



# MEDICARE HEALTH INSURANCE

Name/Nombre

**JOHN L SMITH**

Medicare Number/Número de Medicare

**1EG4-TE5-MK72**

Entitled to/Con derecho a

**HOSPITAL (PART A)**

**MEDICAL (PART B)**

Coverage starts/Cobertura empieza

**03-01-2016**

**03-01-2016**

**RAILROAD RETIREMENT BOARD**