

Out-of-Network Reimbursement Examples For Small Group Coverage

This summary gives examples of typical costs for out-of-network services under our three most commonly sold health insurance plans. Please note our small group products do not provide out-of-network coverage for non-participating providers located within our service area. The examples below are based on services provided in Ft. Lauderdale in Broward County, Florida that includes zip code 33308. If you want details about your coverage and costs, you can get the complete terms in the policy or plan document at www.independenthealth.com or by calling 1-800-501-3439.

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 UCR Care Costs:				Sample UCR Care Costs:				Sample UCR Care Costs:			
Hospital Services		\$4,508.21		Hospital Services		\$27,583.64		Hospital Services		\$31,796.76	
Physician Services		\$1,773.06		Physician Services		\$6,022.69		Physician Services		\$7,201.35	
Anesthesia		\$505.55		Anesthesia		\$505.55		Anesthesia		\$505.55	
Pathology		\$466.19									
Total		\$7,253.01		Total		\$34,111.88		Total		\$39,503.66	
Patient Pays:				Patient Pays:				Patient Pays:			
	iDirect Gold	iDirect Silver	iDirect Bronze		iDirect Gold	iDirect Silver	iDirect Bronze		iDirect Gold	iDirect Silver	iDirect Bronze
Deductibles	\$750	\$1,500.00	\$4,000.00	Deductibles	\$750.00	\$1,500.00	\$4,000.00	Deductibles	\$750.00	\$1,500.00	\$4,000.00
Copays	\$0.00	\$0.00	\$0.00	Copays	\$0.00	\$0.00	\$0.00	Copays	\$0.00	\$0.00	\$0.00
Coinsurance	\$2,601.20	\$2,301.20	\$1,626.51	Coinsurance	\$13,344.75	\$13,044.75	\$15,055.94	Coinsurance	\$15,501.46	\$15,201.46	\$17,751.83
Difference between UCR and what the plan pays	--	--	--	Difference between UCR and what the plan pays	--	--	--	Difference between UCR and what the plan pays	--	--	--
Total	\$3,351.20	\$3,801.20	\$5,626.51	Total	\$14,094.75	\$14,544.75	\$19,055.94	Total	\$16,251.46	\$16,701.46	\$21,751.83

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.

