



A Retiree Program for Medicare Eligibles

## *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

<b>Medicare Part A Covered Services</b>			
<b>Covered Services</b>	<b>Medicare Pays</b>	<b>Plan Pays</b>	<b>Member Pays</b>
Inpatient Hospital Days 1 – 60*	All but Part A Deductible	Medicare Part A Deductible	Nothing
Inpatient Hospital Days 61- 90*	All but Part A Coinsurance	Medicare Part A Coinsurance	Nothing
Inpatient Hospital Days 91- 150* (may be used once per lifetime)	All but Part A Coinsurance	Medicare Part A Coinsurance	Nothing
Additional Inpatient Hospital	Nothing	100% of Medicare-eligible	Nothing for the first 365

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

\* Applies to both Medical and Behavioral Health services.

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

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

Authorized Physical, Speech and Occupational Therapy	Not Covered	Medicare Part B Coinsurance	Medicare Part B Deductible
--	-------------	-----------------------------	----------------------------

\* 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

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