

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

<b>2007 BENEFITS</b>		<b>Group Number 69968</b>	<b>Group Number 69969</b>	<b>Group Number 69970</b>	<b>Group Number 69971</b>
<b>MEDICARE PART A: I/P HOSPITAL</b>	<b>MEDICARE PAYS</b>				
1st through 60th Day	All but \$992	\$992	Nothing	\$992	\$992
61st through 90th Day	All but \$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
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 \$124/day	\$124/day	\$124/day	\$124/day	\$124/day
SNF 101st through 365th Day	Nothing	\$248/day	100% M/E	100% M/E	100% M/E
<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>					
\$131 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**