

Out-Of-Network Reimbursement Examples

This summary gives examples of your typical costs for out-of-network services under our three most commonly sold health insurance plans in Manhattan. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.empireblue.com or by calling the number on the back of your 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 (00404)				
Sample allowances:					Sample allowances:					Sample allowances:				
Hospital Services (outpatient)	\$2,031				Hospital Services (Inpatient)	\$28,460				Hospital Services (outpatient)	\$3,807			
	UCR Percentile	Plan A 150% *	Plan B 285%*	Plan C 395%*		UCR 80 Percentile	Plan A 150%*	Plan B 285%*	Plan C 395%*		UCR 80 Percentile	Plan A 150%*	Plan B 285%*	Plan C 395%*
Physician Services	\$1,900	\$707	\$1,343	\$1,861	Physician Services	\$23,800	\$1,517	\$2,883	\$3,995	Physician Services	\$16,500	\$2,311	\$4,391	\$6,086
Anesthesia	\$1,140	\$203	\$386	\$535	Anesthesia	\$2,470	\$406	\$772	\$1,069	Anesthesia	\$2,470	\$575	\$1,093	\$1,515
Pathology	\$244	\$109	\$208	\$288										
Total Professional	\$3,284	\$1,019	\$1,937	\$2,684	Total Professional	\$26,270	\$1,923	\$3,655	\$5,064	Total Professional	\$18,970	\$2,886	\$5,484	\$7,601
Patient pays:					Patient pays:					Patient pays:				
Deductibles	\$500	\$500	\$500		Deductibles	\$500	\$500	\$500		Deductibles	\$1,000	\$1,000	\$1,000	
Copays	\$NA	\$NA	\$NA		Copays	\$NA	\$NA	\$NA		Copays	\$NA	\$NA	\$NA	
Coinsurance (20%)	\$104	\$288	\$437		Coinsurance (20%)	\$285	\$631	\$913		Coinsurance (20%)	\$577	\$897	\$1320	
Balance billing charges (Assume UCR is total professional charge) **	\$2,265	\$1,347	\$600		Balance billing charges (Assume UCR is total professional charge)**	\$24,347	\$22,615	\$21,206		Balance billing charges (Assume UCR is total professional charge)**	\$16,084	\$13486	\$11,369	
Total Member Responsibility	\$2,869	\$2,135	\$1,537		Total Member Responsibility	\$25,132	\$23,746	\$22,619		Total Member Responsibility	\$17,661	\$15,383	\$13,689	

UCR (usual and customary cost). The amount providers typically charge for a service. This chart uses UCR based on FAIR Health at the 80th percentile for zip code [10003].

*Percent of the Centers for Medicare and Medicaid Services Provider fee schedule.

**Balance billing charges may increase if providers bill more than UCR.