

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

<b>2006 BENEFITS</b>		<b>Group Number 69958</b>	<b>Group Number 69959</b>	<b>Group Number 69960</b>	<b>Group Number 69961</b>
<b>MEDICARE PART A: I/P HOSPITAL</b>	<b>MEDICARE PAYS</b>				
1 <sup>st</sup> through 60 <sup>th</sup> Day	All but \$952	Nothing	Nothing	\$952	Nothing
61 <sup>st</sup> through 90 <sup>th</sup> Day	All but \$238/day	\$238/day	\$238/day	\$238/day	\$238/day
91 <sup>st</sup> through 150 <sup>th</sup> Day	All but \$476/day	\$476/day	\$476/day	\$476/day	\$476/day
151 <sup>st</sup> through 365 <sup>th</sup> Day	Nothing	90% 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
516 <sup>th</sup> thereafter	Nothing	90% 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
SNF 21 <sup>st</sup> through 100 <sup>th</sup> Day	All but \$119/day	\$119/day	\$119/day	\$119/day	\$119/day
SNF 101 <sup>st</sup> through 365 <sup>th</sup> Day	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.
<b>MEDICARE PART B: PHYSICIAN</b>					
\$124 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**