



Signature 65 Summary of Benefits

COVERED SERVICES	GROUP PAYS
Medicare Part A Covered Services	
Inpatient Hospital Days 1 – 60 Days 61 – 90 Days 91 – 150	Medicare Part A deductible Medicare Part A coinsurance Medicare Part A coinsurance
Additional Inpatient Hospital Days	100% of Medicare eligible expenses for 365 additional days per benefit period, after the sixty (60) Medicare inpatient hospital lifetime reserve days are exhausted.
Skilled Nursing Facility Care Days 21 to 100 Day 101 and beyond	Medicare Part A coinsurance Not covered by this program
Blood	First three pints per calendar year
Medicare Part B Covered Services	
Deductible	Not covered by this program
Coinsurance	Medicare Part B coinsurance
Therapy Services	
Outpatient Physical Therapy	Medicare Part B coinsurance
Outpatient Occupational Therapy	Medicare Part B coinsurance
Outpatient Speech Therapy	Medicare Part B coinsurance
Durable Medical Equipment	Medicare Part B coinsurance
Outpatient Hospital Services (except Outpatient Psychiatric Treatment)	Medicare Part B yearly deductible and Medicare Part B coinsurance
Outpatient Psychiatric Treatment	Medicare Part B coinsurance



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COVERED SERVICES	GROUP PAYS
Blood	First 3 pints per calendar year
Outpatient Prescription Drugs used in Immunosuppressive Therapy	Medicare Part B coinsurance
Emergency Care	
Emergency Accident Care	Medicare Part B coinsurance
Emergency Medical Care	Medicare Part B coinsurance
Preventive Services	
Mammogram Screening	Medicare Part B coinsurance (not subject to Medicare Part B deductible)
Gynecological Services	Medicare Part B coinsurance (not subject to Medicare Part B deductible)
Colorectal Cancer Screening	Medicare Part B coinsurance
Diabetes Monitoring	Medicare Part B coinsurance
Bone Mass Measurements	Medicare Part B coinsurance
Prostate Cancer Screening	Medicare Part B coinsurance
Vaccinations	Medicare Part B coinsurance
Additional Medicare Part B Benefits	Medicare Part B coinsurance
Additional Benefits Not Covered By Medicare	
Additional Inpatient Psychiatric Treatment	100% of Medicare eligible expenses for 30 additional Inpatient Hospital days per lifetime.
Chemotherapy*	80% of the provider's reasonable charge
Enteral Formulae*	80% of the provider's reasonable charge
Routine Gynecological Exams and Papanicolaou Smear*	80% of the provider's reasonable charge

*State mandate applies.