

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

| 2007 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 \$992 | Nothing | Nothing | \$992 | Nothing |
| 61 st through 90 th Day | All but \$248/day | \$248/day | \$248/day | \$248/day | \$248/day |
| 91 st through 150 th Day | All but \$496/day | \$496/day | \$496/day | \$496/day | \$496/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 \$124/day | \$124/day | \$124/day | \$124/day | \$124/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 | | | | | |
| \$131 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