

<ul style="list-style-type: none"> • Prenotification/Precertification is not required for these groups. • If Medicare denies, BCBSIL will also deny the services. 2007 Benefits		Group Number 69977 \$4140 OPX*	Group Number 69978 \$2070 OPX*
MEDICARE PART A: I/P HOSPITAL	MEDICARE PAYS		
1st through 60th Day	All but \$992	50%* of \$992	75%* of \$992
61st through 90th Day	All but \$248/day	\$248/day	\$248/day
91st through 150th Day	All but \$496/day	\$496/day	\$496/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 \$124/day	50%* of \$124/day	75%* of \$124/day
SNF 101st through 365th Day	Nothing	Nothing	Nothing
BLOOD: PARTS A & B	All but first 3 pts.	50%* of charges	75%* of charges
MEDICARE PART B: PHYSICIAN			
\$131 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 \$4,140 and \$2,070.