ILLINOIS CLOSED PLANS - 2016 MEDICARE STANDARD PLAN BENEFITS

		HIA PLAN 1	HIA PLAN 2	HIIA PLAN 3	HIA PLAN 1A	HIA HI
	GROUP NUMBER	**032930**	**032931**	**032932**	**032933**	**032934**
MEDICARE PART A - I/P HOSPITAL	**MEDICARE PAYS:**					
1st thru 60th Day	All but $1,288	$1,288	$1,288	Nothing	$1,288	$1,288
61st thru 90th Day	All but $322/day	$322/day	$322/day	$322/day	$322/day	$322/day
91st thru 150th Day	All but $644/day	All but $644/day	All but $644/day	All but $644/day	All but $644/day	All but $644/day
151st thru 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
366th thru 515th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
516th thru 820th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
SNF 1st thru 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 21st thru 100th Day	All but $161/day	$161/day	$161/day	$161/day	$161/day	$161/day
SNF 101st thru 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
PARTS A & B						
Blood	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
BCBS Deductible	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Out of Pocket Expense (OPX)	N/A	N/A	N/A	N/A	N/A	N/A
MEDICARE PART B: PHYSICIAN						
$166 Medicare Deductible	Nothing	$166	Physician: 20% M/E O/P Hospital: 100% M/E	Physician: 20% M/E O/P Hospital: 100% M/E	Physician: 20% M/E O/P Hospital: 100% M/E	$166
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Inpatient Physician	80% M/E	20% 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	20% M/E
Private Duty Nursing	Nothing	$50/day up to $1,000 max/mo.	Nothing	Nothing	Nothing	I/P $75/day; O/P $100/day $2,000 max/mo.
Medical Supplies, Speech / Physical Therapy, Ambulance, Diagnsotic Lab, Xray, Home/Office Visits, Durable Medical Equipment, Prosthetics	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Prescription Drugs	Nothing	$200 ded.; 60% to $500/yr.	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
At Home Care	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Medicare Approved)	100% M/E	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt
Outpatient Psyciatric Care	80% M/E	20% M/E up to $25/visit $1,000/yr; $10,000 Lifetime	20% M/E	20% M/E	20% M/E	20% M/E

M/E = MEDICARE ELIGIBLE; E/C = ELIGIBLE CHARGES

ILLINOIS OPEN PLANS - 2016 MEDICARE STANDARD PLAN BENEFITS

		PLAN G SELECT	PLAN G SELECT	PLAN N SELECT	PLAN N SELECT	PLAN G	PLAN G	PLAN N	PLAN N
	GROUP NUMBER	069086 - Metro	069086 - State	069087 - Metro	069087 - State	069088 - Metro	069088 - State	069089 - Metro	069089 - State
MEDICARE PART A - I/P HOSPITAL	MEDICARE PAYS:								
1st thru 60th Day	All but $1,288	$1,288*	$1,288*	$1,288*	$1,288*	$1,288	$1,288	$1,288	$1,288
61st thru 90th Day	All but $322/day	$322/day	$322/day	$322/day	$322/day	$322/day	$322/day	$322/day	$322/day
91st thru 150th Day	All but $644/day	$644/day	$644/day	$644/day	$644/day	$644/day	$644/day	$644/day	$644/day
151st thru 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
366th thru 515th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
516th thru 820th Day	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 1st thru 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 21st thru 100th Day	All but $161/day	$161/day	$161/day	$161/day	$161/day	$161/day	$161/day	$161/day	$161/day
SNF 101st thru 365th Day	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Hospice Care	All except Medicare Copay/Coins Amt	Medicare Copay/Coins Amt	Medicare Copay/Coins Amt	Medicare Copay/Coins Amt	Medicare Copay/Coins Amt	Medicare Copay/Coins Amt	Medicare Copay/Coins Amt	Medicare Copay/Coins Amt	Medicare Copay/Coins Amt
PARTS A & B									
Blood	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
BCBS Deductible	Nothing	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Out of Pocket Expense (OPX)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MEDICARE PART B: PHYSICIAN									
$166 Medicare Deductible	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Part B Excess Charges	Nothing	100%	100%	Nothing	Nothing	100%	100%	Nothing	Nothing
Inpatient Physician	80% M/E	20% M/E	20% M/E	20% M/E	20% 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 $50 copay for ER (waived if adm. to hosp.)	20% M/E $50 copay for ER (waived if adm. to hosp.)	20% M/E	20% M/E	20% M/E $50 copay for ER (waived if adm. to hosp.)	20% M/E $50 copay for ER (waived if adm. to hosp.)
Private Duty Nursing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Medical Supplies, Speech / Physical Therapy, Ambulance, Diagnsotic Lab, Xray, Home/Office Visits, Durable Medical Equipment, Prosthetics	80% M/E	20% M/E	20% M/E	20% M/E $20 office visit copay	20% M/E $20 office visit copay	20% M/E	20% M/E	20% M/E $20 office visit copay	20% M/E $20 office visit copay
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	**	**	**	**	**	**	**	**
At Home Care	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Medicare Approved)	100%	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt
Outpatient Psyciatric Care	80% M/E	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt

M/E = MEDICARE ELIGIBLE; E/C = ELIGIBLE CHARGES

*** With a Medicare Select Plan, the Part A hospital deductible is waived anytime the member is admitted to a Medicare Select Participating hospital**

**** 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.**

METRO AREA: Cook, DuPage, Kane, Lake, McHenry, & Will Counties
STATE AREA: All Other Counties

