

Out-of-Network Reimbursement Examples For Large Group Coverage

This summary gives examples of typical costs for out-of-network services under our three most commonly sold health insurance plans in New York county that includes zip code 10025. If you want details about your coverage and costs, you can get the complete terms in the policy or plan document at www.oxfordhealth.com or by calling the toll-free member number on your health plan ID card.

Colonoscopy (Biopsy of Large Bowel Using an Endoscope) CPT Code: 45380 Anesthesia CPT Code: 00810 Pathology CPT Code: 88305					Laminotomy (Partial Removal of Bone with Release of Spinal Cord or Spinal Nerves of 1 Interspace in Lower Spine) CPT Code: 63030 Anesthesia CPT Code: 00630					Breast Reconstruction (Insertion of Tissue Expander in Breast) CPT Code: 19357 Anesthesia CPT Code: 00402				
Sample care costs:					Sample care costs:					Sample care costs:				
	UCR	HGH	STD	140% of MC		UCR	HGH	STD	140% of MC		UCR	HGH	STD	140% of MC
Hospital Services	\$4,743	\$6,872	\$6,034	\$1,537	Hospital Services	\$17,822	\$26,288	\$21,676	\$9,203	Hospital Services	\$6,440	\$26,901	\$19,837	\$18,695
Physician Services	\$2,000	\$2,000	\$1,815	\$339	Physician Services	\$25,800	\$25,800	\$24,327	\$1,681	Physician Services	\$21,550	\$21,550	\$18,450	\$2,523
Anesthesia	\$2,989	\$2,989	\$2,800	\$298	Anesthesia	\$4,830	\$4,830	\$4,807	\$646	Anesthesia	\$3,696	\$3,696	\$3,501	\$706
Pathology	\$260	\$260	\$260	\$112	Total	\$48,452	\$56,918	\$50,810	\$11,530	Total	\$31,686	\$52,147	\$41,788	\$21,924
Total	\$9,992	\$12,121	\$10,909	\$2,286										

Patient pays:				Patient pays:				Patient pays:			
Deductibles	\$2,000	\$2,000	\$2,000	Deductibles	\$2,000	\$2,000	\$2,000	Deductibles	\$2,000	\$2,000	\$2,000
Copays	\$0	\$0	\$0	Copays	\$0	\$0	\$0	Copays	\$0	\$0	\$0
Coinsurance	\$3,000	\$2,673	\$86	Coinsurance	\$3,000	\$3,000	\$2,859	Coinsurance	\$3,000	\$3,000	\$3,000
Difference between UCR and what the plan pays	(\$2,129)	(\$917)	\$7,706	Difference between UCR and what the plan pays	(\$8,466)	(\$2,358)	\$36,922	Difference between UCR and what the plan pays	(\$20,461)	(\$10,102)	\$9,762
Total	\$5,000	\$4,673	\$9,792	Total	\$5,000	\$5,000	\$41,781	Total	\$5,000	\$5,000	\$14,762

OOP Max	\$5,000	\$5,000	\$5,000		\$5,000	\$5,000	\$5,000		\$5,000	\$5,000	\$5,000
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UCR (usual and customary cost) is the amount providers typically charge for a service. This chart uses UCR based on FAIR Health at the 80th percentile for zip code 10025. Your provider may bill more than UCR.

Patient pays represents sample cost-sharing. Your cost-sharing may vary.

HGH is an example showing the maximum amount the plan pays. In these examples, the HGH plan pays based on data from third party sources at the 80th percentile; the deductible is \$2,000 and the coinsurance is 30%.

STD is an example showing the maximum amount the plan pays. In these examples, the STD plan pays based on data from third party sources at the 70th percentile; the deductible is \$2,000 and the coinsurance is 30%.

MC (Medicare-based Rate) is an example showing the maximum amount this plan pays. In these examples, the MC plan pays based on 140% of the Medicare rate or another payment method as explained in the plan's Certificate of Coverage; the deductible is \$2,000 and the coinsurance is 30%.

In these examples, the OOP Max (out-of-pocket maximum) shows the limit on what you could pay during the coverage period (usually one year) for your share of the cost for covered services. Some plans don't count all of your copayments, deductibles, coinsurance payments, out-of-network payments or other expenses toward this limit.

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