

2009 BENEFITS		HIA PLAN 1 32930	HIA PLAN 2 32931	HIA PLAN 3 32932	HIA PLAN 1A 32933	HIA OPTION 3 32934
	RATES:	Under 65: \$291.00 65-69: \$249.00 70-74: \$268.00 75-79: \$280.00 80 +: \$291.00	Under 65: \$184.00 65-69: \$128.00 70-74: \$150.00 75-79: \$165.00 80 +: \$184.00	Under 65: \$108.00 65-69: \$90.00 70-74: \$94.00 75-79: \$96.00 80 +: \$108.00	Under 65: \$230.00 65-69: \$154.00 70-74: \$179.00 75-79: \$201.00 80 +: \$230.00	Under 65: \$268.00 65-69: \$193.00 70-74: \$210.00 75-79: \$233.00 80 +: \$268.00
<b>MEDICARE PART A: I/P HOSPITAL</b>	<b>MEDICARE PAYS</b>					
1st through 60th Day	All but \$1068	\$1068	\$1068	Nothing	\$1068	\$1068
61st through 90th Day	All but \$267/day	\$267/day	\$267/day	\$267/day	\$267/day	\$267/day
91st through 150th Day	All but \$534/day	\$534/day	\$534/day	\$534/day	\$534/day	\$534/day
151st through 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
366th through 515th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
516th thereafter	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
SNF 1st through 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 21st through 100th Day	All but \$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day
SNF 101st through 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
<b>BLOOD: PARTS A &amp; B</b>	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
<b>MEDICARE PART B: PHYSICIAN</b>						
\$135 Medicare Deductible	Nothing	\$135	Physician: 20% M/E O/P Hospital: 100% M/E	Physician: 20% M/E O/P Hospital: 100% M/E	Physician: 20% M/E O/P Hospital: 100% M/E	\$135
BCBSI Deductible	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Inpatient Physician	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Outpatient Hospital	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Private Duty Nursing	Nothing	\$50/day up to \$1000/month	Nothing	Nothing	Nothing	I/P \$75 Day O/P \$100 Day \$2000 Month/Max
Medical Supplies, Speech/Physical Therapy, Ambulance, Home/Office Visits, Diagnostic Lab, Xray, Durable Equipment, Prosthetics	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Prescription Drugs	Nothing	\$200 ded; 60% to \$500/yr	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
At-Home Care	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Medicare Approved)	75% M/E	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt
Outpatient Psychiatric Care	50% M/E	20% M/E up to \$25/visit 1000/yr; \$10,000 Lifetime	20% M/E	20% M/E	20% M/E	20% M/E

**M/E = Medicare Eligible E/C = Eligible Charges**

2009 BENEFITS		HIA OPTION 2 32935	HIA OPTION 1 32936	HIA OPTION 1A 32937	HIA PLAN 1 32938
	<b>RATES:</b>	<b>Under 65: \$239.00</b> <b>65-69: \$150.00</b> <b>70-74: \$168.00</b> <b>75-79: \$199.00</b> <b>80 +: \$239.00</b>	<b>Under 65: \$134.00</b> <b>65-69: \$99.00</b> <b>70-74: \$111.00</b> <b>75-79: \$121.00</b> <b>80 +: \$134.00</b>	<b>Under 65: \$271.00</b> <b>65-69: \$176.00</b> <b>70-74: \$204.00</b> <b>75-79: \$233.00</b> <b>80 +: \$271.00</b>	<b>Under 65: \$270.00</b> <b>65-69: \$231.00</b> <b>70-74: \$247.00</b> <b>75-79: \$260.00</b> <b>80 +: \$270.00</b>
<b>MEDICARE PART A: I/P HOSPITAL</b>		<b>MEDICARE PAYS</b>			
1st through 60th Day	All but \$1068	\$1068	Nothing	\$1068	\$1068
61st through 90th Day	All but \$267/day	\$267/day	\$267/day	\$267/day	\$267/day
91st through 150th Day	All but \$534/day	\$534/day	\$534/day	\$534/day	\$534/day
151st through 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
366th through 515th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
516th thereafter	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
SNF 1st through 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing
SNF 21st through 100th Day	All but \$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day
SNF 101st through 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
<b>BLOOD: PARTS A &amp; B</b>	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
<b>MEDICARE PART B: PHYSICIAN</b>					
\$135 Medicare Deductible	Nothing	Nothing	Nothing	Nothing	\$135/year
BCBSI Deductible	Nothing	Nothing	Nothing	Nothing	Nothing
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing	Nothing
Inpatient Physician	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Outpatient Hospital	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Private Duty Nursing	Nothing	I/P \$75/Day \$1500/Month Max	Nothing	Nothing	\$50/day up to \$1000/month
Medical Supplies, Speech/Physical Therapy, Ambulance, Diagnostic Lab, Xray, Home / Office Visits; Durable Equipment; Prosthetics	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
At-Home Care	Nothing	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Medicare Approved)	75% M/E	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt
Outpatient Psychiatric Care	50% M/E	20% M/E	20% M/E	20% M/E	20% M/E to \$25/visit \$1000/yr; \$10,000 Lifetime

