

University of Pittsburgh Signature 65 Benefit Summary

Signature 65 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 Signature 65, you must be enrolled in Medicare Part A and Medicare Part B.

Medicare Part A Covered Services			
Covered Services	Medicare Pays	Plan Pays	Member Pays(1)
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 91-150 (may be used once per lifetime)	All but Part A Coinsurance	Medicare Part A Coinsurance	\$0
Additional Inpatient Hospital Days	\$0	100% of Medicare-eligible expenses for 365 additional days per benefit period, after the sixty (60) Medicare inpatient hospital lifetime reserve days are exhausted.	\$0 for the first 365 additional inpatient hospital days per benefit period, 100% thereafter.
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%
Blood	\$0 for the first 3 pints per calendar year, 100% thereafter.	100% for the first three pints per calendar year, \$0 thereafter.	\$0
Inpatient Respite Care	95% of Part A Eligible Expenses	\$0	5% of Part A Eligible Expenses
Medicare Part B Covered Services			
Covered Services	Medicare Pays	Plan Pays	Member Pays(1)
Medicare Part B Covered Services (except as noted below)	All but the Part B Deductible and Part B Coinsurance	Medicare Part B Coinsurance	Medicare Part B Deductible
Blood	\$0 for the first 3 pints per calendar year, 80% after the Part B Deductible thereafter.	100% for the first three pints per calendar year, \$0 thereafter.	\$0 for the first 3 pints per calendar year, 20% thereafter (if the Part B Deductible has been satisfied).
Allergy Testing	All but the Part B Deductible and Part B Coinsurance	\$0	Medicare Part B Deductible and Part B Coinsurance
Additional Benefits (for services not covered by Medicare)			
Covered Services	Medicare Pays	Plan Pays	Member Pays
Emergency Care in a Foreign Country (for services that would have been covered by Medicare if they had been provided in the United States)	\$0	80%	20%

(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 Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex stereotypes and gender identity. The Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex assigned at birth, gender identity or recorded gender. Furthermore, the Plan will not deny or limit coverage to any health service based on the fact that an individual's sex assigned at birth, gender identity, or recorded gender is different from the one to which such health service is ordinarily available. The Plan will not deny or limit coverage for a specific health service related to gender transition if such denial or limitation results in discriminating against a transgender individual. The Plan:

- 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 Plan 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>.

If you speak English, language assistance services, free of charge, are available to you. Call 1-800-876-7639.

Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al 1-800-876-7639.

如果您说中文，可向您提供免费语言协助服务。
請致電 1-800-876-7639。

Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số 1-800-876-7639.

Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Звоните 1-800-876-7639.

Wann du Deutsch schwetzschst, kannsch du en Dolmetscher griege, un iss die Hilf Koschdefrei. Kannsch du 1-800-876-7639 uffrufe.

한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다.
1-800-876-7639 로 전화.

Se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Chiamare l'1-800-876-7639.

إذا كنت تتحدث اللغة العربية، فيناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل على الرقم
1-800-876-7639 .

Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez au 1-800-876-7639.

Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie 1-800-876-7639.

જો તમે ગુજરાતી ભાષા બોલતા હો, તો તમને ભાષા સહાયતા સેવાઓ, મફતમાં ઉપલબ્ધ છે. 1-800-876-7639 નંબર પર ફોન કરો.

Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń 1-800-876-7639.

Si se Kreyòl Ayisyen ou pale, gen sèvis entèprèt, gratis-ticheri, ki la pou ede w. Rele nan 1-800-876-7639.

បើលោកអ្នកនិយាយ ភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដែលអាចផ្តល់ជូន លោកអ្នកដោយឥតគិតថ្លៃ។ ការហៅ 1-800-876-7639 ។

Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para 1-800-876-7639.

Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyonang tulong sa wika. Tumawag sa 1-800-876-7639.

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。 1-800-876-7639 を呼び出します。

اگر شما به زبان فارسی صحبت می کنید، خدمات کمک زبان رایگان
با تماس با شماره 1-800-876-7639 .

Diné k'ehgo yáníłti'go, language assistance services, éi t'áá níík'eh, bee níká a'doowól, éi bee ná'ahóót'i'. Kojí' hodíłniłh 1-800-876-7639.