ILLINOIS OPEN PLANS - 2016 MEDICARE STANDARD PLAN BENEFITS

		PLAN A	PLAN A	PLAN B	PLAN B	PLAN C	PLAN C
	GROUP NUMBER	069090 - Metro	069090 - State	069091 - Metro	069091 - State	069092 - Metro	069092 - State
MEDICARE PART A - I/P HOSPITAL	**MEDICARE PAYS:**						
1st thru 60th Day	All but $1,288	Nothing	Nothing	$1,288	$1,288	$1,288	$1,288
61st thru 90th Day	All but $322/day	$322/day	$322/day	$322/day	$322/day	$322/day	$322/day
91st thru 150th Day	All but $644/day	$644/day	$644/day	$644/day	$644/day	$644/day	$644/day
151st thru 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
366th thru 515th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
516th thru 820th Day	NOthing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 1st thru 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 21st thru 100th Day	All but $161/day	Nothing	Nothing	Nothing	Nothing	$161/day	$161/day
SNF 101st thru 365th Day	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Hospice Care	All except Medicare Copay/Coins Amt	Medicare Copay/Coins Amt	Medicare Copay/Coins Amt	Medicare Copay/Coins Amt	Medicare Copay/Coins Amt	Medicare Copay/Coins Amt	Medicare Copay/Coins Amt
PARTS A & B							
Blood	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
BCBS Deductible	Norhing	N/A	N/A	N/A	N/A	N/A	N/A
Out of Pocket Expense (OPX)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MEDICARE PART B: PHYSICIAN							
$166 Medicare Deductible	Nothing	Nothing	Nothing	Nothing	Nothing	$166	$166
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Inpatient Physician	80% M/E	20% M/E	20% 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	20% M/E	20% M/E
Private Duty Nursing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Medical Supplies, Speech / Physical Therapy, Ambulance, Diagnsotic Lab, Xray, Home/Office Visits, Durable Medical Equipment, Prosthetics	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	Nothing	Nothing	Nothing	Nothing	*	*
At Home Care	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Medicare Approved)	100%	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt
Outpatient Psyciatric Care	80% M/E	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt

M/E = MEDICARE ELIGIBLE; E/C = ELIGIBLE CHARGES

*** 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.**

METRO AREA: Cook, DuPage, Kane, Lake, McHenry, & Will Counties
STATE AREA: All Other Counties

ILLINOIS OPEN PLANS - 2016 MEDICARE STANDARD PLAN BENEFITS

		PLAN F	PLAN F	PLAN F HIGH DED	PLAN F HIGH DED
	GROUP NUMBER	069093 - Metro	069093 - State	069094 - Metro	069094 - State
MEDICARE PART A - I/P HOSPITAL	**MEDICARE PAYS:**				
1st thru 60th Day	All but $1,288	$1,288	$1,288	$1,288*	$1,288*
61st thru 90th Day	All but $322/day	$322/day	$322/day	$322/day*	$322/day*
91st thru 150th Day	All but $644/day	$644/day	$644/day	$644/day*	$644/day*
151st thru 365th Day	Nothing	100% M/E	100% M/E	100% M/E*	100% M/E*
366th thru 515th Day	Nothing	100% M/E	100% M/E	100% M/E*	100% M/E*
516th thru 820th Day	NOthing	Nothing	Nothing	Nothing	Nothing
SNF 1st thru 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing
SNF 21st thru 100th Day	All but $161/day	$161/day	$161/day	$161/day*	$161/day*
SNF 101st thru 365th Day	Nothing	Nothing	Nothing	Nothing	Nothing
Hospice Care	All except Medicare Copay/Coins Amt	Medicare Copay/Coins Amt	Medicare Copay/Coins Amt	Medicare Copay/Coins Amt	Medicare Copay/Coins Amt
PARTS A & B					
Blood	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.*	First 3 pts.*
BCBS Deductible	Norhing	N/A	N/A	$2,180	$2,180
Out of Pocket Expense (OPX)	N/A	N/A	N/A	N/A	N/A
MEDICARE PART B: PHYSICIAN					
$166 Medicare Deductible	Nothing	$166	$166	$166*	$166*
Part B Excess Charges	Nothing	100%	100%	100%*	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, Diagnsotic Lab, Xray, Home/Office Visits, Durable Medical 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	**	**	**	**
At Home Care	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Medicare Approved)	100%	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt
Outpatient Psyciatric Care	80% M/E	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt*	Remaining M/E Amt*

M/E = MEDICARE ELIGIBLE; E/C = ELIGIBLE CHARGES

***The member must meet the annual $2,180 deductible before benefits are available**

****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.**

METRO AREA: Cook, DuPage, Kane, Lake, McHenry, & Will Counties
STATE AREA: All Other Counties

ILLINOIS OPEN PLANS - 2016 MEDICARE STANDARD PLAN BENEFITS

		PLAN B SELECT	PLAN B SELECT	PLAN C SELECT	PLAN C SELECT	PLAN F SELECT	PLAN F SELECT
	GROUP NUMBER	069095 - Metro	069095 - State	069096 - Metro	069096 - State	069097 - Metro	069097 - State
MEDICARE PART A - I/P HOSPITAL	**MEDICARE PAYS:**						
1st thru 60th Day	All but $1,288	$1,288*	$1,288*	$1,288*	$1,288*	$1,288*	$1,288*
61st thru 90th Day	All but $322/day	$322/day	$322/day	$322/day	$322/day	$322/day	$322/day
91st thru 150th Day	All but $644/day	$644/day	$644/day	$644/day	$644/day	$644/day	$644/day
151st thru 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
366th thru 515th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
516th thru 820th Day	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 1st thru 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 21st thru 100th Day	All but $161/day	Nothing	Nothing	$161/day	$161/day	$161/day	$161/day
SNF 101st thru 365th Day	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Hospice Care	All except Medicare Copay/Coins Amt	Medicare Copay/Coins Amt	Medicare Copay/Coins Amt	Medicare Copay/Coins Amt	Medicare Copay/Coins Amt	Medicare Copay/Coins Amt	Medicare Copay/Coins Amt
PARTS A & B							
Blood	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
BCBS Deductible	Nothing	N/A	N/A	N/A	N/A	N/A	N/A
Out of Pocket Expense (OPX)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MEDICARE PART B: PHYSICIAN							
$166 Medicare Deductible	Nothing	Nothing	Nothing	$166	$166	$166	$166
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing	Nothing	100%	100%
Inpatient Physician	80% M/E	20% M/E	20% 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	20% M/E	20% M/E
Private Duty Nursing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Medical Supplies, Speech / Physical Therapy, Ambulance, Diagnsotic Lab, Xray, Home/Office Visits, Durable Medical Equipment, Prosthetics	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	Nothing	Nothing	**	**	**	**
At Home Care	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Medicare Approved)	100%	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt
Outpatient Psyciatric Care	80% M/E	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt

M/E = MEDICARE ELIGIBLE; E/C = ELIGIBLE CHARGES

*** With a Medicare Select Plan, the Part A hospital deductible is waived anytime the member is admitted to a Medicare Select Participating hospital**

**** 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.**

METRO AREA: Cook, DuPage, Kane, Lake, McHenry, & Will Counties
STATE AREA: All Other Counties

ILLINOIS OPEN PLANS - 2016 MEDICARE STANDARD PLAN BENEFITS

		PLAN K SELECT $4,960 OPX	PLAN K SELECT $4,960 OPX	PLAN L SELECT $2,480 OPX	PLAN L SELECT $2,480 OPX
	GROUP NUMBER	069951 - Metro	069951 - State	069952 - Metro	069952 - State
MEDICARE PART A - I/P HOSPITAL	**MEDICARE PAYS:**				
1st thru 60th Day	All but $1,288	50%* of $1,288*/**	50%* of $1,288*/**	75%* of $1,288*/**	75%* of $1,288*/**
61st thru 90th Day	All but $322/day	$322/day**	$322/day**	$322/day**	$322/day**
91st thru 150th Day	All but $644/day	$644/day**	$644/day**	$644/day**	$644/day**
151st thru 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
366th thru 515th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
516th thru 820th Day	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 1st thru 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing
SNF 21st thru 100th Day	All but $161/day	50% of $161/day**	50% of $161/day**	75% of $161/day**	75% of $161/day**
SNF 101st thru 365th Day	Nothing	Nothing	Nothing	Nothing	Nothing
Hospice Care	All except Medicare Copay/Coins Amt	50% Medicare Copay/Coins Amt	50% Medicare Copay/Coins Amt	75% Medicare Copay/Coins Amt	75% Medicare Copay/Coins Amt
PARTS A & B					
Blood	All but first 3 pts.	50% of charges**	50% of charges**	75% of charges**	75% of charges**
BCBS Deductible	Nothing	Nothing	Nothing	Nothing	Nothing
Out of Pocket Expense (OPX)	N/A	$4,960	$4,960	$2,480	$2,480
MEDICARE PART B: PHYSICIAN					
$166 Medicare Deductible	Nothing	Nothing**	Nothing**	Nothing**	Nothing**
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing	Nothing
Inpatient Physician	80% M/E	50% Reamining M/E Amt**	50% Reamining M/E Amt**	75% Reamining M/E Amt**	75% Reamining M/E Amt**
Outpatient Hospital	80% M/E	50% Reamining M/E Amt**	50% Reamining M/E Amt**	75% Reamining M/E Amt**	75% Reamining M/E Amt**
Private Duty Nursing	Nothing	Nothing	Nothing	Nothing	Nothing
Medical Supplies, Speech / Physical Therapy, Ambulance, Diagnsotic Lab, Xray, Home/Office Visits, Durable Medical Equipment, Prosthetics	80% M/E	50% Reamining M/E Amt**	50% Reamining M/E Amt**	75% Reamining M/E Amt**	75% Reamining M/E Amt**
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	Nothing	Nothing	Nothing	Nothing
At Home Care	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Non-Medicare Aproved)	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Medicare Approved)	100%	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt
Outpatient Psyciatric Care	80% M/E	50% Reamining M/E Amt**	50% Reamining M/E Amt**	75% Reamining M/E Amt**	75% Reamining M/E Amt**

M/E = MEDICARE ELIGIBLE; E/C = ELIGIBLE CHARGES

*** With a Medicare Select Plan, the Part A hospital deductible is waived anytime the member is admitted to a Medicare Select Participating hospital**

**** Member's portion counts towards the annual OPX limit of $4,960 (Plan K) and $2,480 (Plan L).**

METRO AREA: Cook, DuPage, Kane, Lake, McHenry, & Will Counties
STATE AREA: All Other Counties

ILLINOIS OPEN PLANS - 2016 MEDICARE STANDARD PLAN BENEFITS

		PLAN K $4,960 OPX	PLAN K $4,960 OPX	PLAN L $2,480 OPX	PLAN L $2,480 OPX
	GROUP NUMBER	069977 - Metro	069977 - State	069978 - Metro	069978 - State
MEDICARE PART A - I/P HOSPITAL	**MEDICARE PAYS:**				
1st thru 60th Day	All but $1,288	50% of $1,288*	50% of $1,288*	75% of $1,288*	75% of $1,288*
61st thru 90th Day	All but $322/day*	$322/day*	$322/day*	$322/day*	$322/day*
91st thru 150th Day	All but $644/day*	$644/day*	$644/day*	$644/day*	$644/day*
151st thru 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
366th thru 515th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
516th thru 820th Day	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 1st thru 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing
SNF 21st thru 100th Day	All but $161/day	50% of $161/day*	50% of $161/day*	75% of $161/day*	75% of $161/day*
SNF 101st thru 365th Day	Nothing	Nothing	Nothing	Nothing	Nothing
Hospice Care	All except Medicare Copay/Coins Amt	50% of Medicare Copay/Coins Amt	50% of Medicare Copay/Coins Amt	75% of Medicare Copay/Coins Amt	75% of Medicare Copay/Coins Amt
PARTS A & B					
Blood	All but first 3 pts.	50% of charges*	50% of charges*	75% of charges*	75% of charges
BCBS Deductible	Nothing	Nothing	Nothing	Nothing	Nothing
Out of Pocket Expense (OPX)	N/A	$4,960	$4,960	$2,480	$2,480
MEDICARE PART B: PHYSICIAN					
$166 Medicare Deductible	Nothing	Nothing*	Nothing*	Nothing*	Nothing*
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing	Nothing
Inpatient Physician	80% M/E	50% of Remaining M/E Amt*	50% of Remaining M/E Amt*	75% of Remaining M/E Amt*	75% of Remaining M/E Amt*
Outpatient Hospital	80% M/E	50% of Remaining M/E Amt*	50% of Remaining M/E Amt*	75% of Remaining M/E Amt*	75% of Remaining M/E Amt*
Private Duty Nursing	Nothing	Nothing	Nothing	Nothing	Nothing
Medical Supplies, Speech / Physical Therapy, Ambulance, Diagnsotic Lab, Xray, Home/Office Visits, Durable Medical Equipment, Prosthetics	80% M/E	50% of Remaining M/E Amt*	50% of Remaining M/E Amt*	75% of Remaining M/E Amt*	75% of Remaining M/E Amt*
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	Nothing	Nothing	Nothing	Nothing
At Home Care	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Medicare Approved)	100% M/E	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt
Outpatient Psyciatric Care	80% M/E	50% of Remaining M/E Amt*	50% of Remaining M/E Amt*	75% of Remaining M/E Amt*	75% of Remaining M/E Amt*