**M/E = Medicare Eligible E/C = Eligible Charges**

2009 BENEFITS		PLAN A 69941 - Metro	PLAN A 69941 - State	PLAN B 69942 - Metro	PLAN B 69942 - State	PLAN D 69943 - Metro	PLAN D 69943 - State
		Under 65: \$129.00 65-66: \$73.00 67-69: \$84.00 70-74: \$94.00 75-79: \$114.00 80 +: \$129.00	Under 65: \$112.00 65-66: \$67.00 67-69: \$72.00 70-74: \$81.00 75-79: \$98.00 80 +: \$112.00	Under 65: \$219.00 65-66: \$119.00 67-69: \$133.00 70-74: \$155.00 75-79: \$191.00 80 +: \$219.00	Under 65: \$184.00 65-66: \$103.00 67-69: \$111.00 70-74: \$132.00 75-79: \$160.00 80 +: \$184.00	Under 65: \$236.00 65-66: \$127.00 67-69: \$141.00 70-74: \$166.00 75-79: \$204.00 80 +: \$236.00	Under 65: \$205.00 65-66: \$111.00 67-69: \$122.00 70-74: \$147.00 75-79: \$179.00 80 +: \$205.00
<b>MEDICARE PART A: I/P HOSPITAL</b>	<b>MEDICARE PAYS:</b>						
1st through 60th Day	All but \$1068	Nothing	Nothing	\$1068	\$1068	\$1068	\$1068
61st through 90th Day	All but \$267/day	\$267/day	\$267/day	\$267/day	\$267/day	\$267/day	\$267/day
91st through 150th Day	All but \$534/day	\$534/day	\$534/day	\$534/day	\$534/day	\$534/day	\$534/day
151st through 365th Day	Nothing	100% ME	100% ME	100% M/E	100% M/E	100% M/E	100% M/E
366th through 515th Day	Nothing	100% ME	100% ME	100% M/E	100% M/E	100% M/E	100% M/E
516th through 820th Day	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 1st through 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 21st through 100th Day	All but \$133.50/day	Nothing	Nothing	Nothing	Nothing	\$133.50/day	\$133.50/day
SNF 101st through 365th Day	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
<b>BLOOD: PARTS A &amp; B</b>	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
<b>MEDICARE PART B: PHYSICIAN</b>							
\$135 Medicare Deductible	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
BCBSI Deductible	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Inpatient Physician	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Outpatient Hospital	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Private Duty Nursing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Medical Supplies, Speech/Physical Therapy, Ambulance, Diagnostic Lab, Xray, Home/Office Visits, Durable Equipment, Prosthetics	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	Nothing	Nothing	Nothing	Nothing	**	**
At-Home Care	Nothing	Nothing	Nothing	Nothing	Nothing	***	***
Preventive Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Medicare Approved)	75% M/E	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt
Outpatient Psychiatric Care	50% M/E	50% M/E	50% M/E	50% M/E	50% M/E	50% M/E	50% M/E

**M/E = MEDICARE ELIGIBLE E/C = ELIGIBLE CHARGES**

**\*\* Foreign Country: Pays 80% after \$250 annual deductible up to a lifetime Max of \$50,000. Services must be rendered within 60 days of travel outside the U.S.**

**\*\*\* At Home Care: Pays up to \$40 per visit, \$1600 per year, 7 visits per week. One visit can equal up to 4 hours.**

**METRO AREA: Cook, DuPage, Kane, Lake, McHenry, & Will Counties  
STATE AREA: All Other Counties**

2009 BENEFITS		PLAN E 69944 - Metro	PLAN E 69944 - State	PLAN F 69945 - Metro	PLAN F 69945 - State	MED SELECT PLAN B 69946 - Metro	MED SELECT PLAN B 69946 - State
		Under 65: \$242.00 65-66: \$131.00 67-69: \$148.00 70-74: \$172.00 75-79: \$211.00 80 +: \$242.00	Under 65: \$212.00 65-66: \$117.00 67-69: \$128.00 70-74: \$152.00 75-79: \$186.00 80 +: \$212.00	Under 65: \$255.00 65-66: \$151.00 67-69: \$169.00 70-74: \$203.00 75-79: \$241.00 80 +: \$255.00	Under 65: \$223.00 65-66: \$132.00 67-69: \$150.00 70-74: \$176.00 75-79: \$210.00 80 +: \$223.00	Under 65: \$164.00 65-66: \$98.00 67-69: \$108.00 70-74: \$125.00 75-79: \$146.00 80 +: \$164.00	Under 65: \$142.00 65-66: \$83.00 67-69: \$90.00 70-74: \$104.00 75-79: \$121.00 80 +: \$142.00
<b>MEDICARE PART A: I/P HOSPITAL</b>	<b>MEDICARE PAYS:</b>						
1st through 60th Day	All but \$1068	\$1068	\$1068	\$1068	\$1068	\$1068*	\$1068*
61st through 90th Day	All but \$267/day	\$267/day	\$267/day	\$267/day	\$267/day	\$267/day	\$267/day
91st through 150th Day	All but \$534/day	\$534/day	\$534/day	\$534/day	\$534/day	\$534/day	\$534/day
151st through 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
366th through 515th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
516th through 820th Day	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 1st through 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 21st through 100th Day	All but \$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day	Nothing	Nothing
SNF 101st through 365th Day	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
<b>BLOOD: PARTS A &amp; B</b>	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
<b>MEDICARE PART B: PHYSICIAN</b>							
\$135 Medicare Deductible	Nothing	Nothing	Nothing	\$135	\$135	Nothing	Nothing
BCBSI Deductible	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Part B Excess Charges	Nothing	Nothing	Nothing	100%	100%	Nothing	Nothing
Inpatient Physician	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Outpatient Hospital	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Private Duty Nursing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Medical Supplies, Speech/Physical Therapy, Ambulance, Diagnostic Lab, Xray, Home/Office Visits, Durable Equipment, Prosthetics	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	**	**	**	**	Nothing	Nothing
At-Home Care	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Non-Medicare Approved)	Nothing	100% up to \$120/yr	100% up to \$120/yr	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Medicare Approved)	75% M/E	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt
Outpatient Psychiatric Care	50% M/E	50% M/E	50% M/E	50% M/E	50% M/E	50% M/E	50% M/E

