

- **Prenotification/Precertification is not required for these groups.**
- **If Medicare denies, BCBSIL will also deny the services.**

2008 BENEFITS		Group Number 32931	Group Number 32932	Group Number 32933	Group Number 32934
MEDICARE PART A: I/P HOSPITAL	MEDICARE PAYS				
1st through 60th Day	All but \$1,024	\$1,024	Nothing	\$1,024	\$1,024
61st through 90th Day	All but \$256/day	\$256/day	\$256/day	\$256/day	\$256/day
91st through 150th Day	All but \$512/day	\$512/day	\$512/day	\$512/day	\$512/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 \$128/day	\$128/day	\$128/day	\$128/day	\$128/day
SNF 101st through 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
BLOOD: PARTS A & B	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
MEDICARE PART B: PHYSICIAN					
\$135 Medicare Deductible	Nothing	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
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	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
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

- Prenotification/Pre-certification is not required for these groups.
- If Medicare denies, BCBSIL will also deny the services.

2008 BENEFITS		Group Number 32935	Group Number 32936	Group Number 32937
MEDICARE PART A: I/P HOSPITAL	MEDICARE PAYS			
1st through 60th Day	All but \$1,024	\$1,024	Nothing	\$1,024
61st through 90th Day	All but \$256/day	\$256/day	\$256/day	\$256/day
91st through 150th Day	All but \$512/day	\$512/day	\$512/day	\$512/day
151st through 365th Day	Nothing	100% M/E	100% M/E	100% M/E
366th through 515th Day	Nothing	100% M/E	100% M/E	100% M/E
516th thereafter	Nothing	100% M/E	100% M/E	100% M/E
SNF 1st through 20th Day	100% M/E	Nothing	Nothing	Nothing
SNF 21st through 100th Day	All but \$128/day	\$128/day	\$128/day	\$128/day
SNF 101st through 365th Day	Nothing	100% M/E	100% M/E	100% M/E
BLOOD: PARTS A & B	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
MEDICARE PART B: PHYSICIAN				
\$135 Medicare Deductible	Nothing	Nothing	Nothing	Nothing
BCBSI Deductible	Nothing	Nothing	Nothing	Nothing
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing
Inpatient Physician	80% 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
Private Duty Nursing	Nothing	I/P \$75/Day \$1500/Month 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
Prescription Drugs	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	100% M/E	100% M/E	100% M/E
At-Home Care	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Medicare Approved)	75% M/E	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

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

<ul style="list-style-type: none"> • Prenotification/Precertification is not required for these groups. • If Medicare denies, BCBSIL will also deny the services. 2008 BENEFITS		Group Number	Group Number	Group Number	Group Number	Group Number	Group Number	Group Number
		69941	69942	69953	69943	69944	69945	69975
MEDICARE PART A: I/P HOSPITAL	MEDICARE PAYS							
1st through 60th Day	All but \$1,024	Nothing	\$1,024	\$1,024	\$1,024	\$1,024	\$1,024	\$1,024*
61st through 90th Day	All but \$256/day	\$256/day	\$256/day	\$256/day	\$256/day	\$256/day	\$256/day	\$256/day *
91st through 150th Day	All but \$512/day	\$512/day	\$512/day	\$512/day	\$512/day	\$512/day	\$512/day	\$512/day *
151st through 365th Day	Nothing	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% 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
SNF 1st through 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 21st through 100th Day	All but \$128/day	Nothing	Nothing	\$128/day	\$128/day	\$128/day	\$128/day	\$128/day*
SNF 101st through 365th Day	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
BLOOD: PARTS A & 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. *
MEDICARE PART B: PHYSICIAN								
\$135 Medicare Deductible	Nothing	Nothing	Nothing	\$135	Nothing	Nothing	\$135	\$135*
BCBSI Deductible	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	\$1900
Part B Excess Charges	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*
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	Nothing
Foreign Country	Nothing	Nothing	Nothing	**	**	**	**	**
At-Home Care	Nothing	Nothing	Nothing	Nothing	***	Nothing	Nothing	Nothing
Preventive Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing	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
Inpatient / 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*

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

* **The member must meet the annual \$1860 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 also meet the annual \$1860 deductible before benefits are available.**

