

### Out-of-Network Reimbursement Examples For Small Group Coverage

This summary gives examples of typical costs for out-of-network services under our two health insurance plans sold in New York County that includes zip code 10021. 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](http://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	140% of MC	FAIR		UCR	140% of MC	FAIR		UCR	140% of MC	FAIR
Hospital Services	\$4,743	\$1,537	\$4,743	Hospital Services	\$17,822	\$9,203	\$17,822	Hospital Services	\$6,440	\$18,695	\$6,440
Physician Services	\$2,000	\$339	\$2,000	Physician Services	\$25,800	\$1,680	\$25,800	Physician Services	\$21,550	\$2,523	\$21,550
Anesthesia	\$2,989	\$298	\$2,989	Anesthesia	\$4,830	\$646	\$4,830	Anesthesia	\$3,696	\$706	\$3,696
Pathology	\$260	\$112	\$260	<b>Total</b>	<b>\$48,452</b>	<b>\$11,529</b>	<b>\$48,452</b>	<b>Total</b>	<b>\$31,686</b>	<b>\$21,924</b>	<b>\$31,686</b>
<b>Total</b>	<b>\$9,992</b>	<b>\$2,286</b>	<b>\$9,992</b>								

  

Patient pays:			Patient pays:			Patient pays:		
Deductibles	\$2,000	\$2,000	Deductibles	\$2,000	\$2,000	Deductibles	\$2,000	\$2,000
Copays	\$0	\$0	Copays	\$0	\$0	Copays	\$0	\$0
Coinsurance	\$86	\$2,398	Coinsurance	\$2,859	\$3,000	Coinsurance	\$3,000	\$3,000
Difference between UCR and what the plan pays	\$7,706	\$0	Difference between UCR and what the plan pays	\$36,923	\$0	Difference between UCR and what the plan pays	\$9,762	\$0
<b>Total</b>	<b>\$9,792</b>	<b>\$4,398</b>	<b>Total</b>	<b>\$41,782</b>	<b>\$5,000</b>	<b>Total</b>	<b>\$14,762</b>	<b>\$5,000</b>

  

<b>OOP Max</b>	\$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 80<sup>th</sup> percentile for zip code 10021. Your provider may bill more than UCR.

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

**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%.

**FAIR (FAIR Health)** is an example showing the maximum amount the plan pays. The FAIR plan pays based on UCR. In these examples, 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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