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 Monroe County that includes zip code 14609. If you want details about your coverage and costs, you can get the complete terms in the policy or plan document at www.excellusbcbs.com or if you are an existing member by, calling the phone number on your ID card. If you are a prospective member, call 1-800-817-8400.

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 car	e costs: UCR	80%	A Plan B 215%* ional Med		Sample care	e costs: UCR	Plan A 80% Natio	Plan B 129%* onal Medic	Plan C 157%* care	Sample card	e costs: UCR	Plan A 80% Natio	Plan B 195%* nal Med	
Hospital Services*	\$3,231	\$629	\$1,727	\$1,790	Hospital Services*	\$42,146	\$7,830	\$12,480	\$15,475	Hospital Services*	\$118,754	\$17,903	\$43,458	\$35,696
Physician Services	\$1,415	\$377	\$915	\$897	Physician	\$2,865	\$809	\$1,179	\$1,248	Physician Services	\$2,112	\$1,233	\$2,151	\$2,273
Anesthesia	\$725	\$126	\$443	\$456	Services	Ć1 242	¢21.6	¢7.00	ć701	Anesthesia	\$2,071	\$360	\$1,26	7 \$1,302
Pathology	\$201	\$31	\$46	\$55	Anesthesia	\$1,242	\$216	\$760	\$781		, ,-	,	, , -	1 /2 2
Total	\$5,572	\$1,163	\$3,131	\$3,198	Total	\$46,253	\$8,855	\$14,419	\$17,504	Total	\$122,937	\$19,496	\$46,875	\$39,271
*Outpatient Patient pays: Plan A Plan B P			Plan C	*Inpatient Patient pay	n A P	Plan B Plan C		*Inpatient Patient pay	Inpatient Patient pays: Plan A		Plan B Plan (
Deductibles	\$5	00.00	\$500.00	\$500.00	Deductibles	\$50	00.00	\$500.00	\$500.00	Deductibles	\$500	0.00	\$500.00	\$500.00
Copays		\$0	\$0	\$0	Copays		\$0	\$0	\$0	Copays		\$0	\$0	\$0
Coinsurance	\$1	32.60	\$526.20	\$539.60	Coinsurance	\$1,67	71.00 \$2	,783.80	\$3,400.80	Coinsurance	\$3,700	0.00 \$3	,700.00	\$3,700.00
Difference between UCI and what the plan pays	544	09.00	\$2,441.00	\$2,374.00	Difference between UC and what the plan pays	3 537 30	98.00 \$31	.,834.00	\$28,749.00	Difference between UCI and what the plan pays	1 5103 ///	1.00 \$76	,062.00	\$83,666.00
Total	\$50	41.60	\$3,467.20	\$3,413.60	Total	\$39,56	59.00 \$35	,117.80	\$32,649.80	Total	\$107,64	1.00 \$80	,262.00	\$87,866.00

^{*}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 14609. Your provider may bill more than UCR.

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