

<ul style="list-style-type: none"> <li>• Prenotification/Precertification is not required for these groups.</li> <li>• If Medicare denies, BCBSIL will also deny the services.</li> </ul>		Group Number 69941	Group Number 69942	Group Number 69953	Group Number 69943	Group Number 69944	Group Number 69945	Group Number 69975
2007 BENEFITS								
MEDICARE PART A: I/P HOSPITAL	MEDICARE PAYS							
1st through 60th Day	All but \$992	Nothing	\$992	\$992	\$992	\$992	\$992	\$992*
61st through 90th Day	All but \$248/day	\$248/day	\$248/day	\$248/day	\$248/day	\$248/day	\$248/day	\$248/day*
91st through 150th Day	All but \$496/day	\$496/day	\$496/day	\$496/day	\$496/day	\$496/day	\$496/day	\$496/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 \$124/day	Nothing	Nothing	\$124/day	\$124/day	\$124/day	\$124/day	\$124/day*
SNF 101st through 365th 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. *
MEDICARE PART B: PHYSICIAN								
\$131 Medicare Deductible	Nothing	Nothing	Nothing	\$131	Nothing	Nothing	\$131	\$131*
BCBSI Deductible	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	\$1860
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.