

UnitedHealthcare
PO Box 740819
Atlanta, GA 30374-0819

195AARPER1001005-05379-01
MRS JACQUELYN A CALDWELL
1432 N CAMINO MATEO
TUCSON AZ 85745-3311

Please contact us if you have questions:



UnitedHealthcare
PO Box 740819
Atlanta, GA 30374-0819

Toll free: 1.800.523.5880
Español: 1.800.822.0246
TTY: dial 711



www.myAARPMedicare.com

Benefits at a Glance

Membership Number: 058717744-12
Statement Date: July 14, 2015

Paid to Providers	Paid to You	Total Paid by Your Plans(s)
\$2,883.03	\$0.00	\$2,883.03

This is not a bill. Please keep this update for your records.

Remember to submit your claims as soon as you can. Your plan requires claims to be submitted within a specified time period. Please refer to your Certificate of Insurance for this time period. Don't delay.

If you ever suspect insurance fraud, please call the Fraud Hotline at 1.800.242.0453. Giving false information to any insurance company is fraud—a crime that can result in criminal and civil penalties.



Medicare Supplement Plans
insured by **UnitedHealthcare**
Insurance Company

New York residents are served by UnitedHealthcare Insurance Company of New York

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 04/06/15-05/25/15 PUBLIX S Strips for testing blood sugar	77.90	10.41		8.33		2.08	A
Totals	\$77.90	\$10.41		\$8.33		\$2.08	

\$0.00 Your plan paid to you
 \$2.08 Your plan paid to provider

Notes

A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 51283-495595-1

**Claim Processed
05/10/15**

SPARTANBURG REGIONAL MED CEN
 PO BOX 743070
 ATLANTA, GA 30374-3070

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 04/08/15 EVANS Management of ongoing care	381.00	156.63		125.30		31.33	A
Totals	\$381.00	\$156.63		\$125.30		\$31.33	

\$0.00 Your plan paid to you
 \$31.33 Your plan paid to provider

Notes

A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 51401-495265-1

**Claim Processed
05/21/15**

CARDIOLOGY CONSLNT
 1083 BOILING SPGS RD
 SPARTANBURG, SC 29303-2248

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 02/01/15 MURDOCK End-stage kidney care	455.00	227.05		181.64		45.41	A
Totals	\$455.00	\$227.05		\$181.64		\$45.41	

\$0.00 Your plan paid to you
\$45.41 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 51411-495617-1

Claim Processed
05/22/15

FOOTHILLS NEPH
126 DILLON DR
SPARTANBURG, SC 29307-1018

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 03/01/15 MURDOCK End-stage kidney care	45.00	7.43		5.94		1.49	A
F 03/10/15-03/31/15 MURDOCK End-stage kidney care	990.00	163.46		130.77		32.69	A
Totals	\$1,035.00	\$170.89		\$136.71		\$34.18	

\$0.00 Your plan paid to you
\$34.18 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 51464-495537-1

Claim Processed
05/28/15

MARY BLACK PHYS GRP
PO BOX 9079
BELFAST, ME 04915-9079

Claim 51495-419904-1**Claim Processed**
06/01/15PUBLIX SUPER MARKETS
PO BOX 116181
ATLANTA, GA 30368-6181

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 05/04/15-08/01/15 PUBLIX S Supplies for finger sticks	14.95	1.65		1.32		0.33	A
Totals	\$14.95	\$1.65		\$1.32		\$0.33	

\$0.00 Your plan paid to you
\$0.33 Your plan paid to provider

Notes

- A** Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 51671-495354-1**Claim Processed**
06/17/15CARDIOLOGY CONSLNT
1083 BOILING SPGS RD
SPARTANBURG, SC 29303-2248

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 05/27/15 RODAK Remote heart monitor review	28.28	25.88		20.70		5.18	A
Totals	\$28.28	\$25.88		\$20.70		\$5.18	

\$0.00 Your plan paid to you
\$5.18 Your plan paid to provider

Notes

- A** Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 51873-603179-1**Claim Processed**
07/10/15

