

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

**2006 BENEFITS**

		Group Number 69996	Group Number 69997	Group Number 69998	Group Number 69999
<b>MEDICARE PART A: I/P HOSPITAL</b>	<b>MEDICARE PAYS</b>				
1st through 60th Day	All but \$952	Nothing	\$952	\$952	\$952
61st through 90th Day	All but \$238/day	\$238/day	\$238/day	\$238/day	\$238/day
91st through 150th Day	All but \$476/day	\$476/day	\$476/day	\$476/day	\$476/day
151st through 365th Day	Nothing	100% ME	100% M/E	100% M/E	100% M/E
366th through 515th Day	Nothing	100% ME	100% M/E	100% M/E	100% M/E
516th through 820th Day	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 1st through 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing
SNF 21st through 100th Day	All but \$119/day	Nothing	\$119/day	\$119/day	\$119/day
SNF 101st through 365th Day	Nothing	Nothing	Nothing	Nothing	Nothing
<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>					
\$124 Medicare Deductible	Nothing	Nothing	\$124	Nothing	\$124
BCBSI Deductible	Nothing	Nothing	Nothing	Nothing	Nothing
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing	100%
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	Nothing
Foreign Country	Nothing	Nothing	**	**	**
At-Home Care	Nothing	Nothing	Nothing	Nothing	Nothing
Preventive Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	100% up to \$120/yr	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
Inpatient / Outpatient Psychiatric Care	50% M/E	50% M/E	50% M/E	50% M/E	50% M/E

**M/E = MEDICARE ELIGIBLE**

**\*\* Foreign Country: Pays 80% after \$250 annual deductible up to a lifetime Max of \$50,000. Services must be rendered within 60 days of travel outside the U.S.**