M/E = MEDICARE ELIGIBLE; E/C = ELIGIBLE CHARGES

*** Member's portion counts towards the annual OPX limit of $4,960 (Plan K) and $2,480 (Plan L).**

METRO AREA: Cook, DuPage, Kane, Lake, McHenry, & Will Counties

STATE AREA: All Other Counties

ILLINOIS CLOSED PLANS - 2016 MEDICARE STANDARD PLAN BENEFITS

		HIA OPTION 2	HIA OTION 1	HIA OPTION 1A	HIA PLAN 1
	GROUP NUMBER	**032935**	**032936**	**032937**	**032938**
MEDICARE PART A - I/P HOSPITAL	**MEDICARE PAYS:**				
1st thru 60th Day	All but $1,288	$1,288	Nothing	$1,288	$1,288
61st thru 90th Day	All but $322/day	$322/day	$322/day	$322/day	$322/day
91st thru 150th Day	All but $644/day	$644/day	$644/day	$644/day	$644/day
151st thru 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
366th thru 515th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
516th thru 820th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
SNF 1st thru 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing
SNF 21st thru 100th Day	All but $161/day	$161/day	$161/day	$161/day	$161/day
SNF 101st thru 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
PARTS A & B					
Blood	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
BCBS Deductible	Nothing	N/A	N/A	N/A	N/A
Out of Pocket Expense (OPX)	N/A	N/A	N/A	N/A	N/A
MEDICARE PART B: PHYSICIAN					
$166 Medicare Deductible	Nothing	Nothing	Nothing	Nothing	$166/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	I/P - $75/day $1,500 max/mo.	Nothing	Nothing	$50/day up to $1,000/month
Medical Supplies, Speech / Physical Therapy, Ambulance, Diagnsotic Lab, Xray, Home/Office Visits, Durable Medical 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
Preventative Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Medicare Approved)	100% M/E	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt
Outpatient Psyciatric Care	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E up to $25/visit $1,000/yr; $10,000 lifetime

M/E = MEDICARE ELIGIBLE; E/C = ELIGIBLE CHARGES

ILLINOIS CLOSED PLANS - 2016 MEDICARE STANDARD PLAN BENEFITS

		PLAN A	PLAN A	PLAN B	PLAN B	PLAN D	PLAN D
	GROUP NUMBER	069941 - Metro	069941 - State	069942 - Metro	069942 - State	069943 - Metro	069943 - State
MEDICARE PART A - I/P HOSPITAL	**MEDICARE PAYS:**						
1st thru 60th Day	All but $1,288	Nothing	Nothing	$1,288	$1,288	$1,288	$1,288
61st thru 90th Day	All but $322/day	$322/day	$322/day	$322/day	$322/day	$322/day	$322/day
91st thru 150th Day	All but $644/day	$644/day	$644/day	$644/day	$644/day	$644/day	$644/day
151st thru 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
366th thru 515th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
516th thru 820th Day	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 1st thru 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 21st thru 100th Day	All but $161/day	Nothing	Nothing	Nothing	Nothing	$161/day	$161/day
SNF 101st thru 365th Day	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
PARTS A & B							
Blood	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
BCBS Deductible	Nothing	N/A	N/A	N/A	N/A	N/A	N/A
Out of Pocket Expense (OPX)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MEDICARE PART B: PHYSICIAN							
$166 Medicare Deductible	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Inpatient Physician	80% M/E	20% M/E	20% 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	20% M/E	20% M/E
Private Duty Nursing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Medical Supplies, Speech / Physical Therapy, Ambulance, Diagnsotic Lab, Xray, Home/Office Visits, Durable Medical Equipment, Prosthetics	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	Nothing	Nothing	Nothing	Nothing	*	*
At Home Care	Nothing	Nothing	Nothing	Nothing	Nothing	**	**
Preventative Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Medicare Approved)	100% M/E	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt
Outpatient Psyciatric Care	80% M/E	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt

M/E = MEDICARE ELIGIBLE; E/C = ELIGIBLE CHARGES

*** 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.**

****At Home Care: Pays up to $40 per visit, $1,600 per year, 7 visits per wek. One visit can equal up to 4 hours.**

METRO AREA: Cook, DuPage, Kane, Lake, McHenry, & Will Counties

STATE AREA: All Other Counties

ILLINOIS CLOSED PLANS - 2016 MEDICARE STANDARD PLAN BENEFITS

		PLAN E	PLAN E	PLAN F	PLAN F	PLAN B SELECT	PLAN B SELECT
	GROUP NUMBER	069944 - Metro	069944 - State	069945 - Metro	069945 - State	069946 - Metro	069946 - Metro
MEDICARE PART A - I/P HOSPITAL	**MEDICARE PAYS:**						
1st thru 60th Day	All but $1,288	$1,288	$1,288	$1,288	$1,288	$1,288*	$1,288*
61st thru 90th Day	All but $322/day	$322/day	$322/day	$322/day	$322/day	$322/day	$322/day
91st thru 150th Day	All but $644/day	$644/day	$644/day	$644/day	$644/day	$644/day	$644/day
151st thru 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
366th thru 515th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
516th thru 820th Day	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 1st thru 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 21st thru 100th Day	All but $161/day	$161/day	$161/day	$161/day	$161/day	Nothing	Nothing
SNF 101st thru 365th Day	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
PARTS A & B							
Blood	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
BCBS Deductible	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Out of Pocket Expense (OPX)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MEDICARE PART B: PHYSICIAN							
$166 Medicare Deductible	Nothing	Nothing	Nothing	$166	$166	Nothing	Nothing
Part B Excess Charges	Nothing	Nothing	Nothing	100%	100%	Nothing	Nothing
Inpatient Physician	80% M/E	20% M/E	20% 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	20% M/E	20% M/E
Private Duty Nursing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Medical Supplies, Speech / Physical Therapy, Ambulance, Diagnsotic Lab, Xray, Home/Office Visits, Durable Medical Equipment, Prosthetics	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	**	**	**	**	Nothing	Nothing
At Home Care	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Non-Medicare Approved)	Nothing	100% up to $120 max/yr.	100% up to $120 max/yr.	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Medicare Approved)	100% M/E	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt
Outpatient Psyciatric Care	80% M/E	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt

M/E = MEDICARE ELIGIBLE; E/C = ELIGIBLE CHARGES

*** With a Medicare Select Plan, the Part A hospital deductible is waived anytime the member is admitted to a Medicare Select Participating hospital**

**** 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.**

METRO AREA: Cook, DuPage, Kane, Lake, McHenry, & Will Counties

STATE AREA: All Other Counties

ILLINOIS CLOSED PLANS - 2016 MEDICARE STANDARD PLAN BENEFITS

		PLAN C SELECT	PLAN C SELECT	PLAN D SELECT	PLAN D SELECT	PLAN E SELECT	PLAN E SELECT
	GROUP NUMBER	069947 - Metro	069947 - State	069948 - Metro	069948 - State	069949 - Metro	069949 - Metro
MEDICARE PART A - I/P HOSPITAL	**MEDICARE PAYS:**						
1st thru 60th Day	All but $1,288	$1,288*	$1,288*	$1,288*	$1,288*	$1,288*	$1,288*
61st thru 90th Day	All but $322/day	$322/day	$322/day	$322/day	$322/day	$322/day	$322/day
91st thru 150th Day	All but $644/day	$644/day	$644/day	$644/day	$644/day	$644/day	$644/day
151st thru 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
366th thru 515th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
516th thru 820th Day	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 1st thru 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 21st thru 100th Day	All but $161/day	$161/day	$161/day	$161/day	$161/day	$161/day	$161/day
SNF 101st thru 365th Day	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
PARTS A & B							
Blood	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
BCBS Deductible	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Out of Pocket Expense (OPX)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MEDICARE PART B: PHYSICIAN							
$166 Medicare Deductible	Nothing	$166	$166	Nothing	Nothing	Nothing	Nothing
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Inpatient Physician	80% M/E	20% M/E	20% 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	20% M/E	20% M/E
Private Duty Nursing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Medical Supplies, Speech / Physical Therapy, Ambulance, Diagnsotic Lab, Xray, Home/Office Visits, Durable Medical Equipment, Prosthetics	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	**	**	**	**	**	**
At Home Care	Nothing	Nothing	Nothing	***	***	Nothing	Nothing
Preventative Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing	100% up to $120 max/yr.	100% up to $120 max/yr.
Preventative Medical Care (Medicare Approved)	100% M/E	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt
Outpatient Psyciatric Care	80% M/E	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt

M/E = MEDICARE ELIGIBLE; E/C = ELIGIBLE CHARGES

*** With a Medicare Select Plan, the Part A hospital deductible is waived anytime the member is admitted to a Medicare Select Participating hospital**

**** 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.**

*****At Home Care: Pays up to $40 per visit, $1,600 per year, 7 visits per week. One visit can equal up to 4 hours**

METRO AREA: Cook, DuPage, Kane, Lake, McHenry, & Will Counties
STATE AREA: All Other Counties

ILLINOIS CLOSED PLANS - 2016 MEDICARE STANDARD PLAN BENEFITS

		PLAN F SELECT	PLAN F SELECT	PLAN K SELECT $4,960 OPX**	PLAN K SELECT $4,960 OPX**	PLAN L SEELCT $2,480 OPX**	PLAN L SELECT $2,480 OPX**
	GROUP NUMBER	069950 - Metro	069950 - State	069951 - Metro	069951 - State	069952 - Metro	069952 - State
MEDICARE PART A - I/P HOSPITAL	MEDICARE PAYS:						
1st thru 60th Day	All but $1,288	$1,288*	$1,288*	50%* of $1,288*/**	50%* of $1,288*/**	75%* of $1,288*/**	75%* of $1,288*/**
61st thru 90th Day	All but $322/day	$322/day	$322/day	$322/day**	$322/day**	$322/day**	$322/day**
91st thru 150th Day	All but $644/day	$644/day	$644/day	$644/day**	$644/day**	$644/day**	$644/day**
151st thru 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
366th thru 515th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
516th thru 820th Day	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 1st thru 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 21st thru 100th Day	All but $161/day	$161/day	$161/day	50% of $161/day**	50% of $161/day**	75% of $161/day**	75% of $161/day**
SNF 101st thru 365th Day	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Hospice Care	All except Medicare Copay/Coins Amt	Nothing	Nothing	50% of the Medicare Copay/Coins Amt	50% of the Medicare Copay/Coins Amt	75% of the Medicare Copay/Coins Amt	75% of the Medicare Copay/Coins Amt
PARTS A & B							
Blood	All but first 3 pts.	First 3 pts.	First 3 pts.	50% of charges**	50% of charges**	75% of charges**	75% of charges**
BCBS Deductible	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Out of Pocket Expense (OPX)	N/A	N/A	N/A	$4,960	$4,960	$2,480	$2,480
MEDICARE PART B: PHYSICIAN							
$166 Medicare Deductible	Nothing	$166	$166	Nothing**	Nothing**	Nothing**	Nothing**
Part B Excess Charges	Nothing	100%	100%	Nothing	Nothing	Nothing	Nothing
Inpatient Physician	80% M/E	20% M/E	20% M/E	50% of Remaining Amt**	50% of Remaining Amt**	75% of Remaining Amt**	75% of Remaining Amt**
Outpatient Hospital	80% M/E	20% M/E	20% M/E	50% of Remaining Amt**	50% of Remaining Amt**	75% of Remaining Amt**	75% of Remaining Amt**
Private Duty Nursing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Medical Supplies, Speech / Physical Therapy, Ambulance, Diagnsotic Lab, Xray, Home/Office Visits, Durable Medical Equipment, Prosthetics	80% M/E	20% M/E	20% M/E	50% of Remaining Amt**	50% of Remaining Amt**	75% of Remaining Amt**	75% of Remaining Amt**
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	***	***	Nothing	Nothing	Nothing	Nothing
At Home Care	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Medicare Approved)	100% M/E	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt
Outpatient Psyciatric Care	80% M/E	Remaining M/E Amt	Remaining M/E Amt	50% of Remaining Amt**	50% of Remaining Amt**	75% of Remaining Amt**	75% of Remaining Amt**