**M/E = MEDICARE ELIGIBLE E/C = ELIGIBLE CHARGES**

\* I/P Part A hospital deductible is waived anytime the member is admitted in a Medicare Select participating hospital.

\*\* Foreign Country: Pays 80% after \$250 annual deductible up to a lifetime Max of \$50,000. Services must be rendered within 60 days of travel outside the U.S.

**METRO AREA: Cook, DuPage, Kane, Lake, McHenry, & Will Counties**  
**STATE AREA: All Other Counties**

2009 BENEFITS		MED SELECT PLAN C 69947 - Metro	MED SELECT PLAN C 69947 - State	MED SELECT PLAN D 69948 - Metro	MED SELECT PLAN D 69948 - State	MED SELECT PLAN E 69949 - Metro	MED SELECT PLAN E 69949 - State
		Under 65: \$177.00 65-66: \$123.00 67-69: \$138.00 70-74: \$154.00 75-79: \$173.00 80 +: \$177.00	Under 65: \$157.00 65-66: \$110.00 67-69: \$122.00 70-74: \$134.00 75-79: \$153.00 80 +: \$157.00	Under 65: \$182.00 65-66: \$107.00 67-69: \$119.00 70-74: \$133.00 75-79: \$161.00 80 +: \$182.00	Under 65: \$162.00 65-66: \$94.00 67-69: \$104.00 70-74: \$121.00 75-79: \$138.00 80 +: \$162.00	Under 65: \$192.00 65-66: \$111.00 67-69: \$122.00 70-74: \$143.00 75-79: \$165.00 80 +: \$192.00	Under 65: \$168.00 65-66: \$98.00 67-69: \$108.00 70-74: \$125.00 75-79: \$146.00 80 +: \$168.00
<b>MEDICARE PART A: I/P HOSPITAL</b>		<b>MEDICARE PAYS</b>					
1st through 60th Day	All but \$1068	\$1068*	\$1068*	\$1068*	\$1068*	\$1068*	\$1068*
61st through 90th Day	All but \$267/day	\$267/day	\$267/day	\$267/day	\$267/day	\$267/day	\$267/day
91st through 150th Day	All but \$534/day	\$534/day	\$534/day	\$534/day	\$534/day	\$534/day	\$534/day
151st through 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
366th through 515th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
516th thereafter	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 1st through 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 21st through 100th Day	All but \$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day
SNF 101st through 365th Day	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
<b>BLOOD: PARTS A &amp; B</b>	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
<b>MEDICARE PART B: PHYSICIAN</b>							
\$135 Medicare Deductible	Nothing	\$135	\$135	Nothing	Nothing	Nothing	Nothing
BCBSI Deductible	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Inpatient Physician	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Outpatient Hospital	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Private Duty Nursing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Medical Supplies, Speech/Physical Therapy, Ambulance, Home/Office Visits, Durable Equipment, Prosthetics, Diagnostic Lab, Xray	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	**	**	**	**	**	**
At-Home Care	Nothing	Nothing	Nothing	***	***	Nothing	Nothing
Preventive Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing	100% up to \$120/yr	100% up to \$120/yr
Preventive Medical Care (Medicare Approved)	75% M/E	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt
Outpatient Psychiatric Care	50% M/E	50% M/E	50% M/E	50% M/E	50% M/E	50% M/E	50% M/E

**M/E = MEDICARE ELIGIBLE E/C = ELIGIBLE CHARGES**

\* I/P Part A hospital deductible is waived anytime the member is admitted in a Medicare Select participating hospital.

\*\* Foreign Country: Pays 80% after \$250 annual deductible up to a lifetime Max of \$50,000. Services must be rendered within 60 days of travel outside the U.S.

\*\*\* At Home Care: Pays up to \$40 per visit, \$1600 per year, 7 visits per week. One visit can equal up to 4 hours.

