

# 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 14580.

For details about your coverage and costs, *Log In* or *Register* for an MVP Health Care® online account at [www.mvphealthcare.com](http://www.mvphealthcare.com) and select *Benefits Information*. Or, call the MVP Customer Care Center at the phone number on the back of your Member ID card.

Colonoscopy (Biopsy of Large Bowel Using an Endoscope) CPT Code: 45380 Anesthesia CPT Code: 00810 Pathology CPT Code: 88305				
		PPO	POS	PPO HDHP
Sample Care Costs:	UCR	186% Regionally Adjusted Medicare	186% Regionally Adjusted Medicare	186% Regionally Adjusted Medicare
Hospital Services	\$2,592.00	\$2,592.00	\$2,592.00	\$2,592.00
Physician Services	\$700.00	\$473.15	\$473.15	\$473.15
Anesthesia	\$386.00	\$237.00	\$237.00	\$237.00
Pathology	\$120.00	\$130.70	\$130.70	\$130.70
<b>TOTAL</b>	<b>\$3,798.00</b>	<b>\$3,432.85</b>	<b>\$3,432.85</b>	<b>\$3,432.85</b>
Patient Pays:		PPO	POS	PPO HDHP
		40% Coinsurance	30% Coinsurance	40% Coinsurance
Deductible - Single		\$1,000.00	\$500.00	\$3,000.00
Copays				
Coinsurance		\$973.14	\$879.86	\$173.14
Difference between UCR and what the plan pays		\$365.15	\$365.15	\$365.15
<b>TOTAL</b>		<b>\$2,338.29</b>	<b>\$1,745.01</b>	<b>\$3,538.29</b>

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				
		PPO	POS	PPO HDHP
Sample Care Costs:	UCR	186% Regionally Adjusted Medicare	186% Regionally Adjusted Medicare	186% Regionally Adjusted Medicare
Hospital Service	\$17,776.00	\$17,776.00	\$17,776.00	\$17,776.00
Physician Services	\$7,916.00	\$1,774.94	\$1,774.94	\$1,774.94
Anesthesia	\$1,470.00	\$451.79	\$451.79	\$451.79
<b>TOTAL</b>	<b>\$27,162.00</b>	<b>\$20,002.73</b>	<b>\$20,002.73</b>	<b>\$20,002.73</b>
Patient Pays:		PPO	POS	PPO HDHP
		40% Coinsurance	30% Coinsurance	40% Coinsurance
Deductible - Single		\$1,000.00	\$500.00	\$3,000.00
Copays				
Coinsurance		\$7,601.09	\$5,850.82	\$6,801.09
Difference between UCR and what the plan pays		\$7,159.27	\$7,159.27	\$7,159.27
<b>TOTAL</b>		<b>\$15,760.36</b>	<b>\$13,510.09</b>	<b>\$16,960.36</b>

Breast Reconstruction (Insertion of Tissue Expander in Breast) CPT Code: 19357 Anesthesia CPT Code: 00402				
		PPO	POS	PPO HDHP
Sample Care Costs:	UCR	186% Regionally Adjusted Medicare	186% Regionally Adjusted Medicare	186% Regionally Adjusted Medicare
Hospital Services	\$48,241.00	\$48,241.00	\$48,241.00	\$48,241.00
Physician Services	\$4,071.00	\$2,737.32	\$2,737.32	\$2,737.32
Anesthesia	\$1,275.75	\$440.67	\$440.67	\$440.67
<b>TOTAL</b>	<b>\$53,587.75</b>	<b>\$51,418.99</b>	<b>\$51,418.99</b>	<b>\$51,418.99</b>
Patient Pays:		PPO	POS	PPO HDHP
		40% Coinsurance	30% Coinsurance	40% Coinsurance
Deductible - Single		\$1,000.00	\$500.00	\$3,000.00
Copays				
Coinsurance		\$20,167.60	\$15,275.70	\$19,367.60
Difference between UCR and what the plan pays		\$2,168.76	\$2,168.76	\$2,168.76
<b>TOTAL</b>		<b>\$23,336.36</b>	<b>\$17,944.46</b>	<b>\$24,536.36</b>

\*Please note, small group examples are not provided because MVP does not offer small group plans with out of network benefits

**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 14580. Your provider may bill more than UCR.

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