M/E = MEDICARE ELIGIBLE; E/C = ELIGIBLE CHARGES

*** With a Medicare Select Plan, the Part A hospital deductible is waived anytime the member is admitted to a Medicare Select Participating hospital**

**** Member's portion counts towards the annual OPX limit of $4,960 (Plan K) and $2,480 (Plan L).**

***** 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.**

METRO AREA: Cook, DuPage, Kane, Lake, McHenry, & Will Counties

STATE AREA: All Other Counties

ILLINOIS CLOSED PLANS - 2016 MEDICARE STANDARD PLAN BENEFITS

		PLAN C	PLAN C	PLAN 6E	SUPER SUPP (HIGH)***	SUPER SUPP (MID)***
	GROUP NUMBER	069953 - Metro	069953 - State	069954 / 069955	069956	069957
MEDICARE PART A - I/P HOSPITAL	**MEDICARE PAYS:**					
1st thru 60th Day	All but $1,288	$1,288	$1,288	$1,288	$1,288	Nothing
61st thru 90th Day	All but $322/day	$322/day	$322/day	$322/day	$322/day	$322/day
91st thru 150th Day	All but $644/day	$644/day	$644/day	$644/day	$644/day	$644/day
151st thru 365th Day	Nothing	100% M/E	100% M/E	$578/day	100% M/E	100% M/E
366th thru 515th Day	Nothing	100% M/E	100% M/E	$578/day	100% M/E	100% M/E
516th thru 820th Day	Nothing	Nothing	Nothing	$578/day to 820th day	100% M/E	100% M/E
SNF 1st thru 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 21st thru 100th Day	All but $161/day	$161/day	$161/day	$161/day	$161/day	$161/day
SNF 101st thru 365th Day	Nothing	Nothing	Nothing	Nothing	$289/day	$289/day
PARTS A & B						
Blood	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
BCBS Deductible	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Out of Pocket Expense (OPX)	N/A	N/A	N/A	N/A	N/A	N/A
MEDICARE PART B: PHYSICIAN						
$166 Medicare Deductible	Nothing	$166	$166	Nothing	Nothing	Nothing
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Inpatient Physician	80% M/E	20% 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	20% M/E
Private Duty Nursing	Nothing	Nothing	Nothing	Nothing	$100 ded; 50% to $10,000 max/yr.**	$100 ded; 50% to $10,000 max/yr.**
Medical Supplies, Speech / Physical Therapy, Ambulance, Diagnsotic Lab, Xray, Home/Ofice Visits, Durable Medical Equipment, Prosthetics	80% M/E	20% M/E	20% M/E	20% M/E (Diag Lab & Xray only)	20% M/E	20% M/E
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	$100 ded; 50% to $10,000 max/yr.**	$100 ded; 50% to $10,000 max/yr.**
Foreign Country	Nothing	*	*	100% M/E	100% M/E	100% M/E
At Home Care	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Medicare Approved)	100% M/E	Remaining M/E Amt	Remaining M/E Amt	Nothing	Remaining M/E Amt	Remaining M/E Amt
Outpatient Psyciatric Care	80% M/E	Remaining M/E Amt	Remaining M/E Amt	Nothing	20% M/E	20% M/E

M/E = MEDICARE ELIGIBLE; E/C = ELIGIBLE CHARGES

*** 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.**

**** Private Duty Nursing, Rx Drug Deductible, and Yearly Maximums are combined.**

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

METRO AREA: Cook, DuPage, Kane, Lake, McHenry, & Will Counties
STATE AREA: All Other Counties

ILLINOIS CLOSED PLANS - 2016 MEDICARE STANDARD PLAN BENEFITS

		SUPER SUPP (LOW)	SS PLAN 1 OPT	SS PLAN 1	SS PLAN 2 OPT
	GROUP NUMBER	**069958**	**069959**	**069960**	**069961**
MEDICARE PART A - I/P HOSPITAL	**MEDICARE PAYS:**				
1st thru 60th Day	All but $1,288	Nothing	Nothing	$1,288	Nothing
61st thru 90th Day	All but $322/day	$322/day	$322/day	$322/day	$322/day
91st thru 150th Day	All but $644/day	$644/day	$644/day	$644/day	$644/day
151st thru 365th Day	Nothing	90% M/E	100% M/E	100% M/E	100% M/E
366th thru 515th Day	Nothing	90% M/E	100% M/E	100% M/E	100% M/E
516th thru 820th Day	Nothing	90% M/E	100% M/E	100% M/E	100% M/E
SNF 1st thru 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing
SNF 21st thru 100th Day	All but $161/day	$161/day	$161/day	$161/day	$161/day
SNF 101st thru 365th Day	Nothing	Nothing	Nothing	Nothing	Nothing
PARTS A & B					
Blood	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
BCBS Deductible	Nothing	Nothing	$125/yr.	$125/yr.	$125/yr.
Out of Pocket Expense (OPX)	N/A	N/A	N/A	N/A	N/A
MEDICARE PART B: PHYSICIAN					
$166 Medicare 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	Nothing	Nothing	Nothing	Nothing
Medical Supplies, Speech / Physical Therapy, Ambulance, Diagnsotic Lab, Xray, Home/Office Visits, Durable Medical Equipment, Prosthetics	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	$6 copay up to $500 max/yr.
Foreign Country	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
At Home Care	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Medicare Approved)	100% M/E	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt
Outpatient Psyciatric Care	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E

