**Out-of-Network Reimbursement Examples For [Small; 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 \*\*\* county that includes zip code \*\*\*. If you want details about your coverage and costs, you can get the complete terms in the policy or plan document at www.[insert] or by calling 1-800-[insert].**

|  |  |  |
| --- | --- | --- |
| **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:**  **Plan Plan Plan** **UCR [X] [X] [X]** | **Sample care costs:**  **Plan Plan Plan** **UCR [X] [X] [X]** | **Sample care costs:**  **Plan Plan Plan** **UCR [X] [X] [X]** |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hospital Services | $ | $ | $ |  $ |
| Physician Services | $ | $ | $ |  $ |
| Anesthesia | $ | $ | $ |  $ |
| Pathology | $ | $ | $ |  $ |
| **Total** | **$** | **$** | **$** |  **$** |

 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hospital Services | $ | $ | $ |  $ |
| Physician Services | $ | $ | $ |  $ |
| Anesthesia | $ | $ | $ |  $ |
| **Total** | **$** | **$** | **$** |  **$** |

 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hospital Services | $ | $ | $ |  $ |
| Physician Services | $ | $ | $ |  $ |
| Anesthesia | $ | $ | $ |  $ |
| **Total** | **$** | **$** | **$** |  **$** |

 |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Deductibles | $ | $ | $ |
| Copays | $ | $ | $ |
| Coinsurance | $ | $ | $ |
| Difference between UCR and what the plan pays | $ | $ | $ |
| **Total** | **$** | **$** | **$** |

**Patient pays:** |

|  |  |  |  |
| --- | --- | --- | --- |
| Deductibles | $ | $ | $ |
| Copays | $ | $ | $ |
| Coinsurance | $ | $ | $ |
| Difference between UCR and what the plan pays | $ | $ | $ |
| **Total** | **$** | **$** | **$** |

**Patient pays:** |

|  |  |  |  |
| --- | --- | --- | --- |
| Deductibles | $ | $ | $ |
| Copays | $ | $ | $ |
| Coinsurance | $ | $ | $ |
| Difference between UCR and what the plan pays | $ | $ | $ |
| **Total** | **$** | **$** | **$** |

**Patient pays:** |

**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 [XXXXX]. Your provider may bill more than UCR.

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

*{Drafting Note: Use separate summaries for small group and large group coverage. Use the zip code in which the plan has the highest enrollment in the service area. Under “Plan,” insert the methodology used to reimburse out-of-network providers. Use the three most commonly sold plans that are representative of the various reimbursement methodologies, for example: 100%: of the Medicare rate; An amount based on our participating provider fee schedule. For small groups that have only one methodology, use that methodology only and delete the extra columns. Under “Patient pays," use a commonly sold cost-sharing and the cost-sharing should be the same for all methodologies.}*