



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 Kings County for Zip Code 11212. If you want details about your coverage and costs, you can get the complete terms in the policy or plan document at emblemhealth.com or by calling 1-800-447-8255. If you have a hearing or speech impairment, please call 711 for TTY/TDD.

COLONOSCOPY (Biopsy of Large Bowel Using an Endoscope) CPT Code: 45380 Anesthesia CPT Code: 00810 Pathology CPT Code: 88305				
Sample care costs:				
	UCR	Plan 70th	Plan 80th	Plan 90th
		Percentile of FAIR Health for professional services		
Hospital Services	\$4,805	\$2,792*	\$2,792*	\$2,792*
Physician Services	\$2,000	\$1,600	\$2,000	\$2,400
Anesthesia	\$2,750	\$2,450	\$2,750	\$3,120
Pathology	\$ 195	\$ 165	\$ 195	\$ 226
Total	\$9,750	\$7,007	\$7,737	\$8,538

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				
Sample care costs:				
	UCR	Plan 70th	Plan 80th	Plan 90th
		Percentile of FAIR Health for professional services		
Hospital Services	\$45,038	\$38,555*	\$38,555*	\$38,555*
Physician Services	\$21,000	\$15,750	\$21,000	\$23,750
Anesthesia	\$ 4,221	\$ 3,816	\$ 4,221	\$ 4,620
Total	\$70,259	\$58,121	\$63,776	66,925

BREAST RECONSTRUCTION (Insertion of Tissue Expander in Breast) CPT Code: 19357 Anesthesia CPT Code: 00402				
Sample care costs:				
	UCR	Plan 70th	Plan 80th	Plan 90th
		Percentile of FAIR Health for professional services		
Hospital Services	\$51,259	\$38,418*	\$38,418*	\$38,418*
Physician Services	\$12,750	\$11,909	\$12,750	\$21,041
Anesthesia	\$ 3,392	\$ 2,968	\$ 3,392	\$ 3,417
Total	\$67,401	\$53,295	\$54,560	\$62,876

Patient pays:			
Deductibles	\$1,000	\$1,000	\$1,000
Copays	Not Applicable		
Coinsurance 30%	\$1,802	\$2,021	\$2,261
Difference between UCR and what the plan pays	\$2,743	\$2,013	\$1,212
Total	\$5,545	\$5,034	\$4,473

Patient pays:			
Deductibles	\$ 1,000	\$ 1,000	\$ 1,000
Copays	Not Applicable		
Coinsurance 30%	\$17,136	\$18,833	\$19,778
Difference between UCR and what the plan pays	\$12,138	\$ 6,483	\$ 3,334
Total	\$30,274	\$26,316	\$24,112

Patient pays:			
Deductibles	\$ 1,000	\$ 1,000	\$ 1,000
Copays	Not Applicable		
Coinsurance 30%	\$15,689	\$16,068	\$18,563
Difference between UCR and what the plan pays	\$14,106	\$12,841	\$ 4,525
Total	\$30,795	\$29,909	\$24,088

* Out-of-Network Hospital allowed charges are not based upon FAIR Health percentiles, but are based upon the lesser of: 300% of the Medicare allowable charges; the negotiated rate between HIPIC and the Hospital or center; the negotiated rate between the Hospital or center and any network arrangements with which HIPIC has an agreement.

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 11212. Your provider may bill more than UCR.

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

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