M/E = MEDICARE ELIGIBLE; E/C = ELIGIBLE CHARGES

ILLINOIS CLOSED PLANS - 2016 MEDICARE STANDARD PLAN BENEFITS

		SS PLAN 2	SS PLAN 3	SS PLAN 4	SS PLAN 3+ OPT
	GROUP NUMBER	**069962**	**069964**	**069966**	**069967**
MEDICARE PART A - I/P HOSPITAL	**MEDICARE PAYS:**				
1st thru 60th Day	All but $1,288	$1,288	$1,288	$1,288	$1,288
61st thru 90th Day	All but $322/day	$322/day	$322/day	$322/day	$322/day
91st thru 150th Day	All but $644/day	$644/day	$644/day	$644/day	$644/day
151st thru 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
366th thru 515th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
516th thru 820th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
SNF 1st thru 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing
SNF 21st thru 100th Day	All but $161/day	$161/day	$161/day	$161/day	$161/day
SNF 101st thru 365th Day	Nothing	Nothing	$289/day	$289/day	$289/day
PARTS A & B					
Blood	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
BCBS Deductible	Nothing	$125/yr.	Nothing	Nothing	Nothing
Out of Pocket Expense (OPX)	N/A	N/A	N/A	N/A	N/A
MEDICARE PART B: PHYSICIAN					
$166 Medicare Deductible	Nothing	Nothing	Nothing	$166	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	Nothing	50% up to $500/month	50% up to $1,000/month	50% up to $500/month
Medical Supplies, Speech / Physical Therapy, Ambulance, Diagnsotic Lab, Xray, Home/Office Visits, Durable Medical Equipment, Prosthetics	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Prescription Drugs	Nothing	$6 copay up to $500 max/yr.	$6 copay up to $500 max/yr.	$6 copay up to $500 max/yr.	Nothing
Foreign Country	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
At Home Care	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Medicare Approved)	100% M/E	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt
Outpatient Psyciatric Care	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E

M/E = MEDICARE ELIGIBLE; E/C = ELIGIBLE CHARGES

ILLINOIS CLOSED PLANS - 2016 MEDICARE STANDARD PLAN BENEFITS

		SS PLAN 3+	SS PLAN 1+ OPT	SS PLAN 1+	SS PLAN 1+
	GROUP NUMBER	**069968**	**069969**	**069970**	**069971**
MEDICARE PART A - I/P HOSPITAL	**MEDICARE PAYS:**				
1st thru 60th Day	All but $1,288	$1,288	Nothing	$1,288	$1,288
61st thru 90th Day	All but $322/day	$322/day	$322/day	$322/day	$322/day
91st thru 150th Day	All but $644/day	$644/day	$644/day	$644/day	$644/day
151st thru 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
366th thru 515th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
516th thru 820th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E
SNF 1st thru 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing
SNF 21st thru 100th Day	All but $161/day	$161/day	$161/day	$161/day	$161/day
SNF 101st thru 365th Day	Nothing	$289/day	100% M/E	100% M/E	100% M/E
PARTS A & B					
Blood	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
BCBS Deductible	Nothing	N/A	N/A	N/A	N/A
Out of Pocket Expense (OPX)	N/A	N/A	N/A	N/A	N/A
MEDICARE PART B: PHYSICIAN					
$166 Medicare 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, Diagnsotic Lab, Xray, Home/Office Visits, Durable Medical 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
Preventative Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Medicare Approved)	100% M/E	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt
Outpatient Psyciatric Care	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E

M/E = MEDICARE ELIGIBLE; E/C = ELIGIBLE CHARGES

ILLINOIS CLOSED PLANS - 2016 MEDICARE STANDARD PLAN BENEFITS

		OPTION 1	OPTION 2	OPTION 3	PLAN F HIGH DED	PLAN F HIGH DED
	GROUP NUMBER	069972	069973	069974	069975 - Metro	069975 - State
MEDICARE PART A - I/P HOSPITAL	**MEDICARE PAYS:**					
1st thru 60th Day	All but $1,288	Nothing	$1,288	$1,288	$1,288	$1,288
61st thru 90th Day	All but $322/day	$322/day	$322/day	$322/day	$322/day*	$322/day*
91st thru 150th Day	All but $644/day	$644/day	$644/day	$644/day	$644/day*	$644/day*
151st thru 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E*	100% M/E*
366th thru 515th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E*	100% M/E*
516th thru 820th Day	Nothing	100% M/E	100% M/E	100% M/E	Nothing	Nothing
SNF 1st thru 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 21st thru 100th Day	All but $161/day	$161/day	$161/day	$161/day	$161/day*	$161/day*
SNF 101st thru 365th Day	Nothing	100% M/E	100% M/E	100% M/E	Nothing	Nothing
PARTS A & B						
Blood	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.*	First 3 pts.*
BCBS Deductible	Nothing	N/A	Nothing	Nothing	$2,180	$2,180
Out of Pocket Expense (OPX)	N/A	N/A	N/A	N/A	N/A	N/A
MEDICARE PART B: PHYSICIAN						
$166 Medicare Deductible	Nothing	Nothing	Nothing	$166	$166*	$166*
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing	100%*	100%*
Inpatient Physician	80% M/E	20% 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*	20% M/E*
Private Duty Nursing	Nothing	Nothing	I/P - $75/day up to $1,500 max/month	I/P - $75/day; O/P - $100/day $2,000 max/mo.	Nothing	Nothing
Medical Supplies, Speech / Physical Therapy, Ambulance, Diagnsotic Lab, Xray, Home/Office Visits, Durable Medical Equipment, Prosthetics	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E*	20% M/E*
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	100% M/E	100% M/E	100% M/E	**	**
At Home Care	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Medicare Approved)	100% M/E	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt*	Remaining M/E Amt*
Outpatient Psyciatric Care	80% M/E	20% M/E	20% M/E	20% M/E	Remaining M/E Amt*	Remaining M/E Amt*

