

<ul style="list-style-type: none"> • Prenotification/Precertification is not required for these groups. • If Medicare denies, BCBSIL will also deny the services. 		Group Number 69980	Group Number 69981	Group Number 69982	Group Number 69983
2007 BENEFITS					
MEDICARE PART A: I/P HOSPITAL	MEDICARE PAYS				
1st through 60th Day	All but \$992	\$992	Nothing	Nothing	\$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	\$248/day	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	Nothing	\$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	\$100/ded; 50% to \$10,000/year	\$100/ded; 50% to \$10,000/year	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

**Pays \$20 to the subscriber for each day hospitalized.