

Out-of-Network Reimbursement Examples For Small 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 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	FAIR	140% of MC		UCR	FAIR	140% of MC		UCR	FAIR	140% of MC
Hospital Services	\$6,153	\$6,153	\$1,648	Hospital Services	\$20,838	\$20,838	\$9,815	Hospital Services	\$6,293	\$6,293	\$22,730
Physician Services	\$3,025	\$3,025	\$337	Physician Services	\$32,600	\$32,600	\$1,726	Physician Services	\$17,800	\$17,800	\$2,587
Anesthesia	\$2,696	\$2,696	\$302	Anesthesia	\$5,446	\$5,446	\$656	Anesthesia	\$3,840	\$3,840	\$716
Pathology	\$250	\$250	\$115	<b>Total</b>	<b>\$58,884</b>	<b>\$58,884</b>	<b>\$12,197</b>	<b>Total</b>	<b>\$27,933</b>	<b>\$27,933</b>	<b>\$26,033</b>
<b>Total</b>	<b>\$12,124</b>	<b>\$12,124</b>	<b>\$2,402</b>								
Patient pays:				Patient pays:				Patient pays:			
Deductibles		\$2,000	\$3,000	Deductibles		\$2,000	\$3,000	Deductibles		\$2,000	\$3,000
Copays		\$0	\$0	Copays		\$0	\$0	Copays		\$0	\$0.0
Coinsurance		\$3,000	\$0	Coinsurance		\$3,000	\$4,500	Coinsurance		\$3,000	\$4,500
Difference between UCR and what the plan pays		\$0	\$9,722	Difference between UCR and what the plan pays		\$0	\$46,687	Difference between UCR and what the plan pays		\$0	\$1,900
<b>Total</b>		<b>\$5,000</b>	<b>\$12,722</b>	<b>Total</b>		<b>\$5,000</b>	<b>\$54,187</b>	<b>Total</b>		<b>\$5,000</b>	<b>\$9,400</b>
<b>OOP Max</b>		<b>\$5,000</b>	<b>\$7,500</b>			<b>\$5,000</b>	<b>\$7,500</b>			<b>\$5,000</b>	<b>\$7,500</b>

UCR (usual and customary cost) is the amount providers typically charge for a service. This chart uses UCR based on FAIR Health at the 70<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 \$3,000 and the coinsurance is 70%.

FAIR is an example showing the maximum amount the plan pays. In these examples, the FAIR plan pays based on UCR; the deductible is \$2,000 and the coinsurance is 70%.