M/E = MEDICARE ELIGIBLE; E/C = ELIGIBLE CHARGES

*** The member must met the annual $2,180 deductible before benefits are paid.**

**** 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. Members with Plan F High Deductible must meet the annual $2,180 deductible before benefits are available.**

METRO AREA: Cook, DuPage, Kane, Lake, McHenry, & Will Counties
STATE AREA: All Other Counties

ILLINOIS CLOSED PLANS - 2016 MEDICARE STANDARD PLAN BENEFITS

		SUPER SUPP (HIGH)*	SUPER SUPP (MID)*	SS PLAN 2 OPT	SS PLAN 2	SS PLAN 3	SS PLAN 4
	GROUP NUMBER	**069980**	**069981**	**069982**	**069983**	**069984**	**069985**
MEDICARE PART A - I/P HOSPITAL	**MEDICARE PAYS:**						
1st thru 60th Day	All but $1,288	$1,288	Nothing	Nothing	$1,288	$1,288	$1,288
61st thru 90th Day	All but $322/day	$322/day	$322/day	$322/day	$322/day	$322/day	$322/day
91st thru 150th Day	All but $644/day	$644/day	$644/day	$644/day	$644/day	$644/day	$644/day
151st thru 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
366th thru 515th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
516th thru 820th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
SNF 1st thru 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 21st thru 100th Day	All but $161/day	$161/day	$161/day	$161/day	$161/day	$161/day	$161/day
SNF 101st thru 365th Day	Nothing	$289/day	$289/day	Nothing	Nothing	$289/day	$289/day
PARTS A & B							
Blood	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
BCBS Deductible	Nothing	Nothing	Nothing	$125/yr.	$125/yr.	Nothing	Nothing
Out of Pocket Expense (OPX)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MEDICARE PART B: PHYSICIAN							
$166 Medicare Deductible	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	$166
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Inpatient Physician	80% M/E	20% M/E	20% 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	20% M/E	20% M/E
Private Duty Nursing	Nothing	$100 ded; 50% to $10,000 max/yr.	$100 ded; 50% to $10,000 max/yr.	Nothing	Nothing	50% up to $500 max/month	50% up to $1,000 max/month
Medical Supplies, Speech / Physical Therapy, Ambulance, Diagnsotic Lab, Xray, Home/Office Visits, Durable Medical Equipment, Prosthetics	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
At Home Care	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Medicare Approved)	100% M/E	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt
Outpatient Psyciatric Care	80% M/E	20% M/E	20% 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.**

ILLINOIS CLOSED PLANS - 2016 MEDICARE STANDARD PLAN BENEFITS

		PLAN A	PLAN A	PLAN C	PLAN C	PLAN E	PLAN E	PLAN F	PLAN F
	GROUP NUMBER	069996 - Metro	069996 - State	069997 - Metro	069997 - State	069998 - Metro	069998 - State	069999 - Metro	069999 - State
MEDICARE PART A - I/P HOSPITAL	**MEDICARE PAYS:**								
1st thru 60th Day	All but $1,288	Nothing	Nothing	$1,288	$1,288	$1,288	$1,288	$1,288	$1,288
61st thru 90th Day	All but $322/day	$322/day	$322/day	$322/day	$322/day	$322/day	$322/day	$322/day	$322/day
91st thru 150th Day	All but $644/day	$644/day	$644/day	$644/day	$644/day	$644/day	$644/day	$644/day	$644/day
151st thru 365th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
366th thru 515th Day	Nothing	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E	100% M/E
516th thru 820th Day	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 1st thru 20th Day	100% M/E	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
SNF 21st thru 100th Day	All but $161/day	Nothing	Nothing	$161/day	$161/day	$161/day	$161/day	$161/day	$161/day
SNF 101st thru 365th Day	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
PARTS A & B									
Blood	All but first 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.	First 3 pts.
BCBS Deductible	Nothing	N/A	N/A	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Out of Pocket Expense (OPX)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MEDICARE PART B: PHYSICIAN									
$166 Medicare Deductible	Nothing	Nothing	Nothing	$166	$166	Nothing	Nothing	$166	$166
Part B Excess Charges	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	100%	100%
Inpatient Physician	80% M/E	20% M/E	20% M/E	20% M/E	20% 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	20% M/E	20% M/E	20% M/E	20% M/E
Private Duty Nursing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Medical Supplies, Speech / Physical Therapy, Ambulance, Diagnsotic Lab, Xray, Home/Office Visits, Durable Medical Equipment, Prosthetics	80% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E	20% M/E
Prescription Drugs	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Foreign Country	Nothing	Nothing	Nothing	*	*	*	*	*	*
At Home Care	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing	Nothing
Preventative Medical Care (Non-Medicare Approved)	Nothing	Nothing	Nothing	Nothing	Nothing	100% up to $120 max/yr.	100% up to $120 max/yr.	Nothing	Nothing
Preventative Medical Care (Medicare Approved)	100% M/E	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt
Outpatient Psyciatric Care	80% M/E	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt	Remaining M/E Amt

M/E = MEDICARE ELIGIBLE; E/C = ELIGIBLE CHARGES

*** 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.**

METRO AREA: Cook, DuPage, Kane, Lake, McHenry, & Will Counties
STATE AREA: All Other Counties