

<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
2007 BENEFITS						
MEDICARE PART A: I/P HOSPITAL	MEDICARE PAYS					
1st through 60th Day	All but \$992	\$992*	\$992*	\$992*	\$992*	\$992*
61st through 90th Day	All but \$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
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 \$124/day	Nothing	\$124/day	\$124/day	\$124/day	\$124/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						
\$131 Medicare Deductible	Nothing	Nothing	\$131	Nothing	Nothing	\$131
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.