**METRO AREA: Cook, DuPage, Kane, Lake, McHenry, & Will Counties  
STATE AREA: All Other Counties**

2009 BENEFITS		MED SELECT PLAN F 69950 - Metro	MED SELECT PLAN F 69950 - State	MED SELECT PLAN K 69951 - Metro \$4620 OPX**	MED SELECT PLAN K 69951 - State \$4620 OPX**	MED SELECT PLAN L 69952 - Metro \$2310 OPX**	MED SELECT PLAN L 69952 - State \$2310 OPX**
		Under 65: \$194.00 65-66: \$130.00 67-69: \$152.00 70-74: \$170.00 75-79: \$191.00 80 +: \$194.00	Under 65: \$170.00 65-66: \$119.00 67-69: \$133.00 70-74: \$149.00 75-79: \$166.00 80 +: \$170.00	Under 65: \$108.00 65-66: \$71.00 67-69: \$84.00 70-74: \$94.00 75-79: \$105.00 80 +: \$108.00	Under 65: \$93.00 65-66: \$65.00 67-69: \$72.00 70-74: \$81.00 75-79: \$92.00 80 +: \$93.00	Under 65: \$148.00 65-66: \$100.00 67-69: \$116.00 70-74: \$129.00 75-79: \$146.00 80 +: \$148.00	Under 65: \$128.00 65-66: \$91.00 67-69: \$102.00 70-74: \$114.00 75-79: \$125.00 80 +: \$128.00
<b>MEDICARE PART A: I/P HOSPITAL</b>	<b>MEDICARE PAYS</b>						
1st through 60th Day	All but \$1068	\$1068*	\$1068*	50%* of \$1068**	50%* of \$1068**	75%* of \$1068**	75%* of \$1068**
61st through 90th Day	All but \$267/day	\$267/day	\$267/day	\$267/day	\$267/day	\$267/day	\$267/day
91st through 150th Day	All but \$534/day	\$534/day	\$534/day	\$534/day	\$534/day	\$534/day	\$534/day
151st through 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
366th through 515th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
516th thereafter	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 1st through 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 21st through 100th Day	All but \$133.50/day	\$133.50/day	\$133.50/day	50%** of \$133.50/day	50%** of \$133.50/day	75%** of \$133.50/day	75%** of \$133.50/day
SNF 101st through 365th Day	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
<b>BLOOD: PARTS A &amp; B</b>	All but first 3 pts.	First 3 pts.	First 3 pts.	50%** of charges	50%** of charges	75%** of charges	75%** of charges
<b>MEDICARE PART B: PHYSICIAN</b>							
\$135 Medicare Deductible	Nothing	\$135	\$135	Nothing**	Nothing**	Nothing**	Nothing**
BCBSI Deductible	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Part B Excess Charges	Nothing	100%	100%	Nothing	Nothing	Nothing	Nothing
Inpatient Physician	80% M/E	20% M/E	20% M/E	10%** M/E	10%** M/E	15%** M/E	15%** M/E
Outpatient Hospital	80% M/E	20% M/E	20% M/E	10%** M/E	10%** M/E	15%** M/E	15%** M/E
Private Duty Nursing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Medical Supplies, Speech/Physical Therapy, Ambulance, Home/Office Visits, Durable Equipment, Prosthetics, Diagnostic Lab, Xray	80% M/E	20% M/E	20% M/E	10%** M/E	10%** M/E	15%** M/E	15%** M/E
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	***	***	Nothing	Nothing	Nothing	Nothing
At-Home Care	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Medicare Approved)	75% M/E	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt
Outpatient Psychiatric Care	50% M/E	50% M/E	50% M/E	25%** M/E	25%** M/E	37.5%** M/E	37.5%** M/E

**M/E = MEDICARE ELIGIBLE E/C = ELIGIBLE CHARGES**

\* I/P Part A hospital deductible is waived anytime the member is admitted in a Medicare Select participating hospital.

\*\* Member's portion counts towards the annual OPX limit of \$4,620 (Plan K) and \$2,310 (Plan L).

\*\*\* Foreign Country: Pays 80% after \$250 annual deductible up to a lifetime Max of \$50,000. Services must be rendered within 60 days of travel outside the U.S.

**METRO AREA: Cook, DuPage, Kane, Lake, McHenry, & Will Counties**

**STATE AREA: All Other Counties**

2009 BENEFITS	RATES:	PLAN C	PLAN C	6E	Super Supp (HIGH)***	Super Supp (MID)***
		69953 - Metro	69953 - State	69954/69955	69956	69957
		Under 65: \$246.00 65-66: \$149.00 67-69: \$163.00 70-74: \$191.00 75-79: \$226.00 80 +: \$246.00	Under 65: \$216.00 65-66: \$129.00 67-69: \$143.00 70-74: \$167.00 75-79: \$200.00 80 +: \$216.00	Under 65: \$179.00 65-69: \$143.00 70-74: \$151.00 75-79: \$165.00 80 +: \$179.00	Under 65: \$329.00 65-69: \$246.00 70-74: \$274.00 75-79: \$304.00 80 +: \$329.00	Under 65: \$308.00 65-69: \$235.00 70-74: \$261.00 75-79: \$287.00 80 +: \$308.00
<b>MEDICARE PART A: I/P HOSPITAL</b>	<b>MEDICARE PAYS</b>					
1st through 60th Day	All but \$1068	\$1068	\$1068	\$1068	\$1068	Nothing
61st through 90th Day	All but \$267/day	\$267/day	\$267/day	\$267/day	\$267/day	\$267/day
91st through 150th Day	All but \$534/day	\$534/day	\$534/day	\$534/day	\$534/day	\$534/day
151st through 365th Day	Nothing	100% M/E	100% M/E	\$534/day	100% M/E	100% M/E
366th through 515th Day	Nothing	100% M/E	100% M/E	\$534/day	100% M/E	100% M/E
516th thereafter	Nothing	Nothing	Nothing	\$534/day to 820th day	100% M/E	100% M/E
SNF 1st through 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 21st through 100th Day	All but \$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day
SNF 101st through 365th Day	Nothing	Nothing	Nothing	Nothing	\$267/day	\$267/day
<b>BLOOD: PARTS A &amp; B</b>	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
<b>MEDICARE PART B: PHYSICIAN</b>						
\$135 Medicare Deductible	Nothing	\$135	\$135	Nothing	Nothing	Nothing
BCBSI Deductible	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Inpatient Physician	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Outpatient Hospital	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Private Duty Nursing	Nothing	Nothing	Nothing	Nothing	\$100/ded; 50% to \$10,000/year**	\$100/ded; 50% to \$10,000/year**
Medical Supplies, Speech/Physical Therapy, Ambulance, Diagnostic Lab, Xray, Home/Office Visits, Durable Equipment, Prosthetics	80% M/E	20% M/E	20% M/E	20% M/E (Diag Lab & Xray Only)	20% M/E	20% M/E
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	\$100/ded; 50% to \$10,000/year**	\$100/ded; 50% to \$10,000/year**
Foreign Country	Nothing	*	*	100% M/E	100% M/E	100% M/E
At-Home Care	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Medicare Approved)	75% M/E	Remaining Med App Amt	Remaining Med App Amt	Nothing	Remaining Med App Amt	Remaining Med App Amt
Outpatient Psychiatric Care	50% M/E	50% M/E	50% M/E	Nothing	20% M/E	20% M/E

