

## GA Palmetto Medicare 01 Formally Cahaba

## Patient : WATSON, MALA

Member ID: 1CT4G49YC03  
 Subscriber Name: WATSON, MALA  
 DOB: 03/19/1932  
 Gender: FEMALE  
 RelationShip: SELF  
 Address: 2450 BUFORD DR  
 LAWRENCEVILLE, GA 30043-2102

## General Eligibility Information

Status: **ACTIVE - MEDICARE PART B** ■  
 Status: **ACTIVE - MEDICARE PART A** ■  
 Eligibility: 12/06/2021 - 04/06/2023  
 Provider: FOX REHABILITATION SERVICES, INC.  
 Inquire Date: 12/06/2022

## 30-HEALTH BENEFIT PLAN COVERAGE (MB-MEDICARE PART B)

Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANCE
N/A	0-Beneficiary insured due to age OASI Plan: 03/01/1997	\$233.00 Per Calendar Year Plan: 01/01/2022-12/31/2022  \$203.00 Per Calendar Year Plan: 01/01/2021-12/31/2021  \$0.00 Remaining Plan: 01/01/2022-12/31/2022  \$0.00 Remaining Plan: 01/01/2021-12/31/2021		20% Per Visit Plan: 01/01/2022-12/31/2022  20% Per Visit Plan: 01/01/2021-12/31/2021

## 14-RENAL SUPPLIES IN THE HOME (MB-MEDICARE PART B)

Network	Coverage Plan	ACTIVE COVERAGE
N/A	0-Beneficiary insured due to age OASI Plan: 03/01/1997	

## 42-HOME HEALTH CARE (MB-MEDICARE PART B)

Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANCE
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Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANCE	Active Indexers
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	\$0.00 Per Calendar Year Benefit: 01/01/2022-12/31/2022		
			\$0.00 Per Calendar Year Benefit: 01/01/2021-12/31/2021	0% Per Visit Benefit: 01/01/2022-12/31/2022	
				0% Per Visit Benefit: 01/01/2021-12/31/2021	

**AD-OCCUPATIONAL THERAPY (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE	BENEFIT DESCRIPTION
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	\$0.00  Used Amount Benefit: 01/01/2023-12/31/2023  \$3,484.83  Used Amount Benefit: 01/01/2022-12/31/2022  \$0.00  Used Amount Benefit: 01/01/2021-12/31/2021

**AE-PHYSICAL MEDICINE (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE	BENEFIT DESCRIPTION
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	\$0.00  Used Amount Benefit: 01/01/2023-12/31/2023  \$2,402.72  Used Amount Benefit: 01/01/2022-12/31/2022  \$0.00  Used Amount Benefit: 01/01/2021-12/31/2021

**CQ-CASE MANAGEMENT (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANCE
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Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANCE	Active Indexers
N/A		Benefit: 12/06/2021-04/06/2023	\$0.00 Per Calendar Year Benefit: 12/06/2021-04/06/2023	0% Per Visit Benefit: 12/06/2021-04/06/2023	

**42-HOME HEALTH CARE (MA-MEDICARE PART A)**

Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	\$0.00 Episode Benefit: 01/01/2022-12/31/2022 Benefit: 01/01/2021-12/31/2021

**45-HOSPICE (MA-MEDICARE PART A)**

Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	\$0.00 Episode Benefit: 01/01/2022-12/31/2022 Benefit: 01/01/2021-12/31/2021

**10-BLOOD CHARGES (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**12-DME PURCHASE (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**13-ACS FACILITY (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**18-DME RENAL (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**2-SURGERY (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE	Active Indexers
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	

**20-SECOND SURGICAL OPINION (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**23-DIAGNOSTIC DENTAL (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**24-PERIODONTICS (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**25-RESTORATIVE (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**26-ENDODOTICS (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**27-MAXILLOFACIAL PROSTHETICS (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**28-ADJUNCTIVE DENTAL SERVICES (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE	Active Indexers
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	

**3-CONSULTATION (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**33-CHIROPRACTIC (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**36-DENTAL CROWNS (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**37-DENTAL ACCIDENT (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**38-ORTHODONTICS (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**39-PROSTHODONTICS (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**4-DIAGNOSTIC X-RAY (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE	Active Indexers
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	

**40-ORAL SURGERY (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**5-DIAGNOSTIC LABORATORY (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANCE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	\$0.00 Per Calendar Year Benefit: 01/01/2022-12/31/2022	
			\$0.00 Per Calendar Year Benefit: 01/01/2021-12/31/2021	0% Per Visit Benefit: 01/01/2022-12/31/2022
				0% Per Visit Benefit: 01/01/2021-12/31/2021

