reserve Days with all but the Part A Coinsurance amount covered. These days may be used once per lifetime at the patient's discretion.	100% (If the Lifetime Reserve Days are used, the Plan covers the Part A Coinsurance amount.)	\$0
Skilled Nursing Facility Days 1-20	100%	\$0	\$0
Skilled Nursing Facility Days 21-100	All but Part A Coinsurance	Medicare Part A Coinsurance	\$0
Skilled Nursing Facility Days 101 and beyond	\$0	\$0	100%
Hospice Care	100% for most covered services; 95% for covered Respite Care services	5% for Respite Care services covered by Medicare	100% for services not covered by Medicare
Medicare Part B Services ⁽¹⁾			
Covered Services	Medicare Pays	Plan Pays	Member Pays
Medicare Part B Covered Services	All but the Part B Deductible and Part B Coinsurance	Medicare Part B Deductible and Part B Coinsurance	\$0
Additional Benefits (for services not covered by Medicare)			
Covered Services	Medicare Pays	Plan Pays	Member Pays
Inpatient Facility care received outside of the US which is not covered by Medicare but which meets Medicare criteria for inpatient care within the US	\$0	100% for a maximum of 120 days/year. (Services must be approved by Highmark Delaware.)	100% for days exceeding maximum or services not approved by Highmark Delaware
Outpatient Facility services not covered by Medicare because they were received outside of the US (but which would otherwise be defined by Medicare as covered services)	\$0	100% (Services must be approved by Highmark Delaware.)	\$0 for services approved by Highmark Delaware 100% for services not approved by Highmark Delaware
Professional Provider services not covered by Medicare because they were received outside of the US (but which would otherwise be defined by Medicare as covered services)	\$0	20% of the Highmark Delaware Plan Allowance	Any amount exceeding 20% of the Highmark Delaware Plan Allowance
Pap Smear (if not covered by Medicare)	<i>Note: Services may be covered under Medicare Part B as noted above.</i>	100% of the Highmark Delaware Plan Allowance for one Pap smear every 12 months.	\$0
Private Duty Nursing	\$0	80% of the Highmark Delaware Plan Allowance for a maximum of 240 hours during any 12-month period.	20% of the Highmark Delaware Plan Allowance for a maximum of 240 hours during any 12-month period. 100% for services exceeding the maximum.

(1) If the provider does not accept assignment from Medicare, any difference between the provider's charge and the combined Medicare/Highmark payment shall be the personal responsibility of the member.

Discrimination is Against the Law

The claims administrator complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The claims administrator does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The claims administrator:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that the claims administrator has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Please note that your plan sponsor – and not the claims administrator – is entirely responsible for determining member eligibility and for the design of your plan/program.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。
请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

Geb Acht: Wann du Deutsch schwetzschst, kannsch du en Dolmetscher griegie, un iss die Hilf Koschdefrei. Kannsch du die Nummer an deine ID Kard dahinner uffrufe (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المساعدة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

ધ્યાન આપશો: જો તમે ગુજરાતી ભાષા બોલતા હો, તો ભાષા સહાયતા સેવાઓ, મફતમાં તમને ઉપલબ્ધ છે. તમારા ઓળખપત્રના પાછળના ભાગે આપેલા નંબર પર ફોન કરો (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

Kominike : Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan nimewo ki nan do kat idantite w la (TTY: 711).

ប្រការចងចាំ: បើលោកអ្នកនិយាយ ភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសា ដែលអាចផ្តល់ជូនលោកអ្នកដោយឥតគិតថ្លៃ។ សូមទូរសព្ទទៅលេខដែលមាននៅលើខ្នង កាតសម្គាល់របស់លោកអ្នក (TTY: 711) ។

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه: اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.

BAA ÁKONÍNÍZIN: Diné k'ehgo yániłti'go, language assistance services, éí t'áá nííł'eh, bee níká a'doowol, éí bee ná'ahóót'i'. ID bee nééhózingo nanitinígíí bine'déé' (TTY: 711) jì' hodíilnih.

ધ્યાન દે: યદિઆપ હન્દિ બોલતે હૈ, તો આપકે લરિ ન:શિલુક ભાષા સહાયતા સેવા ઉપલબ્ધ હૈ। આપકે સદસ્ય પહચાન (ID) કાર્ડ કે પીછે દરિ ગર્ નંબર પર ફોન કરે। (TTY: 711).

توجه فرمائیں: اگر آپ اردو بولتے ہیں، زبان معاونت سروس، مفت میں آپ کے لیے دستیاب ہے۔ اپنے شناختی کارڈ کی پشت پر درج شدہ نمبر پر کال کریں (TTY: 711)۔

గమనిక: మీరు తెలుగు మాట్లాడతే, లాగివీక అసిస్టిన్స్ సర్వీసెస్, ఛార్జి లేకుండా, మీకు అందుబాటులో ఉన్నాయి. మీ మొబర్ ఐడెంటిఫికేషన్ కార్డు (ఎడ్) వెనుక ఉన్న నంబరుకు కాల్ చేయండి (TTY: 711).

โปรดทราบ: หากคุณพูด ไทย, มีบริการช่วยเหลือด้านภาษาให้คุณโดยไม่ค่าใช้จ่าย โทรไปยัง หมายเลขที่อยู่ด้านหลังบัตรประจำตัวประชาชนของคุณ (TTY: 711)

ધ્યાન દનિહોસ: યદિતપાઈ નેપાલી ભાષા બોલુહુનુહ અને, તપાઈકા લાગિભાષા સહાયતા સેવાહરુ ન:શિલુક ઉપલબ્ધ હુનુહનુ। તપાઈકો આઈડી કાર્ડકો પછાડિ ભાગમા રહેકો નમ્બર (TTY: 711) મા ફોન ગરુહોસ।

Aandacht: Indien u Nederlands spreekt, is de taaladviesdienst gratis beschikbaar voor u. Bel het nummer op de achterkant van uw identificatie (ID) kaart (TTY: 711).