

UnitedHealthcare
New Jersey

This summary gives examples of typical costs for out-of-network services for some common health care services as covered under some of our most commonly sold health insurance plans in New Jersey. If you want details about your coverage and costs, you can get the complete terms in the policy or plan document at www.myuhc.com or oxfordhealth.com or by calling the toll-free member number on your health plan ID card.

Procedure Code	Description	Charge Per Service	Maximum Amount Covered by Plan ¹					Member Pays				
			FairHealth Percentiles			MNRP % of CMS		FairHealth Percentiles			MNRP % of CMS	
			70th	80th	90th	110%	140%	70th	80th	90th	110%	140%
97110	THERAPEUTIC PX 1/> AREAS EACH 15 MIN EXERCISES	\$109	\$104	\$116	\$128	\$32	\$41	\$5	\$0	\$0	\$77	\$68
97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES	\$99	\$93	\$102	\$117	\$28	\$35	\$6	\$0	\$0	\$71	\$64
98941	CHIROPRACTIC MANIPULATIVE TX SPINAL 3-4 REGIONS	\$84	\$76	\$85	\$96	\$50	\$63	\$8	\$0	\$0	\$34	\$21
99213	OFFICE OUTPATIENT VISIT 15 MINUTES	\$202	\$158	\$177	\$212	\$89	\$114	\$44	\$25	\$0	\$113	\$88
86003	ALLERGEN SPEC IGE CRUDE ALLERGEN EXTRACT EACH	\$65	\$36	\$36	\$37	\$8	\$10	\$29	\$29	\$28	\$57	\$55
80061	LIPID PANEL	\$153	\$96	\$97	\$110	\$18	\$23	\$57	\$56	\$43	\$135	\$130
99214	OFFICE OUTPATIENT VISIT 25 MINUTES	\$309	\$230	\$262	\$298	\$131	\$167	\$79	\$47	\$11	\$178	\$142
88305	LEVEL IV SURG PATHOLOGY GROSS&MICROSCOPIC EXAM	\$268	\$284	\$325	\$440	\$59	\$75	\$0	\$0	\$0	\$209	\$193
92507	TX SPEECH LANG VOICE COMMJ &/AUDITORY PROC IND	\$148	\$130	\$137	\$193	\$94	\$120	\$18	\$11	\$0	\$54	\$28
99203	OFFICE OUTPATIENT NEW PATIENT 30 MINUTES	\$277	\$250	\$268	\$322	\$132	\$168	\$27	\$9	\$0	\$145	\$109

Notes:

1) The maximum amount the plan pays is based on the plan's out-of-network benefit coverage. These examples show the maximum amount covered under five commonly sold plans.