SPARTANBURG DIALYSIS LLC
 PO BOX 843357
 BOSTON, MA 02284-3357

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 05/01/15-05/31/15 SPARTANB Dialysis with evaluation	35,162.48	5,209.35		4,621.59		587.76	A
Totals	\$35,162.48	\$5,209.35		\$4,621.59		\$587.76	

\$0.00 Your plan paid to you
 \$587.76 Your plan paid to provider

Notes

A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 51873-603182-1

Claim Processed
 07/10/15

SPARTANBURG DIALYSIS LLC
 PO BOX 843357
 BOSTON, MA 02284-3357

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 01/01/15-01/31/15 SPARTANB Dialysis with evaluation	34,147.56	4,057.95		3,467.71		590.24	A
Totals	\$34,147.56	\$4,057.95		\$3,467.71		\$590.24	

\$0.00 Your plan paid to you
 \$590.24 Your plan paid to provider

Notes

A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

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019REGULARBW0001003-02975-01
MRS JACQUELYN A CALDWELL
1432 N CAMINO MATEO
TUCSON AZ 85745-3311

Benefits at a Glance

Membership Number: 058717744-12

Statement Date: January 18, 2016

Paid to Providers	Paid to You	Total Paid by Your Plans(s)
\$1,348.89	\$0.00	\$1,348.89

This is not a bill. Please keep this update for your records.

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Insurance Company

New York residents are served by UnitedHealthcare Insurance Company of New York



Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 09/29/15 MOUKABAR Doctor's office visit, long	354.00	144.07		115.26		28.81	A
F 09/29/15 MOUKABAR Heart rhythm device checkup	138.00	57.51		46.01		11.50	A
Totals	\$492.00	\$201.58		\$161.27		\$40.31	

\$0.00 Your plan paid to you
 \$40.31 Your plan paid to provider

Notes

A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 53241-454036-1

Claim Processed
 11/23/15

TUCSON WEST DIALYSIS
 PO BOX 402946
 ATLANTA, GA 30384-2946

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 10/01/15-10/31/15 PERVEZE Dialysis with evaluation	69,499.99	2,969.06		2,372.93		596.13	A
Totals	\$69,499.99	\$2,969.06		\$2,372.93		\$596.13	

\$0.00 Your plan paid to you
 \$596.13 Your plan paid to provider

Notes

A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 53342-216049-1

Claim Processed
 12/02/15

WESTSIDE INTERNAL MED
 8087 N FADED LEAF DR
 TUCSON, AZ 85743-5037

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 11/01/15-11/30/15 PERVEZE Dialysis with evaluation	66,904.19	2,830.50		2,253.90		576.60	A
Totals	\$66,904.19	\$2,830.50		\$2,253.90		\$576.60	

\$0.00 Your plan paid to you
 \$576.60 Your plan paid to provider

Notes

A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 53651-495305-1

Claim Processed
01/01/16

CARDIOLOGY CONSLNT
 1083 BOILING SPGS RD
 SPARTANBURG, SC 29303-2248

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 11/30/15 RODAK Remote heart monitor review	28.28	26.01		20.81		5.20	A
Totals	\$28.28	\$26.01		\$20.81		\$5.20	

\$0.00 Your plan paid to you
 \$5.20 Your plan paid to provider

Notes

A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 60057-206785-1

Claim Processed
01/07/16

WESTSIDE INTERNAL MED
 8087 N FADED LEAF DR
 TUCSON, AZ 85743-5037



Common terms in your Explanation of Benefits

Depending on what kind of plan you have and medical services you received, you may see some or all of these terms in your Explanation of Benefits (EOB) at one time or another. Here is some information about what those terms mean.

Daily Amount

A column heading found in the Medicare Part A and Inpatient Stays section of your EOB.

It is the amount Medicare requires you to pay for each day of your inpatient stay, and is also called the Medicare Part A coinsurance.

Medicare Approved Amount

The amount allowed by Medicare for a health care service. If your provider accepts Medicare assignment, your provider agrees to charge you no more than this amount. If your provider does not accept Medicare assignment, you may be responsible for charges above the Medicare Approved Amount up to the Part B Excess Charge amount.

