

Examples of Anticipated Out-of-Pocket Costs for Frequently Billed Out-of-Network Services (New Jersey)

This summary gives examples of anticipated out-of-pocket costs for frequently billed out-of-network services under our large-employer group health insurance plans issued in NEW JERSEY.

ANY ESTIMATES OR EXAMPLES PROVIDED FOR OUT-OF-NETWORK COSTS DO NOT TAKE INTO ACCOUNT THE AMOUNTS THAT THE COVERED PERSON MAY HAVE ALREADY PAID FOR COST-SHARING THAT ACCUMULATE TOWARD THE MAXIMUM OUT-OF-POCKET COSTS (“MOOP”).

These examples are intended only for insureds covered and eligible for benefits under a Nippon Life Insurance Company of America® fully-insured health benefits plan, as defined by the Act that is delivered or issued for delivery in New Jersey.

Injection, Immune Globulin (Gammagard liquid 500 mg)							
CPT Code: J1569				Zip Code: 08822			
Sample care costs:							
	Average Billed Cost	Plan 50% UCR	Plan 60% UCR	Plan 70% UCR	Plan 80% UCR	Plan 90% UCR	Plan 125% RBRVS
Hospital Services	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Physician Services	\$539.40	\$148.54	\$215.21	\$284.57	\$328.42	\$485.44	\$57.91
Total	\$539.40	\$148.54	\$215.21	\$284.57	\$328.42	\$485.44	\$57.91
Example:							
Deductibles		\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
Copays		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Coinsurance		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insurance Pays:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Patient Pays (deductible/coinsurance):		\$148.54	\$215.21	\$284.57	\$328.42	\$485.44	\$57.91
*Difference between UCR and what the plan pays (patient may be responsible if provider balance bills)		*\$390.86	*\$324.19	*\$254.83	*\$210.98	*\$53.96	*\$481.49

Please note that any out-of-pocket amounts or reimbursement methodologies shown are only an estimate and not a guaranteed amount. Your actual out-of-pocket costs may differ based on a number of factors, including, for example, your actual plan provisions and benefits, your eligibility, the actual services provided to you, whether the services are covered by your plan, whether the services are medically necessary, the procedure codes submitted by your provider, whether other providers render services to you, the location of the services, your cost-sharing requirements, or other variables that may impact the cost of services. Also, even though your provider may bill separately for multiple procedure codes, we may determine that there is a single code that should have been billed for all of the procedures, and we will pay for only that code. Nothing herein is a guarantee of benefits or eligibility. All terms, provisions, conditions, limitations and exclusions shown in your Nippon Life Insurance Company of America certificate booklet and master policy will govern.

Emergency Department Visit							
CPT Code: 99285				Zip Code: 08869			
Sample care costs:							
	Average Billed Cost	Plan 50% UCR	Plan 60% UCR	Plan 70% UCR	Plan 80% UCR	Plan 90% UCR	Plan 125% RBRVS
Hospital Services	\$4,666.00	\$2,333.00	\$2,799.60	\$3,266.20	\$3,732.80	\$4,199.40	\$169.03
Physician Services	\$1,427.00	\$713.50	\$856.20	\$998.90	\$1,141.60	\$1,284.30	\$473.94
Total	\$6,093.00	\$3,046.50	\$3,655.80	\$4,265.10	\$4,874.40	\$5,483.70	\$642.97
Example:							
Deductibles		\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
Copays		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Coinsurance		\$1,227.90	\$1,593.48	\$1,959.06	\$2,324.64	\$2,690.22	\$0.00
Insurance Pays:		\$818.60	\$1,427.90	\$1,306.04	\$1,549.76	\$1,793.48	\$0.00
Patient Pays (deductible/coinsurance):		\$2,227.90	\$2,593.48	\$2,959.06	\$3,324.64	\$3,690.22	\$642.97
*Difference between UCR and what the plan pays (Patient may be responsible if provider balance bills)		*\$3,046.50	*\$2,437.20	*\$1,827.90	*\$1,218.60	*\$609.30	*\$2,403.53

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Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes							
CPT Code: 97110				Zip Code: 07054			
Sample care costs:							
	Average Billed Cost	Plan 50% UCR	Plan 60% UCR	Plan 70% UCR	Plan 80% UCR	Plan 90% UCR	Plan 125% RBRVS
Hospital Services	\$73.00	\$36.50	\$43.80	\$51.10	\$58.40	\$65.70	N/A
Physician Services	\$125.00	\$62.50	\$75.00	\$87.50	\$100.00	\$112.50	\$33.84
Total	\$198.00	\$99.00	\$118.80	\$138.60	\$158.40	\$178.20	\$33.84
Example:							
Deductibles		\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
Copays		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Coinsurance		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insurance Pays:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Patient Pays (deductible/coinsurance):		\$99.00	\$118.80	\$138.60	\$158.40	\$178.20	\$33.84
*Difference between UCR and what the plan pays (Patient may be responsible if provider balance bills)		*\$99.00	*\$79.20	*\$59.40	*\$39.60	*\$19.80	*\$164.16

