

**PENNSYLVANIA STATE SYSTEM OF HIGHER EDUCATION  
2024 MEDICARE BENEFIT SUMMARY**

<b>BENEFITS AND COVERAGE</b>	<b>MEDICARE (PARTS A &amp; B)*</b>	<b>BLUE SHIELD SIGNATURE-65</b>	<b>MAJOR MEDICAL**</b>
<b>Hospitalization</b> Room and Inpatient Services	Pays for first 60 days after Part A deductible of \$1,632 for each benefit period; pays after coinsurance for days 61-150	Pays \$1,632 Part A deductible plus coinsurance for days 61-150 plus 30 additional days for in-hospital care for covered services	80% excess
<b>Outpatient Hospital Services</b> Surgery, Diagnostic Services, Rehabilitation Facility Services and Therapy	Pays 80% of approved charges after \$240 annual Part B deductible	Pays 20% of Medicare approved charges after \$240 Part B deductible	80% excess
<b>Emergency Services</b> Urgently Needed Care and Ambulance Services	Pays 80% of approved charges after \$240 annual Part B deductible	Pays 20% of Medicare approved charges after \$240 Part B deductible	80% excess
<b>Skilled Nursing Facility Services</b>	Pays fully for first 20 days; pays after coinsurance for days 21-100; beyond 100 days there is no coverage	Pays coinsurance for days 21-100; if skilled care is still required, you may use 2 days for each of the 30 additional unused in-hospital days	80% excess
<b>Physician Services</b> Office Visits, Surgery, Doctor Services, and Laboratory Services	Pays 80% of approved charges after \$240 annual Part B deductible	Pays 20% of Medicare approved charges after \$240 Part B deductible	80% excess
<b>Prescription Drugs/Medications</b>	Not covered	Not covered under Blue Shield Signature-65; however, members must utilize their Highmark ID Card to receive a discounted prescription drug price and then submit to Major Medical for reimbursement	80%
<b>Durable Medical Equipment</b>	Pays 80% of approved charges after \$240 annual Part B deductible	Pays 20% of Medicare approved charges after \$240 Part B deductible	80% excess

**\* MONTHLY PREMIUMS FOR MEDICARE PARTS A & B**

<b>Medicare Part A (Hospital) premium</b>		Usually no charge – can pay up to \$506 if you do not get premium-free Part A
<b>Medicare Part B (Medical) premium</b>		
If Your Yearly Income in 2022 was:		You Pay
File Individual Tax Return	File Joint Tax Return	
\$103,000 or less	\$206,000 or less	\$174.70*
Above \$103,000 up to \$129,000	Above \$206,000 up to \$258,000	\$244.60
Above \$129,000 up to \$161,000	Above \$258,000 up to \$322,000	\$349.40
Above \$161,000 up to \$193,000	Above \$322,000 up to \$386,000	\$454.20
Above \$193,000 and less than \$500,000	Above \$386,000 and less than \$750,000	\$559.00
\$500,000 or Above	\$750,000 or Above	\$594.00

This chart provides only general information on the differences between coverage for selected medically necessary services under Medicare Parts A and B combined with BS Signature-65 and Major Medical. The one annual Medicare Part B deductible applies to all Part B benefits.

\*\*The annual major medical deductible is \$500 for those who retired 7/1/04 and later, \$250 for those who retired between 1/2/99 and 6/30/04, and \$100 for retirements prior to 1/2/99. Reimbursement begins after the major medical deductible has been met. Major Medical may pay at 100% after deductible and out-of-pocket maximum of \$350 or \$380.