**50-HOSPITAL - OUTPATIENT (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**51-HOSPITAL - EMERGENCY ACCIDENT (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**52-HOSPITAL - EMERGENCY MEDICAL (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**53-HOSPITAL - AMBULATORY SURGICAL (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE	Active Indexers
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	

**6-RADIATION THERAPY (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**62-MRI/CAT SCAN (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**65-NEWBORN CARE (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**67-SMOKING CESSATION (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANCE	LIMITATIONS
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	\$0.00 Per Calendar Year Benefit: 01/01/2022-12/31/2022	0% Per Visit Benefit: 01/01/2022-12/31/2022	
			\$0.00 Per Calendar Year Benefit: 01/01/2021-12/31/2021	0% Per Visit Benefit: 01/01/2021-12/31/2021	8 Visits Per Service Year

**69-MATERNITY (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

Active Indexers

**7-ANESTHESIA (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**73-DIAGNOSTIC MEDICAL (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**76-DIALYSIS (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**78-CHEMOTHERAPY (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**8-ASSISTANCE AT SURGERY (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**81-ROUTINE PHYSICAL (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**83-INFERTILITY (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997



**86-EMERGENCY SERVICES (MB-MEDICARE PART B)**

Active Indexers

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**93-PODIATRY (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**98-PROFESSIONAL (PHYSICIAN) VISIT - OFFICE (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**99-OTHER (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**A0-PROFESSIONAL (PHYSICIAN) VISIT - OUTPATIENT (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**A3-PROFESSIONAL (PHYSICIAN) VISIT - HOME (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**A4-PSYCHIATRIC (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**A6-PSYCHOTHERAPY (MB-MEDICARE PART B)**

Active Indexers

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**A8-PSYCHIATRIC - OUTPATIENT (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**AF-SPEECH THERAPY (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**AI-SUBSTANCE ABUSE (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**AJ-ALCOHOLISM (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANCE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	\$0.00 Per Calendar Year Benefit: 01/01/2022-12/31/2022	
			\$0.00 Per Calendar Year Benefit: 01/01/2021-12/31/2021	0% Per Visit Benefit: 01/01/2022-12/31/2022
				0% Per Visit Benefit: 01/01/2021-12/31/2021

**AK-DRUG ADDICTION (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**AL-VISION (OPTOMETRY) (MB-MEDICARE PART B)**

Active Indexers

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**BF-PULMONARY REHABILITATION (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE	LIMITATIONS
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	72 Covered - Actual Remaining Technical  72 Covered - Actual Remaining Professional

**BG-CARDIAC REHABILITATION (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE	LIMITATIONS
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	0 Quantity Used Technical  0 Quantity Used Professional  0 Quantity Used Intensive Cardiac Rehabilitation - Technical  0 Quantity Used Intensive Cardiac Rehabilitation - Professional

**BH-PEDIATRIC (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**BT-GYNECOLOGICAL (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**BU-OBSTETRICAL (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
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Network	Coverage Plan	ACTIVE COVERAGE	Active Indexers
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	

**BV-OBSTETRICAL/GYNECOLOGICAL (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**DM-DURABLE MEDICAL EQUIPMENT (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**RN-RENAL (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**UC-URGENT CARE (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**80-IMMUNIZATIONS (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANCE
N/A		Status: 12/06/2022	\$0.00 Per Calendar Year Benefit: 01/01/2022-12/31/2022	0% Per Visit Benefit: 01/01/2022-12/31/2022

**MB- (MB-MEDICARE PART B)**

Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANCE	BENEFIT DESCRIPTION
N/A			Per Calendar Year Benefit: 12/06/2022		

## Active Indexers

Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANCE	BENEFIT DESCRIPTION	Active Indexers
			Per Calendar Year Benefit: 12/06/2022			
			Per Calendar Year Benefit: 12/06/2022			
			Per Calendar Year Benefit: 12/06/2022			
			Per Calendar Year Benefit: 12/06/2022			
			Per Calendar Year Benefit: 12/06/2022			
			Per Calendar Year Benefit: 12/06/2022			
			Per Calendar Year Benefit: 12/06/2022			
			Per Calendar Year Benefit: 12/06/2022			
			Per Calendar Year Benefit: 12/06/2022			
			Per Calendar Year Benefit: 12/06/2022			
			Per Calendar Year Benefit: 12/06/2022			
			Per Calendar Year Benefit: 12/06/2022			
			Per Calendar Year Benefit: 12/06/2022			
			Per Calendar Year Benefit: 12/06/2022			
			Per Calendar Year Benefit: 12/06/2022			
			Per Calendar Year Benefit: 12/06/2022			