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

<ul style="list-style-type: none"> • Prenotification/Precertification is not required for these groups. • If Medicare denies, BCBSIL will also deny the services. 		Group Number 69946	Group Number 69947	Group Number 69948	Group Number 69949	Group Number 69950
2008 BENEFITS						
MEDICARE PART A: I/P HOSPITAL	MEDICARE PAYS					
1st through 60th Day	All but \$1,024	\$1.024*	\$1.024*	\$1.024*	\$1.024*	\$1.024*
61st through 90th Day	All but \$256/day	\$256/day	\$256/day	\$256/day	\$256/day	\$256/day
91st through 150th Day	All but \$512/day	\$512/day	\$512/day	\$512/day	\$512/day	\$512/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	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 1st through 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 21st through 100th Day	All but \$128/day	Nothing	\$128/day	\$128/day	\$128/day	\$128/day
SNF 101st through 365th Day	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
BLOOD: PARTS A & B	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
MEDICARE PART B: PHYSICIAN						
\$135 Medicare Deductible	Nothing	Nothing	\$135	Nothing	Nothing	\$135
BCBSI Deductible	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing	Nothing	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	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
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	Nothing	**	**	**	**
At-Home Care	Nothing	Nothing	Nothing	***	Nothing	Nothing
Preventive Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	100% up to \$120/yr	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
Inpatient / Outpatient Psychiatric Care	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.

<ul style="list-style-type: none"> • Prenotification/Precertification is not required for these groups. • If Medicare denies, BCBSIL will also deny the services. 2008 Benefits		Group Number 69951 \$4140 OPX*	Group Number 69952 \$2070 OPX*
MEDICARE PART A: I/P HOSPITAL	MEDICARE PAYS		
1st through 60th Day	All but \$1,024	50%* of \$1,024**	75%* of \$1,024**
61st through 90th Day	All but \$256/day	\$256/day	\$256/day
91st through 150th Day	All but \$512/day	\$512/day	\$512/day
151st through 365th Day	Nothing	100% M/E	100% M/E
366th through 515th Day	Nothing	100% M/E	100% M/E
516th thereafter	Nothing	Nothing	Nothing
SNF 1st through 20th Day	100% M/E	Nothing	Nothing
SNF 21st through 100th Day	All but \$128/day	50%* of \$128/day	75%* of \$128/day
SNF 101st through 365th Day	Nothing	Nothing	Nothing
BLOOD: PARTS A & B	All but first 3 pts.	50%* of charges	75%* of charges
MEDICARE PART B: PHYSICIAN			
\$135 Medicare Deductible	Nothing	Nothing*	Nothing*
BCBSI Deductible	Nothing	Nothing	Nothing
Part B Excess Charges	Nothing	Nothing	Nothing
Inpatient Physician	80% M/E	10%* M/E	15%* M/E
Outpatient Hospital	80% M/E	10%* M/E	15%* M/E
Private Duty Nursing	Nothing	Nothing	Nothing
Medical Supplies, Speech/Physical Therapy, Ambulance, Home/Office Visits, Durable Equipment, Prosthetics, Diagnostic Lab, Xray	80% M/E	10%* M/E	15%* M/E
Prescription Drugs	Nothing	Nothing	Nothing
Foreign Country	Nothing	Nothing	Nothing
At-Home Care	Nothing	Nothing	Nothing
Preventive Medical Care (Medicare Approved)	75% M/E	Remainder M/E charges	Remainder M/E charges
Preventive Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing
Outpatient Psychiatric Care	50% M/E	25%* M/E	37.5%* M/E

M/E = MEDICARE ELIGIBLE

* Member's portion counts towards the annual OPX limit of \$4,140 and \$2,070.

** Inpatient deductible for Med Select plans is waived if the member is admitted to a Med Select hospital. Deductible is not covered in a non-Select hospital unless for an emergency admission. Also pertains to out of state hospitals.

- Prenotification/Precertification is not required for these groups.
- If Medicare denies, BCBSIL will also deny the services.

