

Summary of Signature 65 Benefits

Signature 65 is a Medicare-complimentary benefit program that fills in the coverage gaps and cost sharing of the traditional Medicare program (Medicare Part A and Medicare Part B). In order to enroll in Signature 65, you must be enrolled in Medicare Part A and/or Medicare Part B.

University of Pittsburgh 64442-00

Medicare Part A Covered Services			
Covered Services	Medicare Pays	Plan Pays	Member Pays
Inpatient Hospital Days 1 – 60*	All but Part A Deductible	Medicare Part A Deductible	Nothing
Inpatient Hospital Days 61-	All but Part A	Medicare Part A	Nothing
90*	Coinsurance	Coinsurance	
Inpatient Hospital Days 91-	All but Part A	Medicare Part A	Nothing
150* (may be used once per	Coinsurance	Coinsurance	
lifetime)			

Additional Inpatient Hospital Days	Nothing	100% of Medicare-eligible expenses for 365 additional	Nothing for the first 365 additional inpatient
		days per benefit period, after the sixty (60) Medicare	hospital days per benefit period, 100% thereafter.
		inpatient hospital lifetime	period, 100% thereafter.
		reserve days are exhausted.	
Emergency Room	All but Part B	Plan pays Medicare Part B	Nothing
	1000/	deductible and coinsurance	X .1.
Skilled Nursing Facility Days 1 – 20	100%	Nothing	Nothing
Skilled Nursing Facility Days	All but Part A	Medicare Part A	Nothing
21-100	Coinsurance	Coinsurance	
Skilled Nursing Facility Days	Nothing	Nothing	100%
101 and beyond			
Blood	Nothing for the first 3	100% for the first three pints	Nothing for the first 3
	pints per calendar year,	per calendar year, nothing	pints per calendar year,
	80% thereafter.	thereafter.	20% thereafter.
Home Health Care	Part A	Medicare Part B	Medicare Part B
		Coinsurance	Deductible
Hospice Care	Part A	Nothing	Nothing

^{*} Applies to both Medical and Behavioral Health services.

Medicare Part B Covered Services			
Covered Services	Medicare Pays	Plan Pays	Member Pays
Authorized Outpatient	All but the Part B	Medicare Part B	Medicare Part B Deductible
Surgery and Invasive	Deductible and Part B	Coinsurance	
Procedures	Coinsurance		
Diagnostic Lab and X-Ray	Nothing	Medicare Part B Coinsurance	Medicare Part B Deductible
Blood	Nothing for the first 3	100% for the first three	Nothing for the first 3 pints
	pints per calendar year,	pints per calendar year,	per calendar year, 20%
	80% after the Part B	nothing thereafter.	thereafter (if the Part B
	Deductible thereafter.		Deductible has been
			satisfied).
Ambulance	For Emergency to a	Nothing	20% of Medicare Approved
	Hospital or SNF		amounts – Deductible and
			Coinsurance
Physician Office Visits	All but the Part B	Medicare Part B	Medicare Part B Deductible
	Deductible and Part B	Coinsurance	
	Coinsurance		
Physician Office Visits			
Routine Physical Exams	Nothing	Nothing	100%
Routine Gynecological	Nothing	100%	Nothing
Exams with PAP Test		One exam every 36 months	

Mammograms, as required	Nothing	100% One exam yearly age 40 and over	Nothing
Adult Immunizations	Nothing	Covered for Flu, Hepatitis B vaccine and Pneumoccoal vaccine every 12 months	Nothing for listed services
Annual Routine Eye Exam	Nothing	Not Covered	100%
Prescription Eyeglasses or	Nothing	Not Covered	100%
Contact Lenses			
Annual Routine Hearing	Nothing	Not Covered	100%
Exam			
Hearing Aid	Nothing	Not Covered	100%
Allergy Testing and	Nothing	Medicare Part B	Medicare Part B Deductible
Treatment		Coinsurance	
Durable Medical Equipment	Subject to the	Part B Coinsurance	Subject to the equipment
	equipment prescribed*		prescribed*
Oxygen and Oxygen Supplies	Covered in Full	Not Covered	Nothing
Authorized Physical, Speech	Not Covered	Medicare Part B	Medicare Part B Deductible
and Occupational Therapy		Coinsurance	

* Medicare pays for DME as prescribed by the member's physician. Payment amounts depend on what type of equipment is prescribed and if the equipment is rented or purchased. The member must make sure the DME supplier is participating with Medicare prior to obtaining the equipment

Additional Benefits which are not covered by Medicare				
Covered Services	Medicare Pays	Plan Pays	Member Pays	
Emergency Care in a Foreign	Payment depends on	80%	20%	
Country	circumstances			
(for services that would have				
been covered by Medicare if	Generally Medicare			
they had been provided in the	does not cover these			
United States)	services			