**M/E = Medicare Eligible E/C = Eligible Charges**

\*Foreign Country: Pays 80% after \$250 annual deductible up to a lifetime Max of \$50,000. Services must be rendered within 60 days of travel outside the U.S.

\*\*Private Duty Nursing and Rx drug deductibles and yearly maximums are combined.

\*\*\*Pays \$20 to the subscriber for each day hospitalized.

**METRO AREA: Cook, DuPage, Kane, Lake, McHenry, & Will Counties**  
**STATE AREA: All Other Counties**

2009 BENEFITS	Super Supp (LOW) 69958		SS PLAN 1 OPT 69959		SS PLAN 1 69960		SS Plan 2 OPT 69961	
	RATES:	Under 65: \$133.00 65-69: \$99.00 70-74: \$111.00 75-79: \$124.00 80 +: \$133.00	Under 65: \$113.00 65-69: \$93.00 70-74: \$99.00 75-79: \$108.00 80 +: \$113.00	Under 65: \$173.00 65-69: \$132.00 70-74: \$142.00 75-79: \$156.00 80 +: \$173.00	Under 65: \$311.00 65-69: \$232.00 70-74: \$276.00 75-79: \$292.00 80 +: \$311.00			
<b>MEDICARE PART A: I/P HOSPITAL</b>	<b>MEDICARE PAYS</b>							
1 <sup>st</sup> through 60 <sup>th</sup> Day	All but \$1068	Nothing	Nothing	Nothing	\$1068	Nothing	Nothing	Nothing
61 <sup>st</sup> through 90 <sup>th</sup> Day	All but \$267/day	\$267/day	\$267/day	\$267/day	\$267/day	\$267/day	\$267/day	\$267/day
91 <sup>st</sup> through 150 <sup>th</sup> Day	All but \$534/day	\$534/day	\$534/day	\$534/day	\$534/day	\$534/day	\$534/day	\$534/day
151 <sup>st</sup> through 365 <sup>th</sup> Day	Nothing	90% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
366 <sup>th</sup> through 515 <sup>th</sup> Day	Nothing	90% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
516 <sup>th</sup> thereafter	Nothing	90% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
SNF 1 <sup>st</sup> through 20 <sup>th</sup> Day	100% M/E	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 21 <sup>st</sup> through 100 <sup>th</sup> Day	All but \$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day
SNF 101 <sup>st</sup> through 365 <sup>th</sup> Day	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
<b>BLOOD: PARTS A &amp; B</b>	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
<b>MEDICARE PART B: PHYSICIAN</b>								
\$135 Medicare Deductible	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
BCBSI Deductible	Nothing	Nothing	Nothing	\$125/year	\$125/year	\$125/year	\$125/year	\$125/year
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Inpatient Physician	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Outpatient Hospital	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Private Duty Nursing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Medical Supplies, Speech/Physical Therapy, Ambulance, Diagnostic Lab, Xray, Home/Office Visits, Durable Equipment, Prosthetics	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	\$6 copay up to \$500/yr
Foreign Country	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
At-Home Care	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Medicare Approved)	75% M/E	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt
Outpatient Psychiatric Care	50% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E