Medicare Benefit Period

A period of time, determined by Medicare, that starts on the day you enter a hospital for inpatient care and ends when you have been out of the hospital or skilled nursing facility for 60 days in a row.

Medicare Part A Deductible

The amount you must pay the first time you are admitted to a hospital in each Medicare benefit period. This amount is found in the Medicare Part A and Inpatient Stays section of your EOB.

Medicare Part B Coinsurance

The amount you are responsible to pay for each covered service you receive under Medicare Part B after your Part B deductible has been met.

Medicare Part B Deductible

The amount you must pay each calendar year toward eligible expenses before Medicare starts paying Part B benefits. The amount applied to the Part B deductible is found in the Medicare Part B Services section of your EOB.

Part B Excess Charge

An amount above the Medicare Approved Amount that your health care provider may legally charge you, if your provider does not accept Medicare assignment. If your plan does not cover the Part B Excess charge, you may be billed for these charges. Some federal and state laws limit the amount your health care provider may charge above the Medicare Approved Amount for certain services.

Plan Cost-Share

Any amount applied to your plan deductible or copay, if applicable to your plan. If you have Medicare Supplement plan K or L, this amount plus the Medicare Part B deductible is applied to your out-of-pocket limit. You may be billed for these amounts by your health care provider in addition to any other balance due. This term is found in the Medicare Part B Services section of your EOB.

Medicare Supplement Plan N Copayment

A fixed amount (for example: \$20) you pay for covered health care, usually when you receive the service. If you have Plan N, this amount is found in the Medicare Part B Services section of your EOB.

Your Plan Deductible

The amount you are required to pay toward certain health care expenses covered by your plan before your plan pays benefits. This amount is found in the Medical Services and Prescription Drugs sections of your EOB.

These plans carry the AARP name and UnitedHealthcare pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purpose of AARP and its members. Neither AARP nor its affiliate is the insurer. Coverage insured by UnitedHealthcare Insurance Company (for New York residents, UnitedHealthcare Insurance Company of New York).

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Atlanta, GA 30374-0819

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PO Box 740819 Español: 1.800.822.0246
Atlanta, GA 30374-0819 TTY: dial 711



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094REGULARBW0090006-06779-01
MRS JACQUELYN A CALDWELL
1432 N CAMINO MATEO
TUCSON AZ 85745-3311

Benefits at a Glance

Membership Number: 058717744-12
Statement Date: April 4, 2016

Paid to Providers	Paid to You	Total Paid by Your Plans(s)
\$1,859.01	\$0.00	\$1,859.01

This is not a bill. Please keep this update for your records.

Remember to submit your claims as soon as you can. Your plan requires claims to be submitted within a specified time period. Please refer to your Certificate of Insurance for this time period. Don't delay.

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AARP® Medicare Supplement Plans
insured by **UnitedHealthcare**
Insurance Company

New York residents are served by UnitedHealthcare Insurance Company of New York

Claim 60256-574739-1**Claim Processed
01/27/16**TUCSON WEST DIALYSIS
PO BOX 402946
ATLANTA, GA 30384-2946

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 12/01/15-12/31/15 PERVEZE Dialysis with evaluation	69,100.19	2,935.39		2,337.40		597.99	A
Totals	\$69,100.19	\$2,935.39		\$2,337.40		\$597.99	

\$0.00 Your plan paid to you
\$597.99 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 60344-206794-1**Claim Processed
02/04/16**TUCSON PHYS GRP HOLDINGS LLC
2202 N FORBES BLVD
TUCSON, AZ 85745-1412

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 01/18/16 MOUKABAR Remote heart monitor review	64.00	26.19	26.19	0.00		0.00	A
F 01/18/16 Pt B deductible						26.19	B
Totals	\$64.00	\$26.19	\$26.19	\$0.00		\$26.19	

\$0.00 Your plan paid to you
\$26.19 Your plan paid to provider

Notes

- A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.
- B Your Plan paid the amount that was applied to the Medicare Part B deductible on this claim.