2008 BENEFITS

		Group Numbers 69954 and 69955	Group Number 69956	Group Number 69957
MEDICARE PART A: I/P HOSPITAL	MEDICARE PAYS			
1st through 60th Day	All but \$1,024	\$1,024	\$1,024	Nothing
61st through 90th Day	All but \$256/day	\$256/day	\$256/day	\$256/day
91st through 150th Day	All but \$512/day	\$512/day	\$512/day	\$512/day
151st through 365th Day	Nothing	\$512/day	100% M/E	100% M/E
366th through 515th Day	Nothing	\$512/day	100% M/E	100% M/E
516th thereafter	Nothing	\$512/day to 820th day	100% M/E	100% M/E
SNF 1st through 20th Day	100% M/E	Nothing	Nothing	Nothing
SNF 21st through 100th Day	All but \$128/day	\$128/day	\$128/day	\$128/day
SNF 101st through 365th Day	Nothing	Nothing	\$256/day	\$256/day
BLOOD: PARTS A & B	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
MEDICARE PART B: PHYSICIAN				
\$135 Medicare Deductible	Nothing	Nothing	Nothing	Nothing
BCBSI Deductible	Nothing	Nothing	Nothing	Nothing
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing
Inpatient Physician	80% 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
Private Duty Nursing	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 (Diag Lab & Xray Only)	20% M/E	20% M/E
Prescription Drugs	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
Preventive Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Medicare Approved)	75% M/E	Nothing	Remaining Med App Amt	Remaining Med App Amt
Outpatient Psychiatric Care	50% M/E	Nothing	20% M/E	20% M/E

M/E = Medicare Eligible E/C = Eligible Charges *Private Duty Nursing and RX drug deductibles and yearly maximums are combined.

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

- **Prenotification/Precertification is not required for these groups.**
- **If Medicare denies, BCBSIL will also deny the services.**

2008 BENEFITS

		Group Number 69958	Group Number 69959	Group Number 69960	Group Number 69961
MEDICARE PART A: I/P HOSPITAL	MEDICARE PAYS				
1 st through 60 th Day	All but \$1,024	Nothing	Nothing	\$1,024	Nothing
61 st through 90 th Day	All but \$256/day	\$256/day	\$256/day	\$256/day	\$256/day
91 st through 150 th Day	All but \$512/day	\$512/day	\$512/day	\$512/day	\$512/day
151 st through 365 th Day	Nothing	90% M/E	100% M/E	100% M/E	100% M/E
366 th through 515 th Day	Nothing	90% M/E	100% M/E	100% M/E	100% M/E
516 th thereafter	Nothing	90% M/E	100% M/E	100% M/E	100% M/E
SNF 1 st through 20 th Day	100% M/E	Nothing	Nothing	Nothing	Nothing
SNF 21 st through 100 th Day	All but \$128/day	\$128/day	\$128/day	\$128/day	\$128/day
SNF 101 st through 365 th Day	Nothing	Nothing	Nothing	Nothing	Nothing
BLOOD: PARTS A & B	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
MEDICARE PART B: PHYSICIAN					
\$135 Medicare Deductible	Nothing	Nothing	Nothing	Nothing	Nothing
BCBSI Deductible	Nothing	Nothing	\$125/year	\$125/year	\$125/year
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	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	\$6 copay up to \$500/yr
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

- **Prenotification/Precertification is not required for these groups.**
- **If Medicare denies, BCBSIL will also deny the services.**

2008 BENEFITS		Group Number 69962	Group Number 69964	Group Number 69966	Group Number 69967
MEDICARE PART A: I/P HOSPITAL	MEDICARE PAYS				
1st through 60th Day	All but \$1,024	\$1,024	\$1,024	\$1,024	Nothing
61st through 90th Day	All but \$256/day	\$256/day	\$256/day	\$256/day	\$256/day
91st through 150th Day	All but \$512/day	\$512/day	\$512/day	\$512/day	\$512/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 \$128/day	\$128/day	\$128/day	\$128/day	\$128/day
SNF 101st through 365th Day	Nothing	Nothing	\$256/day	\$256/day	\$256/day
BLOOD: PARTS A & B	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
MEDICARE PART B: PHYSICIAN					
\$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

- **Prenotification/Precertification is not required for these groups.**
- **If Medicare denies, BCBSIL will also deny the services.**

