

MCCORMICK, SILVIA Spouse of Subscriber

MEMBER ID NGO914W02820

DOB Aug 10, 1956

GENDER Female

PLAN / COVERAGE DATE Jan 02, 2021 - Dec 31, 9999

DATE OF SERVICE May 12, 2023



FOR ALL SERVICES WITH HSA PLANS, THE DEDUCTIBLE MUST BE MET PRIOR TO APPLYING ANY COPAYMENT. REMINDER, PATIENT MAY HAVE HRA/HSA DOLLARS THAT CAN BE APPLIED TOWARDS THEIR DEDUCTIBLE AND OUT OF POCKET EXPENSES.

Either the patient's ID, name, date of birth, or address in the response does not match the information sent in the request. The response reflects the correct information. To avoid future errors in submission, please update this information in your computer system

Patient Information

RELATIONSHIP TO SUBSCRIBER Spouse

CASE NUMBER 58G9

GROUP NUMBER 174022MKAE

PLAN SPONSOR NAME NORTHROP GRUMMAN CORP

PLAN NAME NORTHROP GRUMMAN CORP

PLAN NUMBER 040

Subscriber Information

SUBSCRIBER MCCORMICK, ALLAN

MEMBER ID NGO914W02820

Plan / Product Information

ACTIVE COVERAGE

EMPLOYEE AND SPOUSE

INSURANCE TYPE Preferred Provider Organization (PPO)

PLAN / PRODUCT BC PPO INCENTIVE

Service Types

Health Benefit Plan Coverage

ACTIVE COVERAGE

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

Service Types

Durable Medical Equipment

Medical Care

Payer Details

PAYER BCBSF

PAYER ID BCBSF

CONTACT INFORMATION

BLUECARD ELIGIBILITY

P: 800-676-2583

Other or Additional Payers

SECONDARY PAYER

PAYER MEDICARE A

SERVICE TYPE Health Benefit Plan Coverage

MEMBER IDENTIFICATION NUMBER 4DN0KK7QM28

COORDINATION OF BENEFITS Aug 01, 2021 - Dec 31, 9999

Provider Details

REQUESTING PROVIDER

NAME BLATNOY, VITALY

NPI 1669462123

SUBMITTER ID G7887

Benefit Disclaimer

UNLESS OTHERWISE REQUIRED BY STATE LAW, THIS NOTICE IS NOT A GUARANTEE OF PAYMENT. BENEFITS ARE SUBJECT TO ALL CONTRACT LIMITS AND THE MEMBER'S STATUS ON THE DATE OF SERVICE. ACCUMULATED AMOUNTS SUCH AS DEDUCTIBLE MAY CHANGE AS ADDITIONAL CLAIMS ARE PROCESSED.

Coverage and Benefits Information

Medical Care - 1

ACTIVE COVERAGE NETWORK NOT APPLICABLE

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

Health Benefit Plan Coverage - 30

ACTIVE COVERAGE EMPLOYEE AND SPOUSE

INSURANCE TYPE Preferred Provider Organization (PPO)
PLAN / PRODUCT BC PPO INCENTIVE

