Out-of-Network Reimbursement Examples For Large Group Coverage

This summary gives examples of typical costs for out-of-network services under our two most commonly sold health insurance plans in Erie County that includes zip code 14221. If you want details about your coverage and costs, you can get the complete terms in the policy or plan document at www.univerahealthcare.com or by calling 1-800-817-6700.

4	of Large Bov CPT Co Anesthesia (noscopy vel Using an ode: 45380 CPT Code: 00 CPT Code: 88	810	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 car	e costs: UCR	Plan A 80% National	Plan B 220%* Medicare	Sample care	e costs: UCR	Plan A 80% National	Plan B 157%* Medicare	Sample care	e costs: UCR	Plan A 80% National	Plan B 163%* Medicare
Hospital Services*	\$2,304	\$797	\$1,282	Hospital Services*	\$42,146	\$7,091	\$13,835	Hospital Services*	\$118,754	\$17,123	\$29,859
Physician Services	\$847	\$377	\$736	Physician	\$2,645	\$809	\$1,435	Physician Services	\$6,275	\$1,233	\$1,463
Anesthesia	\$763	\$122	\$478	Services	Ć4 200	ć2C2	Ć020	Anesthesia	\$2,180	\$349	\$1,367
Pathology	\$225	\$31	\$76	Anesthesia	\$1,308	\$262	\$820	7 1110001100110	V =/100	ψο 13	41,00
Total	\$4,139	\$1,327	\$2,572	Total	\$46,099	\$8,162	\$16,090	Total	\$122,937	\$18,705	\$32,689
*Outpatient Patient pays:		Plan A	Plan B	*Inpatient Patient pays:		Plan A	Plan B	*Inpatient Patient pays:		Plan A	Plan B
Deductibles		\$300.00	\$300.00	Deductibles		\$300.00	\$300.00	Deductibles		\$300.00	\$300.00
Copays		\$0	\$0	Copays		\$0	\$0	Copays		\$0	\$0
Coinsurance		\$256.75	\$568.00	Coinsurance		\$1,965.50	\$3,200.00	Coinsurance		\$3,200.00	\$3,200.00
Difference between UCR and what the plan pays		\$2,812.00	\$1,567.00	Difference between UCR and what the plan pays		\$37,937.00	\$30,009.00	Difference between UCR and what the plan pays		\$104,232.00	\$90,248.00
Total		\$3,368.75	\$2,435.00	Total		\$40,202.50	\$33,509.00	Total		\$107,732.00	\$93,748.00

 $^{{}^*\}mathit{This}$ is an aggregate percent of Medicare.

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 14221. Your provider may bill more than UCR.

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