## Active Indexers

Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANCE	BENEFIT DESCRIPTION	Active Indexers
			Per Calendar Year Benefit: 12/06/2022			
			Per Calendar Year Benefit: 12/06/2022			
			Per Calendar Year Benefit: 12/06/2022			
			Per Calendar Year Benefit: 12/06/2022			
			Per Calendar Year Benefit: 12/06/2022	Per Visit Benefit: 12/06/2022		
				Per Visit Benefit: 12/06/2022		
				Per Visit Benefit: 12/06/2022		
				Per Visit Benefit: 12/06/2022		
				Per Visit Benefit: 12/06/2022		
				Per Visit Benefit: 12/06/2022		
				Per Visit Benefit: 12/06/2022		
				Per Visit Benefit: 12/06/2022		
				Per Visit Benefit: 12/06/2022		



## Active Indexers

## Active Indexers

Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANCE	BENEFIT DESCRIPTION	Active Indexers
					Benefit Begin: 01/01/2005	
					Benefit Begin: 07/01/2007	
					Benefit Begin: 01/01/1998	
					Benefit Begin: 01/01/2002	
					Benefit Begin: 01/01/1998	
					Benefit Begin: 01/01/2015	
					Benefit Begin: 06/01/2018	
					Benefit Begin: 07/01/2001	
					Benefit Begin: 01/01/1998	
					Benefit Begin: 12/01/2007	
					Benefit Begin: 07/01/2001	
					Benefit Begin: 10/14/2011	
					Benefit Begin: 01/01/2005	
					Benefit Begin: 01/01/2002	
					Benefit Begin: 12/01/2007	
					Benefit Begin: 07/01/2005	
					Benefit Begin: 01/01/2004	
					Benefit Begin: 07/01/2001	
					Benefit Begin: 01/01/2005	
					Benefit Begin: 09/28/2016	
					Benefit Begin: 01/01/2005	
					Benefit Begin: 07/01/2001	
					Benefit Begin: 01/01/1998	
					Benefit Begin: 04/13/2015	
					Benefit Begin: 01/01/2005	
					Benefit Begin: 07/01/2001	
					Benefit Begin: 01/01/2007	
					Benefit Begin: 07/01/2001	
					Benefit Begin: 01/01/2005	
					Benefit Begin: 01/01/2005	
					Benefit Begin: 11/08/2011	
					Benefit Begin: 07/01/2001	
					Benefit Begin: 11/08/2011	
					Benefit Begin: 06/02/2014	
					Benefit Begin: 07/01/1998	

Network	Coverage Plan	ACTIVE COVERAGE	DEDUCTIBLE	CO-INSURANCE	BENEFIT DESCRIPTION	Active Indexers
					Benefit Begin: 07/01/1998	
					Benefit Begin: 07/01/1998	
					Benefit Begin: 07/01/1998	
					Benefit Begin: 07/01/1998	
					Date of Service: 04/14/2016	
					Provider: VAXCARE CORPORATION,	
					NPI: 1316058217	
					Address: 3113 LAWTON RD	
					City: ORLANDO	
					State: FL	
					Zip Code: 32803--3531	

### 30-HEALTH BENEFIT PLAN COVERAGE (MA-MEDICARE PART A)

Network	Coverage Plan	ACTIVE COVERAGE	BENEFIT DESCRIPTION	DEDUCTIBLE	CO-PAYMENT	RESERVE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	Benefit: 05/10/2022-05/13/2022	\$1,556.00 Episode Plan: 01/01/2022-12/31/2022		
				\$1,484.00 Episode Plan: 01/01/2021-12/31/2021		
				\$1,556.00 Remaining Plan: 01/01/2022-12/31/2022		
				\$1,484.00 Remaining Plan: 01/01/2021-12/31/2021		
				\$0.00 Remaining Plan: 05/10/2022-05/13/2022	\$0.00 Episode Admission: 01/01/2022-12/31/2022	

Network	Coverage Plan	ACTIVE COVERAGE	BENEFIT DESCRIPTION	DEDUCTIBLE	CO-PAYMENT	Active Indexers
					\$389.00 Per Day Admission: 01/01/2022-12/31/2022	
					\$0.00 Episode Admission: 01/01/2021-12/31/2021	
					\$371.00 Per Day Admission: 01/01/2021-12/31/2021	
					\$0.00 Episode Admission: 01/01/2022-12/31/2022	
					\$389.00 Per Day Admission: 01/01/2022-12/31/2022	
					\$0.00 Episode Admission: 01/01/2021-12/31/2021	
					\$371.00 Per Day Admission: 01/01/2021-12/31/2021	
					\$0.00 Episode Admission: 05/10/2022-05/13/2022	
					\$389.00 Per Day Admission: 05/10/2022-05/13/2022	60 Days Lifetime

