Important disclosure information — New York Addendum

The following content updates the document titled "Important Consumer Disclosure Information – New York"

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 New York County that include ZIP codes with the prefix 100, 101 and 102. If you want details about your coverage and costs, you can get the complete terms in the policy or plan document by calling **1-888-982-3862**.

Colonoscopy (Biopsy of large bowel using an endoscope) CPT Code: 45380 Anesthesia CPT Code: 00810 Pathology CPT Code: 88305				
Sample care costs:	**UCR**	**Plan* [A]**	**Plan* [B]**	**Plan* [C]**
Hospital services	$3,514.00	$1,286.65	$1,833.78	$2,750.67
Physician services	$2,000.00	$260.67	$496.52	$744.78
Anesthesia	$1,496.50	$128.60	$245.00	$367.50
Pathology	$244.00	$88.29	$168.18	$252.27
Total	**$7,254.50**	**$1,764.21**	**$2,743.48**	**$4,115.22**
Patient pays:				
Deductibles**		$0	$0	$0
Copays		$0	$0	$0
Coinsurance		$705.69	$1,097.40	$1,646.09
Difference between UCR and what the plan allows		$5,490.29	$4,511.02	$3,139.28
Total		**$6,195.98**	**$5,608.42**	**$4,785.37**

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 Codes with the prefix 100. Your provider may bill more than UCR.

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

Notes: Colonoscopy provided out of network is not covered as a preventive service under the Affordable Care Act. Copayment is shown as $0 because copayments do not typically apply to out-of-network coverage.
These examples do not take into account whether the member's coinsurance limit has been met.

These examples only apply to plans with out-of-network coverage.

Claim examples assume services were done on an outpatient basis.

* Plans are as follows:
Plan A = 105% Medicare for professional services, and 140% Medicare facility services

Plan B = 200% Medicare for professional services, and 200% Medicare facility services

Plan C = 300% Medicare for professional services, and 300% Medicare facility services

Aetna Student Health follows Plan A.

** Assumes deductible has been met.

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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	Plan* [A]	Plan [B]	Plan [C]
Hospital services	$16,005.00	$8,205.46	$11,722.08	$17,583.12
Physician services	$24,482.00	$1,271.77	$2,422.42	$3,633.63
Anesthesia	$1,832.00	$205.76	$392.00	$588.00
Total	**$42,319.00**	**$9,682.99**	**$14,536.50**	**$21,804.75**
Patient pays:				
Deductibles**		$0	$0	$0
Copays		$0	$0	$0
Coinsurance		$3,873.20	$5,814.60	$8,721.90
Difference between UCR and what the plan allows		$32,636.01	$27,782.50	$20,514.25
Total		**$36,509.21**	**$33,597.10**	**$29,236.15**

Breast reconstruction (Insertion of tissue expander in breast)
CPT Code: 19357
Anesthesia CPT Code: 00402

Sample care costs:	UCR	Plan* [A]	Plan* [B]	Plan* [C]
Hospital services	$4,791.00	$12,479.68	$17,282.12	$26,742.18
Physician services	$16,500.00	$1,885.30	$3,591.06	$5,386.59
Anesthesia	$872.00	$128.60	$245.00	$367.50
Total	**$22,163.00**	**$14,493.58**	**$21,118.18**	**$32,496.27**
Patient pays:				
Deductibles**		$0	$0	$0
Copays		$0	$0	$0
Coinsurance		$5,797.44	$8,447.28	$12,998.51
Difference between UCR and what the plan allows		$7,669.42	$1,044.82	N/A
Total		**$13,466.86**	**$9,492.10**	**$12,998.51**

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

These examples only apply to plans with out-of-network coverage.

* Plans are as follows:

Plan A = 105% Medicare for professional services, and 140% Medicare facility services

Plan B = 200% Medicare for professional services, and 200% Medicare facility services

Plan C = 300% Medicare for professional services, and 300% Medicare facility services

** Assumes deductible has been met.

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