M/E = Medicare Eligible E/C = Eligible Charges

2009 BENEFITS		SS Plan 2 69962	SS Plan 3 69964	SS Plan 4 69966	SS PLAN 3+ OPT 69967
	RATES:	Under 65: \$343.00 65-69: \$273.00 70-74: \$292.00 75-79: \$315.00 80 +: \$343.00	Under 65: \$391.00 65-69: \$309.00 70-74: \$337.00 75-79: \$361.00 80 +: \$391.00	Under 65: \$426.00 65-69: \$343.00 70-74: \$356.00 75-79: \$389.00 80 +: \$426.00	Under 65: \$204.00 65-69: \$166.00 70-74: \$182.00 75-79: \$195.00 80 +: \$204.00
<b>MEDICARE PART A: I/P HOSPITAL</b>	<b>MEDICARE PAYS</b>				
1st through 60th Day	All but \$1068	\$1068	\$1068	\$1068	Nothing
61st through 90th Day	All but \$267/day	\$267/day	\$267/day	\$267/day	\$267/day
91st through 150th Day	All but \$534/day	\$534/day	\$534/day	\$534/day	\$534/day
151st through 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
366th through 515th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
516th thereafter	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
SNF 1st through 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing
SNF 21st through 100th Day	All but \$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day
SNF 101st through 365th Day	Nothing	Nothing	\$267/day	\$267/day	\$267/day
<b>BLOOD: PARTS A &amp; B</b>	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
<b>MEDICARE PART B: PHYSICIAN</b>					
\$135 Medicare Deductible	Nothing	Nothing	Nothing	\$135/year	Nothing
BCBSI Deductible	Nothing	\$125/year	Nothing	Nothing	Nothing
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing	Nothing
Inpatient Physician	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Outpatient Hospital	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Private Duty Nursing	Nothing	Nothing	50% up to \$500/month	50% up to \$1000/month	50% up to \$500/month
Medical Supplies, Speech/Physical Therapy, Ambulance, Diagnostic Lab, Xray, Home/Office Visits, Durable Equipment, Prosthetics	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Prescription Drugs	Nothing	\$6 copay up to \$500/yr	\$6 copay up to \$500/yr	\$6 copay up to \$500/yr	Nothing
Foreign Country	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
At-Home Care	Nothing	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Medicare Approved)	75% M/E	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt
Outpatient Psychiatric Care	50% M/E	20% M/E	20% M/E	20% M/E	20% M/E

**M/E = Medicare Eligible E/C = Eligible Charges**

2009 BENEFITS		SS PLAN 3+ 69968	SS PLAN 1+ OPT 69969	SS PLAN 1+ 69970	SS PLAN 1+ 69971
	RATES:	Under 65: \$259.00 65-69: \$197.00 70-74: \$217.00 75-79: \$233.00 80 +: \$259.00	Under 65: \$156.00 65-69: \$107.00 70-74: \$125.00 75-79: \$143.00 80 +: \$156.00	Under 65: \$251.00 65-69: \$164.00 70-74: \$188.00 75-79: \$218.00 80 +: \$251.00	Under 65: \$271.00 65-69: \$176.00 70-74: \$204.00 75-79: \$233.00 80 +: \$271.00
<b>MEDICARE PART A: I/P HOSPITAL</b>	<b>MEDICARE PAYS</b>				
1st through 60th Day	All but \$1068	\$1068	Nothing	\$1068	\$1068
61st through 90th Day	All but \$267/day	\$267/day	\$267/day	\$267/day	\$267/day
91st through 150th Day	All but \$534/day	\$534/day	\$534/day	\$534/day	\$534/day
151st through 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
366th through 515th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
516th thereafter	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
SNF 1st through 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing
SNF 21st through 100th Day	All but \$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day
SNF 101st through 365th Day	Nothing	\$267/day	100% M/E	100% M/E	100% M/E
<b>BLOOD: PARTS A &amp; B</b>	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
<b>MEDICARE PART B: PHYSICIAN</b>					
\$135 Medicare Deductible	Nothing	Nothing	Nothing	Nothing	Nothing
BCBSI Deductible	Nothing	Nothing	Nothing	Nothing	Nothing
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing	Nothing
Inpatient Physician	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Outpatient Hospital	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Private Duty Nursing	Nothing	50% up to \$500/month	Nothing	Nothing	Nothing
Medical Supplies, Speech/Physical Therapy, Ambulance, Diagnostic Lab, Xray, Home/Office Visits, Durable Equipment, Prosthetics	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
At-Home Care	Nothing	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Medicare Approved)	75% M/E	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt
Outpatient Psychiatric Care	50% M/E	20% M/E	20% M/E	20% M/E	20% M/E

**M/E = Medicare Eligible E/C = Eligible Charges**

2009 BENEFITS		OPTION 1 69972	OPTION 2 69973	OPTION 3 69974	High Ded Plan F 69975 - Metro	High Ded Plan F 69975 - State
	RATES:	Under 65: \$134.00 65-69: \$99.00 70-74: \$111.00 75-79: \$121.00 80 +: \$134.00	Under 65: \$239.00 65-69: \$150.00 70-74: \$168.00 75-79: \$199.00 80 +: \$239.00	Under 65: \$268.00 65-69: \$193.00 70-74: \$210.00 75-79: \$233.00 80 +: \$268.00	Under 65: \$82.00 65-66: \$49.00 67-69: \$55.00 70-74: \$65.00 75-79: \$77.00 80 +: \$82.00	Under 65: \$72.00 65-66: \$44.00 67-69: \$49.00 70-74: \$57.00 75-79: \$69.00 80 +: \$72.00
<b>MEDICARE PART A: I/P HOSPITAL</b>	<b>MEDICARE PAYS</b>					
1st through 60th Day	All but \$1068	Nothing	\$1068	\$1068	\$1068*	\$1068*
61st through 90th Day	All but \$267/day	\$267/day	\$267/day	\$267/day	\$267/day*	\$267/day*
91st through 150th Day	All but \$534/day	\$534/day	\$534/day	\$534/day	\$534/day*	\$534/day*
151st through 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E*	100% M/E*
366th through 515th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E*	100% M/E*
516th thereafter	Nothing	100% M/E	100% M/E	100% M/E	Nothing	Nothing
SNF 1st through 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 21st through 100th Day	All but \$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day*	\$133.50/day*
SNF 101st through 365th Day	Nothing	100% M/E	100% M/E	100% M/E	Nothing	Nothing
<b>BLOOD: PARTS A &amp; B</b>	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.*	First 3 pts. *
<b>MEDICARE PART B: PHYSICIAN</b>						
\$135 Medicare Deductible	Nothing	Nothing	Nothing	\$135	\$135*	\$135*
BCBSI Deductible	Nothing	Nothing	Nothing	Nothing	\$2000	\$2000
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing	100%*	100%*
Inpatient Physician	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E*	20% M/E*
Outpatient Hospital	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E*	20% M/E*
Private Duty Nursing	Nothing	Nothing	I/P-\$75/day to \$1500/mo	I/P \$75/day O/P \$100/day \$2000/mo max	Nothing	Nothing
Medical Supplies, Speech/Physical Therapy, Ambulance, Diagnostic Lab, Xray, Home/Office Visits, Durable Equipment, Prosthetics	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E*	20% M/E*
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	100% M/E	100% M/E	100% M/E	**	**
At-Home Care	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Medicare Approved)	75% M/E	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt
Outpatient Psychiatric Care	50% M/E	20% M/E	20% M/E	20% M/E	50% M/E*	50% M/E*

