

<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> <b>2006 Benefits</b>		<b>Group Number 69977 \$4000 OPX*</b>	<b>Group Number 69978 \$2000 OPX*</b>
<b>MEDICARE PART A: I/P HOSPITAL</b>	<b>MEDICARE PAYS</b>		
1st through 60th Day	All but \$952	50%* of \$952	75%* of \$952
61st through 90th Day	All but \$238/day	\$238/day	\$238/day
91st through 150th Day	All but \$476/day	\$476/day	\$476/day
151st through 365th Day	Nothing	100% M/E	100% M/E
366th through 515th Day	Nothing	100% M/E	100% M/E
516th thereafter	Nothing	Nothing	Nothing
SNF 1st through 20th Day	100% M/E	Nothing	Nothing
SNF 21st through 100th Day	All but \$119/day	50%* of \$119/day	75%* of \$119/day
SNF 101st through 365th Day	Nothing	Nothing	Nothing
<b>BLOOD: PARTS A &amp; B</b>	All but first 3 pts.	50%* of charges	75%* of charges
<b>MEDICARE PART B: PHYSICIAN</b>			
\$124 Medicare Deductible	Nothing	Nothing*	Nothing*
BCBSI Deductible	Nothing	Nothing	Nothing
Part B Excess Charges	Nothing	Nothing	Nothing
Inpatient Physician	80% M/E	10%* M/E	15%* M/E
Outpatient Hospital	80% M/E	10%* M/E	15%* M/E
Private Duty Nursing	Nothing	Nothing	Nothing
Medical Supplies, Speech/Physical Therapy, Ambulance, Home/Office Visits, Durable Equipment, Prosthetics, Diagnostic Lab, Xray	80% M/E	10%* M/E	15%* M/E
Prescription Drugs	Nothing	Nothing	Nothing
Foreign Country	Nothing	Nothing	Nothing
At-Home Care	Nothing	Nothing	Nothing
Preventive Medical Care (Medicare Approved)	75% M/E	Remainder M/E charges	Remainder M/E charges
Preventive Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing
Outpatient Psychiatric Care	50% M/E	25%* M/E	37.5%* M/E

M/E = MEDICARE ELIGIBLE

\* Member's portion counts towards the annual OPX limit of \$4,000 and \$2,000