2008 BENEFITS

		Group Number 69968	Group Number 69969	Group Number 69970	Group Number 69971
MEDICARE PART A: I/P HOSPITAL	MEDICARE PAYS				
1st through 60th Day	All but \$1,024	\$1,024	Nothing	\$1,024	\$1,024
61st through 90th Day	All but \$256/day	\$256/day	\$256/day	\$256/day	\$256/day
91st through 150th Day	All but \$512/day	\$512/day	\$512/day	\$512/day	\$512/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 \$128/day	\$128/day	\$128/day	\$128/day	\$128/day
SNF 101st through 365th Day	Nothing	\$256/day	100% M/E	100% M/E	100% M/E
BLOOD: PARTS A & B	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
MEDICARE PART B: PHYSICIAN					
\$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

- **Prenotification/Precertification is not required for these groups.**
- **If Medicare denies, BCBSIL will also deny the services.**

2008 BENEFITS		Group Number 69972	Group Number 69973	Group Number 69974	Group Number 32930
MEDICARE PART A: I/P HOSPITAL	MEDICARE PAYS				
1st through 60th Day	All but \$1,024	Nothing	\$1,024	\$1,024	\$1,024
61st through 90th Day	All but \$256/day	\$256/day	\$256/day	\$256/day	\$256/day
91st through 150th Day	All but \$512/day	\$512/day	\$512/day	\$512/day	\$512/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 \$128/day	\$128/day	\$128/day	\$128/day	\$128/day
SNF 101st through 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
BLOOD: PARTS A & B	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
MEDICARE PART B: PHYSICIAN					
\$135 Medicare Deductible	Nothing	Nothing	Nothing	\$135	\$135
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	Nothing	I/P-\$75/day to \$1500/mo	I/P \$75/day O/P \$100/day \$2000/mo max	\$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	\$200ded; 60% to \$500/yr
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

<ul style="list-style-type: none"> • Prenotification/Precertification is not required for these groups. • If Medicare denies, BCBSIL will also deny the services. 2008 Benefits		Group Number 69977 \$4140 OPX*	Group Number 69978 \$2070 OPX*
MEDICARE PART A: I/P HOSPITAL	MEDICARE PAYS		
1st through 60th Day	All but \$1,024	50%* of \$1,024	75%* of \$1,024
61st through 90th Day	All but \$256/day	\$256/day	\$256/day
91st through 150th Day	All but \$512/day	\$512/day	\$512/day
151st through 365th Day	Nothing	100% M/E	100% M/E
366th through 515th Day	Nothing	100% M/E	100% M/E
516th thereafter	Nothing	Nothing	Nothing
SNF 1st through 20th Day	100% M/E	Nothing	Nothing
SNF 21st through 100th Day	All but \$128/day	50%* of \$128/day	75%* of \$128/day
SNF 101st through 365th Day	Nothing	Nothing	Nothing
BLOOD: PARTS A & B	All but first 3 pts.	50%* of charges	75%* of charges
MEDICARE PART B: PHYSICIAN			
\$135 Medicare Deductible	Nothing	Nothing*	Nothing*
BCBSI Deductible	Nothing	Nothing	Nothing
Part B Excess Charges	Nothing	Nothing	Nothing
Inpatient Physician	80% M/E	10%* M/E	15%* M/E
Outpatient Hospital	80% M/E	10%* M/E	15%* M/E
Private Duty Nursing	Nothing	Nothing	Nothing
Medical Supplies, Speech/Physical Therapy, Ambulance, Home/Office Visits, Durable Equipment, Prosthetics, Diagnostic Lab, Xray	80% M/E	10%* M/E	15%* M/E
Prescription Drugs	Nothing	Nothing	Nothing
Foreign Country	Nothing	Nothing	Nothing
At-Home Care	Nothing	Nothing	Nothing
Preventive Medical Care (Medicare Approved)	75% M/E	Remainder M/E charges	Remainder M/E charges
Preventive Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing
Outpatient Psychiatric Care	50% M/E	25%* M/E	37.5%* M/E

M/E = MEDICARE ELIGIBLE

* Member's portion counts towards the annual OPX limit of \$4,140 and \$2,070.

