

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 11215. 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	140 % MC	350% of MC		UCR	HGH	140% MC	350% of MC		UCR	HGH	140% MC	350% of MC
Hospital Services	\$6,153	\$7,276	\$1,648	\$4,119	Hospital Services	\$20,838	\$26,880	\$9,815	\$24,537	Hospital Services	\$6,293	\$28,678	\$22,730	\$56,824
Physician Services	\$1,855	\$1,855	\$350	\$874	Physician Services	\$14,535	\$14,535	\$1,851	\$4,627	Physician Services	\$27,022	\$27,022	\$2,701	\$6,752
Anesthesia	\$3,389	\$3,389	\$302	\$756	Anesthesia	\$6,715	\$6,715	\$656	\$1,639	Anesthesia	\$7,096	\$7,096	\$716	\$1,790
Pathology	\$325	\$325	\$116	\$291	Total	\$42,088	\$48,131	\$12,321	\$30,803	Total	\$40,411	\$62,796	\$26,147	\$65,367
Total	\$11,722	\$12,845	\$2,416	\$6,039										
Patient pays:					Patient pays:					Patient pays:				
Deductibles	\$2,000	\$1,000	\$4,000		Deductibles	\$2,000	\$1,000	\$4,000		Deductibles	\$2,000	\$1,000	\$4,000	
Copays	\$0	\$0	\$0		Copays	\$0	\$0	\$0		Copays	\$0	\$0	\$0	
Coinsurance	\$3,000	\$425	\$612		Coinsurance	\$3,000	\$3,000	\$6,500		Coinsurance	\$3,000	\$3,000	\$6,500	
Difference between UCR and what the plan pays	(\$1,123)	\$9,306	\$5,682		Difference between UCR and what the plan pays	(\$6,042)	\$29,767	\$11,285		Difference between UCR and what the plan pays	(\$22,385)	\$14,265	(\$24,955)	
Total	\$5,000	\$10,731	\$10,294		Total	\$5,000	\$33,767	\$21,785		Total	\$5,000	\$18,265	\$10,500	
OOP Max	\$5,000	\$4,000	\$10,500		OOP Max	\$5,000	\$4,000	\$10,500		OOP Max	\$5,000	\$4,000	\$10,500	

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 11215. 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%.

MC (Medicare-based Rate) is an example showing the maximum amount this plan pays. In these examples, the MC plan pays based either on 140% or 350% of the Medicare rate or another payment method as explained in the plan's Certificate of Coverage.