

Out-of-network reimbursement examples for group coverage

This summary gives examples of typical costs for out-of-network services under our three most commonly sold health insurance plans in Erie county that include zip code 14202. If you want details about your coverage and costs, you can get the complete terms in the policy or plan document at bcbswny.com or by calling 1-800-544-2583.

Colonoscopy

(Biopsy of large bowel using an endoscope)

CPT code: 45380, Anesthesia CPT code: 00810,

Pathology CPT code: 88305

Sample care costs

	UCR*	POS 7100	Aqua	POS 202
Hospital services	\$2,214.24	\$1,783.95	\$1,783.95	\$1,783.95
Physician services	\$895.49	\$624.16	\$624.16	\$624.16
Anesthesia	\$920.00	\$158.90	\$158.90	\$158.90
Pathology	\$156.02	\$78.00	\$78.00	\$78.00
Total	\$4,185.75	\$2,645.01	\$2,645.01	\$2,645.01

Patient pays

Deductibles**	\$0	\$0	\$0
Copays	N/A	N/A	N/A
Coinsurance	25%	50%	20%
Difference between UCR and what the plan pays	\$1,540.74	\$1,540.74	\$1,540.74
Total	\$2,201.99	\$2,863.25	\$2,069.74

Laminotomy

(Partial removal of bone with release of spinal cord or spinal nerves of one interspace in lower spine)

CPT code: 63030, Anesthesia CPT code: 00630

Sample care costs

	UCR*	POS 7100	Aqua	POS 202
Hospital services	\$12,924.65	\$10,269.44	\$10,269.44	\$10,269.44
Physician services	\$2,929.03	\$1,392.38	\$1,392.38	\$1,392.38
Anesthesia	\$1,800.00	\$254.24	\$254.24	\$254.24
Pathology				
Total	\$17,653.68	\$11,916.06	\$11,916.06	\$11,916.06

Patient pays

Deductibles**	\$0	\$0	\$0
Copays	N/A	N/A	N/A
Coinsurance	25%	50%	20%
Difference between UCR and what the plan pays	\$5,737.62	\$5,737.62	\$5,737.62
Total	\$8,716.64	\$11,695.65	\$8,120.83

Breast reduction

(Insertion of tissue expander in breast)

CPT code: 19357, Anesthesia CPT code: 00402

Sample care costs

	UCR*	POS 7100	Aqua	POS 202
Hospital services	\$9,768.24	\$3,400.00	\$3,400.00	\$3,400.00
Physician services	\$5,560.10	\$1,734.31	\$1,734.31	\$1,734.31
Anesthesia	\$1,530.00	\$158.90	\$158.90	\$158.90
Pathology				
Total	\$16,858.34	\$5,293.21	\$5,293.21	\$5,293.21

Patient pays

Deductibles**	\$0	\$0	\$0
Copays	N/A	N/A	N/A
Coinsurance	25%	50%	20%
Difference between UCR and what the plan pays	\$11,565.13	\$11,565.13	\$11,565.13
Total	\$12,888.43	\$14,211.74	\$12,623.77

Note:

Colonoscopy provided out of network is not covered under the Affordable Care Act as a preventative service.

Copayment is shown as \$0 because copayments do not apply to out of network coverage.

These examples do not take into account whether or not the member's coinsurance limit has been met.

Anesthesia rates represent the base rate, additional payment is made for each additional 15 minutes

* 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 New York county zip code 14202. Your provider may bill more than UCR.

** Assumes deductible has been met.

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