**M/E = Medicare Eligible E/C = Eligible Charges**

**\*The member must meet the annual \$2000 deductible before benefits are available.**

**\*\*Foreign Country: Pays 80% after \$250 annual deductible up to a lifetime Max of \$50,000. Services must be rendered within 60 days of travel outside the U.S. Members with High Deductible Plan F must meet the annual \$2000 deductible before benefits are available.**

**METRO AREA: Cook, DuPage, Kane, Lake, McHenry, & Will Counties  
STATE AREA: All Other Counties**

2009 BENEFITS		PLAN K 69977 - Metro \$4620 OPX*	PLAN K 69977 - State \$4620 OPX*	PLAN L 69978 - Metro \$2310 OPX*	PLAN L 69978 - State \$2310 OPX*
			Under 65: \$129.00 65-66: \$76.00 67-69: \$86.00 70-74: \$103.00 75-79: \$123.00 80 +: \$129.00	Under 65: \$114.00 65-66: \$68.00 67-69: \$76.00 70-74: \$90.00 75-79: \$107.00 80 +: \$114.00	Under 65: \$184.00 65-66: \$109.00 67-69: \$122.00 70-74: \$146.00 75-79: \$174.00 80 +: \$184.00
<b>MEDICARE PART A: I/P HOSPITAL</b>	<b>MEDICARE PAYS</b>				
1st through 60th Day	All but \$1068	50%* of \$1068	50%* of \$1068	75%* of \$1068	75%* of \$1068
61st through 90th Day	All but \$267/day	\$267/day	\$267/day	\$267/day	\$267/day
91st through 150th Day	All but \$534/day	\$534/day	\$534/day	\$534/day	\$534/day
151st through 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
366th through 515th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
516th thereafter	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 1st through 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing
SNF 21st through 100th Day	All but \$133.50/day	50%* of \$133.50/day	50%* of \$133.50/day	75%* of \$133.50/day	75%* of \$133.50/day
SNF 101st through 365th Day	Nothing	Nothing	Nothing	Nothing	Nothing
<b>BLOOD: PARTS A &amp; B</b>	All but first 3 pts.	50%* of charges	50%* of charges	75%* of charges	75%* of charges
<b>MEDICARE PART B: PHYSICIAN</b>					
\$135 Medicare Deductible	Nothing	Nothing*	Nothing*	Nothing*	Nothing*
BCBSI Deductible	Nothing	Nothing	Nothing	Nothing	Nothing
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing	Nothing
Inpatient Physician	80% M/E	10%* M/E	10%* M/E	15%* M/E	15%* M/E
Outpatient Hospital	80% M/E	10%* M/E	10%* M/E	15%* M/E	15%* M/E
Private Duty Nursing	Nothing	Nothing	Nothing	Nothing	Nothing
Medical Supplies, Speech/Physical Therapy, Ambulance, Home/Office Visits, Durable Equipment, Prosthetics, Diagnostic Lab, Xray	80% M/E	10%* M/E	10%* M/E	15%* M/E	15%* M/E
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	Nothing	Nothing	Nothing	Nothing
At-Home Care	Nothing	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Medicare Approved)	75% M/E	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt
Preventive Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing
Outpatient Psychiatric Care	50% M/E	25%* M/E	25%* M/E	37.5%* M/E	37.5%* M/E

M/E = MEDICARE ELIGIBLE

\* Member's portion counts towards the annual OPX limit of \$4,620 (Plan K), and \$2,310 (Plan L).