Additional Payers - Health Benefit Plan Coverage

SECONDARY PAYER

PAYER MEDICARE A
MEMBER IDENTIFICATION NUMBER 4DN0KK7QM28
COORDINATION OF BENEFITS Aug 01, 2021 - Dec 31, 9999

Deductible - Health Benefit Plan Coverage

IN NETWORK FAMILY

COVERAGE DATE Jan 01, 2023 - Dec 31, 2023

\$1,500.00 Calendar Year
- \$1,500.00 Year to Date
\$0.00 Remaining

OUT OF NETWORK FAMILY

COVERAGE DATE Jan 01, 2023 - Dec 31, 2023

\$3,000.00 Calendar Year
- \$0.00 Year to Date
\$3,000.00 Remaining

Out of Pocket (Stop Loss) - Health Benefit Plan Coverage

IN NETWORK INDIVIDUAL

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

\$2,000.00 Calendar Year
- \$1,680.64 Year to Date
\$319.36 Remaining

IN NETWORK FAMILY

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

\$3,000.00 Calendar Year
- \$2,137.65 Year to Date
\$862.35 Remaining

OUT OF NETWORK INDIVIDUAL

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

\$4,000.00 Calendar Year
- \$0.00 Year to Date
\$4,000.00 Remaining

OUT OF NETWORK FAMILY

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

\$6,000.00 Calendar Year
- \$0.00 Year to Date
\$6,000.00 Remaining

Dialysis - 76

Co-Insurance - Dialysis

IN NETWORK INDIVIDUAL

20 %

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

OUT OF NETWORK INDIVIDUAL

50 %

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

Durable Medical Equipment - DM

ACTIVE COVERAGE NETWORK NOT APPLICABLE

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

Gynecological - BT

Co-Insurance - Gynecological

IN NETWORK INDIVIDUAL

20 %

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

OUT OF NETWORK INDIVIDUAL

50 %

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

NETWORK NOT APPLICABLE INDIVIDUAL

0 %

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

- PREVENTIVE

Deductible - Gynecological

NETWORK NOT APPLICABLE INDIVIDUAL

\$0.00 Calendar Year

BENEFIT DATE Jan 01, 2023 - Dec 31, 2023

Home Health Care - 42

Co-Insurance - Home Health Care

IN NETWORK **INDIVIDUAL**

20 %

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

- **AUTH REQUIRED UNKNOWN:** CANNOT DETERMINE IF THIS BENEFIT REQUIRES AN AUTHORIZATION.

NAME UTILIZATION MANAGEMENT

TYPE Utilization Management Organization

P: 800-274-7767

OUT OF NETWORK **INDIVIDUAL**

50 %

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

- **AUTH REQUIRED UNKNOWN:** CANNOT DETERMINE IF THIS BENEFIT REQUIRES AN AUTHORIZATION.

Limitations - Home Health Care

NETWORK NOT APPLICABLE

100 Visits / Calendar Year

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

- **AUTH REQUIRED UNKNOWN:** CANNOT DETERMINE IF THIS BENEFIT REQUIRES AN AUTHORIZATION.
- HOME HEALTH CARE/PRIVATE DUTY NURSING COMBINED

NETWORK NOT APPLICABLE

100 Visits / Remaining

- **AUTH REQUIRED UNKNOWN:** CANNOT DETERMINE IF THIS BENEFIT REQUIRES AN AUTHORIZATION.

Hospice - 45

Co-Insurance - Hospice

IN NETWORK INDIVIDUAL AUTH REQUIRED

20 %

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

NAME UTILIZATION MANAGEMENT
TYPE Utilization Management Organization

P: 800-274-7767

OUT OF NETWORK INDIVIDUAL AUTH REQUIRED

50 %

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

Infertility - 83

Co-Insurance - Infertility

IN NETWORK INDIVIDUAL

20 %

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

OUT OF NETWORK INDIVIDUAL

50 %

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

Limitations - Infertility

NETWORK NOT APPLICABLE

\$25,000.00 Lifetime

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

Maternity - 69

Co-Insurance - Maternity

IN NETWORK **INDIVIDUAL**

20 %

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

OUT OF NETWORK **INDIVIDUAL**

50 %

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

Obstetrical - BU

Co-Insurance - Obstetrical

IN NETWORK **INDIVIDUAL**

20 %

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

OUT OF NETWORK **INDIVIDUAL**

50 %

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

Skilled Nursing Care - AG

Co-Insurance - Skilled Nursing Care

IN NETWORK **INDIVIDUAL**

20 %

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

- **AUTH REQUIRED UNKNOWN:** CANNOT DETERMINE IF THIS BENEFIT REQUIRES AN AUTHORIZATION.

NAME UTILIZATION MANAGEMENT

TYPE Utilization Management Organization

P: 800-274-7767

OUT OF NETWORK **INDIVIDUAL**

50 %

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

- **AUTH REQUIRED UNKNOWN:** CANNOT DETERMINE IF THIS BENEFIT REQUIRES AN AUTHORIZATION.

Limitations - Skilled Nursing Care

NETWORK NOT APPLICABLE

100 Days / Calendar Year

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

- **AUTH REQUIRED UNKNOWN:** CANNOT DETERMINE IF THIS BENEFIT REQUIRES AN AUTHORIZATION.

NETWORK NOT APPLICABLE

100 Days / Remaining

- **AUTH REQUIRED UNKNOWN:** CANNOT DETERMINE IF THIS BENEFIT REQUIRES AN AUTHORIZATION.

Surgical - 2

Co-Insurance - Surgical

IN NETWORK **INDIVIDUAL**

20 %

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999

OUT OF NETWORK **INDIVIDUAL**

50 %

BENEFIT DATE Jan 01, 2023 - Dec 31, 9999