Network	Coverage Plan	ACTIVE COVERAGE	BENEFIT DESCRIPTION	DEDUCTIBLE	CO-PAYMENT	Active Indexers
						60 Days Lifetime Remaining  \$778.00 Per Day Admission: 01/01/2022-12/31/2022  \$742.00 Per Day Admission: 01/01/2021-12/31/2021

**10-BLOOD CHARGES (MA-MEDICARE PART A)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**15-ALTERNATE METHOD DIALYSIS (MA-MEDICARE PART A)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**48-HOSPITAL - INPATIENT (MA-MEDICARE PART A)**

Network	Coverage Plan	ACTIVE COVERAGE	BENEFIT DESCRIPTION
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	Admission: 05/10/2022-05/13/2022 Provider: NORTHSIDE HOSPITAL, INC., NPI: 1952340994 Address: 1000 MEDICAL CENTER BLVD City: LAWRENCEVILLE State: GA Zip Code: 30046--7694

**49-HOSPITAL-ROOM AND BOARD (MA-MEDICARE PART A)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

Active Indexers

**65-NEWBORN CARE (MA-MEDICARE PART A)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**69-MATERNITY (MA-MEDICARE PART A)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**76-DIALYSIS (MA-MEDICARE PART A)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**78-CHEMOTHERAPY (MA-MEDICARE PART A)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**83-INFERTILITY (MA-MEDICARE PART A)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**A5-PSYCHIATRIC-ROOM AND BOARD (MA-MEDICARE PART A)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**A7-PSYCHIATRIC - INPATIENT (MA-MEDICARE PART A)**

Network	Coverage Plan	ACTIVE COVERAGE	RESERVE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	190 Days Lifetime

Network	Coverage Plan	ACTIVE COVERAGE	RESERVE	Active Indexers
				190 Days Lifetime Remaining

**AG-SKILLED NURSING CARE (MA-MEDICARE PART A)**

Network	Coverage Plan	ACTIVE COVERAGE	CO-PAYMENT
N/A	0-Beneficiary insured due to age OASI Plan: 03/01/1997		\$0.00 Episode Admission: 01/01/2022-12/31/2022
			\$194.50 Per Day Admission: 01/01/2022-12/31/2022
			\$0.00 Episode Admission: 01/01/2021-12/31/2021
			\$185.50 Per Day Admission: 01/01/2021-12/31/2021
			\$0.00 Episode Admission: 01/01/2022-12/31/2022
			\$194.50 Per Day Admission: 01/01/2022-12/31/2022
			\$0.00 Episode Admission: 01/01/2021-12/31/2021
			\$185.50 Per Day Admission: 01/01/2021-12/31/2021
			\$0.00 Episode Admission: 05/10/2022-05/13/2022
			\$194.50 Per Day Admission: 05/10/2022-05/13/2022

**BT-GYNECOLOGICAL (MA-MEDICARE PART A)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A	0-Beneficiary insured due to age OASI Plan: 03/01/1997	

**BU-OBSTETRICAL (MA-MEDICARE PART A)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A	0-Beneficiary insured due to age OASI Plan: 03/01/1997	

**BV-OBSTETRICAL/GYNECOLOGICAL (MA-MEDICARE PART A)**

Network	Coverage Plan	ACTIVE COVERAGE
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Network	Coverage Plan	ACTIVE COVERAGE	Active Indexers
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997	

**RN-RENAL (MA-MEDICARE PART A)**

Network	Coverage Plan	ACTIVE COVERAGE
N/A		0-Beneficiary insured due to age OASI Plan: 03/01/1997

**10-BLOOD CHARGES**

Network	Coverage Plan	EXCLUSIONS
N/A		3 Deductible Blood Units Per Calendar Year Benefit: 01/01/2023-12/31/2023  3 Deductible Blood Units Per Calendar Year Benefit: 01/01/2022-12/31/2022  3 Deductible Blood Units Per Calendar Year Benefit: 01/01/2021-12/31/2021

**88-PHARMACY (OT-OTHER)**

Network	Coverage Plan	OTHER OR ADDITIONAL PAYOR
N/A		Plan Number: S5820 Plan Network Identification Number: 009 Payer: UNITEDHEALTHCARE INSURANCE COMPANY Address: 185 Asylum Street, Hartford, CT, 06103-0450 Telephone: (888) 867-5575 URL: AARPMedicarePlans.com Benefit: 05/01/2006 Payer: UNITEDHEALTHCARE INSURANCE COMPANY Address: 185 Asylum Street City: Hartford State: CT Zip Code: 06103-0450  Telephone: 8888675575 URL: AARPMedicarePlans.com