**METRO AREA: Cook, DuPage, Kane, Lake, McHenry, & Will Counties**  
**STATE AREA: All Other Counties**

2009 BENEFITS		Super Supp (HIGH)** 69980	Super Supp (MID)** 69981	SS Plan 2 OPT 69982	SS Plan 2 69983	SS Plan 3 69984	SS Plan 4 69985
	RATES:	Under 65: \$232.00 65-69: \$176.00 70-74: \$195.00 75-79: \$216.00 80 +: \$232.00	Under 65: \$219.00 65-69: \$168.00 70-74: \$184.00 75-79: \$204.00 80 +: \$219.00	Under 65: \$273.00 65-69: \$206.00 70-74: \$243.00 75-79: \$258.00 80 +: \$273.00	Under 65: \$302.00 65-69: \$240.00 70-74: \$258.00 75-79: \$276.00 80 +: \$302.00	Under 65: \$343.00 65-69: \$273.00 70-74: \$297.00 75-79: \$318.00 80 +: \$343.00	Under 65: \$375.00 65-69: \$302.00 70-74: \$315.00 75-79: \$341.00 80 +: \$375.00
<b>MEDICARE PART A: I/P HOSPITAL</b>	<b>MEDICARE PAYS</b>						
1st through 60th Day	All but \$1068	\$1068	Nothing	Nothing	\$1068	\$1068	\$1068
61st through 90th Day	All but \$267/day	\$267/day	\$267/day	\$267/day	\$267/day	\$267/day	\$267/day
91st through 150th Day	All but \$534/day	\$534/day	\$534/day	\$534/day	\$534/day	\$534/day	\$534/day
151st through 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
366th through 515th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
516th thereafter	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
SNF 1st through 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 21st through 100th Day	All but \$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day
SNF 101st through 365th Day	Nothing	\$267/day	\$267/day	Nothing	Nothing	\$267/day	\$267/day
<b>BLOOD: PARTS A &amp; B</b>	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
<b>MEDICARE PART B: PHYSICIAN</b>							
\$135 Medicare Deductible	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	\$135/year
BCBSI Deductible	Nothing	Nothing	Nothing	\$125/year	\$125/year	Nothing	Nothing
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Inpatient Physician	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Outpatient Hospital	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Private Duty Nursing	Nothing	\$100/ded; 50% to \$10,000/year	\$100/ded; 50% to \$10,000/year	Nothing	Nothing	50% up to \$500/month	50% up to \$1000/month
Medical Supplies, Speech/Physical Therapy, Ambulance, Diagnostic Lab, Xray, Home/Office Visits, Durable Equipment, Prosthetics	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
At-Home Care	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Medicare Approved)	75% M/E	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt
Outpatient Psychiatric Care	50% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E

**M/E = Medicare Eligible E/C = Eligible Charges**

\*\*Pays \$20 to the subscriber for each day hospitalized.

2009 BENEFITS		PLAN A 69996 – Metro	PLAN A 69996 – State	PLAN C 69997 – Metro	PLAN C 69997 – State	PLAN E 69998 – Metro	PLAN E 69998 – State	PLAN F 69999 – Metro	PLAN F 69999 - State
			U65: \$129.00 65-66: \$73.00 67-69: \$84.00 70-74: \$94.00 75-79: \$114.00 80 +: \$129.00	U65: \$112.00 65-66: \$67.00 67-69: \$72.00 70-74: \$81.00 75-79: \$98.00 80 +: \$112.00	U65: \$246.00 65-66: \$149.00 67-69: \$163.00 70-74: \$191.00 75-79: \$226.00 80 +: \$246.00	U65: \$216.00 65-66: \$129.00 67-69: \$143.00 70-74: \$167.00 75-79: \$200.00 80 +: \$216.00	U65: \$242.00 65-66: \$131.00 67-69: \$148.00 70-74: \$172.00 75-79: \$211.00 80 +: \$242.00	U65: \$212.00 65-66: \$117.00 67-69: \$128.00 70-74: \$152.00 75-79: \$186.00 80 +: \$212.00	U65: \$255.00 65-66: \$151.00 67-69: \$169.00 70-74: \$203.00 75-79: \$241.00 80 +: \$255.00
<b>MEDICARE PART A: I/P HOSPITAL</b>	<b>MEDICARE PAYS</b>								
1st through 60th Day	All but \$1068	Nothing	Nothing	\$1068	\$1068	\$1068	\$1068	\$1068	\$1068
61st through 90th Day	All but \$267/day	\$267/day	\$267/day	\$267/day	\$267/day	\$267/day	\$267/day	\$267/day	\$267/day
91st through 150th Day	All but \$534/day	\$534/day	\$534/day	\$534/day	\$534/day	\$534/day	\$534/day	\$534/day	\$534/day
151st through 365th Day	Nothing	100% ME	100% ME	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
366th through 515th Day	Nothing	100% ME	100% ME	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
516th through 820th Day	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 1st through 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 21st through 100th Day	All but \$133.50/day	Nothing	Nothing	\$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day	\$133.50/day
SNF 101st through 365th Day	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
<b>BLOOD: PARTS A &amp; B</b>	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
<b>MEDICARE PART B: PHYSICIAN</b>									
\$135 Medicare Deductible	Nothing	Nothing	Nothing	\$135	\$135	Nothing	Nothing	\$135	\$135
BCBSI Deductible	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	100%	100%
Inpatient Physician	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Outpatient Hospital	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Private Duty Nursing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Medical Supplies, Speech/Physical Therapy, Ambulance, Diagnostic Lab, X-ray, Prosthetics Home/Office Visits, Durable Equipment	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	Nothing	Nothing	**	**	**	**	**	**
At-Home Care	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing	100% up to \$120/yr	100% up to \$120/yr	Nothing	Nothing
Preventive Medical Care (Medicare Approved)	75% M/E	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt	Remaining Med App Amt
Outpatient Psychiatric Care	50% M/E	50% M/E	50% M/E	50% M/E	50% M/E	50% M/E	50% M/E	50% M/E	50% M/E

**M/E = MEDICARE ELIGIBLE**

**\*\* Foreign Country: Pays 80% after \$250 annual deductible up to a lifetime Max of \$50,000. Services must be rendered within 60 days of travel outside the U.S.**

**METRO AREA: Cook, DuPage, Kane, Lake, McHenry, & Will Counties  
STATE AREA: All Other Counties**