<ul style="list-style-type: none"> • Prenotification/Precertification is not required for these groups. • If Medicare denies, BCBSIL will also deny the services. 		Group Number 69980	Group Number 69981	Group Number 69982	Group Number 69983
2008 BENEFITS					
MEDICARE PART A: I/P HOSPITAL	MEDICARE PAYS				
1st through 60th Day	All but \$1,024	\$1,024	Nothing	Nothing	\$1,024
61st through 90th Day	All but \$256/day	\$256/day	\$256/day	\$256/day	\$256/day
91st through 150th Day	All but \$512/day	\$512/day	\$512/day	\$512/day	\$512/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 \$128/day	\$128/day	\$128/day	\$128/day	\$128/day
SNF 101st through 365th Day	Nothing	\$256/day	\$256/day	Nothing	Nothing
BLOOD: PARTS A & B	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
MEDICARE PART B: PHYSICIAN					
\$135 Medicare Deductible	Nothing	Nothing	Nothing	Nothing	Nothing
BCBSI Deductible	Nothing	Nothing	Nothing	\$125/year	\$125/year
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	\$100/ded; 50% to \$10,000/year	\$100/ded; 50% to \$10,000/year	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

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

<ul style="list-style-type: none"> • Prenotification/Precertification is not required for these groups. • If Medicare denies, BCBSIL will also deny the services. 		Group Number 69984	Group Number 69985	Group Number 32938
2008 BENEFITS				
MEDICARE PART A: I/P HOSPITAL	MEDICARE PAYS			
1st through 60th Day	All but \$1,024	\$1,024	\$1,024	\$1,024
61st through 90th Day	All but \$256/day	\$256/day	\$256/day	\$256/day
91st through 150th Day	All but \$512/day	\$512/day	\$512/day	\$512/day
151st through 365th Day	Nothing	100% M/E	100% M/E	100% M/E
366th through 515th Day	Nothing	100% M/E	100% M/E	100% M/E
516th thereafter	Nothing	100% M/E	100% M/E	100% M/E
SNF 1st through 20th Day	100% M/E	Nothing	Nothing	Nothing
SNF 21st through 100th Day	All but \$128/day	\$128/day	\$128/day	\$128/day
SNF 101st through 365th Day	Nothing	\$256/day	\$256/day	100% M/E
BLOOD: PARTS A & B	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
MEDICARE PART B: PHYSICIAN				
\$135 Medicare Deductible	Nothing	Nothing	\$135/year	\$135/year
BCBSI Deductible	Nothing	Nothing	Nothing	Nothing
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing
Inpatient Physician	80% 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
Private Duty Nursing	Nothing	50% up to \$500/month	50% up to \$1000/month	\$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
Prescription Drugs	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	100% M/E	100% M/E	100% M/E
At-Home Care	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Medicare Approved)	75% M/E	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 to \$25/visit \$1000/yr; \$10,000 Lifetime

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

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

- **Prenotification/Precertification is not required for these groups.**
- **If Medicare denies, BCBSIL will also deny the services.**

2008 BENEFITS		Group Number 69996	Group Number 69997	Group Number 69998	Group Number 69999
MEDICARE PART A: I/P HOSPITAL	MEDICARE PAYS				
1st through 60th Day	All but \$1,024	Nothing	\$1,024	\$1,024	\$1,024
61st through 90th Day	All but \$256/day	\$256/day	\$256/day	\$256/day	\$256/day
91st through 150th Day	All but \$512/day	\$512/day	\$512/day	\$512/day	\$512/day
151st through 365th Day	Nothing	100% ME	100% M/E	100% M/E	100% M/E
366th through 515th Day	Nothing	100% ME	100% M/E	100% M/E	100% M/E
516th through 820th Day	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 1st through 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing
SNF 21st through 100th Day	All but \$128/day	Nothing	\$128/day	\$128/day	\$128/day
SNF 101st through 365th Day	Nothing	Nothing	Nothing	Nothing	Nothing
BLOOD: PARTS A & B	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
MEDICARE PART B: PHYSICIAN					
\$135 Medicare Deductible	Nothing	Nothing	\$135	Nothing	\$135
BCBSI Deductible	Nothing	Nothing	Nothing	Nothing	Nothing
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing	100%
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	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	Nothing	**	**	**
At-Home Care	Nothing	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	100% up to \$120/yr	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
Inpatient / Outpatient Psychiatric Care	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.**