Comments about your claim

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The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 60486-574069-1**Claim Processed**
02/18/16

TUCSON WEST DIALYSIS
PO BOX 402946
ATLANTA, GA 30384-2946

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 01/01/16-01/31/16 PERVEZE Dialysis with evaluation	70,942.46	2,746.29		2,186.74		559.55	A
Totals	\$70,942.46	\$2,746.29		\$2,186.74		\$559.55	

\$0.00 Your plan paid to you
\$559.55 Your plan paid to provider

Notes

A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 60623-206557-1**Claim Processed**
03/03/16

WESTSIDE INTERNAL MED
8087 N FADED LEAF DR
TUCSON, AZ 85743-5037

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 01/27/16 OFORI Doctor's office visit, long	122.50	103.43		82.74		20.69	A
Totals	\$122.50	\$103.43		\$82.74		\$20.69	

\$0.00 Your plan paid to you
\$20.69 Your plan paid to provider

Notes

A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 60856-206521-1**Claim Processed**
03/26/16EMERG ROOM ASSOC
PO BOX 12730
TUCSON, AZ 85732-2730

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 02/18/16 TARRIS Doctor visit, ER	525.00	173.90		139.12		34.78	A
F 02/18/16 TARRIS Administer CPR	573.00	189.25		151.40		37.85	A
Totals	\$1,098.00	\$363.15		\$290.52		\$72.63	

\$0.00 Your plan paid to you

\$72.63 Your plan paid to provider

Notes

A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done simply to process your claim.

Claim 60881-495179-1**Claim Processed**
03/29/16CARDIOLOGY CONSLNT
1083 BOILING SPRINGS RD
SPARTANBURG, SC 29303-2298

Plan Code & Service Date(s) Provider Type of Service	Amount Charged	Medicare Approved Amount	Applied to Medicare Deductible	Medicare Paid	Plan Cost- Share	Your Plan Paid	Items & Notes
F 02/02/16 RODAK Remote heart monitor review	28.31	25.92		20.74		5.18	A
Totals	\$28.31	\$25.92		\$20.74		\$5.18	

\$0.00 Your plan paid to you

\$5.18 Your plan paid to provider

Notes

A Your Plan benefit was based on the Medicare Approved Amount because your provider accepted Medicare assignment.

Comments about your claim

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Medicare Approved Amount

The amount allowed by Medicare for a health care service. If your provider accepts Medicare assignment, your provider agrees to charge you no more than this amount. If your provider does not accept Medicare assignment, you may be responsible for charges above the Medicare Approved Amount up to the Part B Excess Charge amount.

Medicare Benefit Period

A period of time, determined by Medicare, that starts on the day you enter a hospital for inpatient care and ends when you have been out of the hospital or skilled nursing facility for 60 days in a row.

Medicare Part A Deductible

The amount you must pay the first time you are admitted to a hospital in each Medicare benefit period. This amount is found in the Medicare Part A and Inpatient Stays section of your EOB.

Medicare Part B Coinsurance

The amount you are responsible to pay for each covered service you receive under Medicare Part B after your Part B deductible has been met.

Medicare Part B Deductible

The amount you must pay each calendar year toward eligible expenses before Medicare starts paying Part B benefits. The amount applied to the Part B deductible is found in the Medicare Part B Services section of your EOB.

Part B Excess Charge

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Plan Cost-Share

Any amount applied to your plan deductible or copay, if applicable to your plan. If you have Medicare Supplement plan K or L, this amount plus the Medicare Part B deductible is applied to your out-of-pocket limit. You may be billed for these amounts by your health care provider in addition to any other balance due. This term is found in the Medicare Part B Services section of your EOB.

Medicare Supplement Plan N Copayment

A fixed amount (for example: \$20) you pay for covered health care, usually when you receive the service. If you have Plan N, this amount is found in the Medicare Part B Services section of your EOB.

Your Plan Deductible

The amount you are required to pay toward certain health care expenses covered by your plan before your plan pays benefits. This amount is found in the Medical Services and Prescription Drugs sections of your EOB.

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