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Manual therapy techniques, 1 or more regions, each 15 minutes							
CPT Code: 97140				Zip Code: 07036			
Sample care costs:							
	Average Billed Cost	Plan 50% UCR	Plan 60% UCR	Plan 70% UCR	Plan 80% UCR	Plan 90% UCR	Plan 125% RBRVS
Hospital Services	\$73.00	\$36.50	\$43.80	\$51.10	\$58.40	\$65.70	N/A
Physician Services	\$100.00	\$50.00	\$60.00	\$70.00	\$80.00	\$90.00	\$28.50
Total	\$173.00	\$86.50	\$103.80	\$121.10	\$138.40	\$155.70	\$28.50
Example:							
Deductibles		\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
Copays		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Coinsurance		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insurance Pays:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Patient Pays (deductible/coinsurance):		\$86.50	\$103.80	\$121.10	\$138.40	\$155.70	\$28.50
*Difference between UCR and what the plan pays (Patient may be responsible if provider balance bills)		*\$86.50	*\$69.20	*\$51.90	*\$34.60	*\$17.30	*\$144.50

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Shaving of shoulder bone using an endoscope; Anesthesia for open or endoscopic procedure at upper arm and shoulder joint including							
CPT Code: 29826, 01630				Zip Code: 07083			
Sample care costs:							
	Average Billed Cost	Plan 50% UCR	Plan 60% UCR	Plan 70% UCR	Plan 80% UCR	Plan 90% UCR	Plan 125% RBRVS
Hospital Services	\$8,998.00	\$4,499.00	\$5,398.80	\$6,298.60	\$7,198.40	\$8,098.20	N/A
Physician Services	\$18,108.00	\$9,054.00	\$10,864.80	\$12,675.60	\$14,486.40	\$16,297.20	\$178.51
Anesthesia	\$3,840.00	\$1,920.00	\$2,304.00	\$2,688.00	\$3,072.00	\$3,456.00	\$312.33
Total	\$30,946.00	\$15,473.00	\$18,567.60	\$21,662.20	\$24,756.80	\$27,851.40	\$490.84
Example:							
Deductibles		\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
Copays		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Coinsurance		\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00	\$0.00
Insurance Pays:		\$11,473.00	\$14,567.60	\$17,662.20	\$20,756.80	\$23,851.40	\$0.00
Patient Pays (deductible/coinsurance):		\$4,000.00	\$4,000.00	\$4,000.00	\$4,000.00	\$4,000.00	\$490.84
*Difference between UCR and what the plan pays (Patient may be responsible if provider balance bills)		*\$15,473.00	*\$12,378.40	*\$9,283.80	*\$6,189.20	*\$3,094.60	*\$30,455.16

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Emergency Department Visit; high severity							
CPT Code: 99284				Zip Code:07002			
Sample care costs:							
	Average Billed Cost	Plan 50% UCR	Plan 60% UCR	Plan 70% UCR	Plan 80% UCR	Plan 90% UCR	Plan 125% RBRVS
Hospital Services	\$2,216.00	\$1,108.00	\$1,329.60	\$1,551.20	\$1,772.80	\$1,994.40	\$298.68
Physician Services	\$992.00	\$496.00	\$595.20	\$694.40	\$793.60	\$892.80	\$106.02
Total	\$3,208.00	\$1,604.00	\$1,924.80	\$2,245.60	\$2,566.40	\$2,887.20	\$404.70
Example:							
Deductibles		\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
Copays		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Coinsurance		\$241.60	\$369.92	\$498.24	\$626.56	\$754.88	\$0.00
Insurance Pays:		\$362.40	\$554.88	\$747.36	\$939.84	\$1,132.32	\$0.00
Patient Pays (deductible/coinsurance):		\$1,241.60	\$1,369.92	\$1,498.24	\$1,626.56	\$1,754.88	\$404.70
Difference between UCR and what the plan pays (Patient may be responsible if provider balance bills)		\$1,604.00	\$1,283.20*	\$962.40*	\$641.60*	\$320.80*	\$2,803.30*

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Extensive removal of shoulder joint tissue using an endoscope, Anesthesia for open or endoscopic procedure at upper arm and shoulder joint

CPT Code: 29823, 01630

Zip Code:07003

Sample care costs:

	Average Billed Cost	Plan 50% UCR	Plan 60% UCR	Plan 70% UCR	Plan 80% UCR	Plan 90% UCR	Plan 125% RBRVS
Hospital Services	\$10,009.00	\$5,004.50	\$6,005.40	\$7,006.30	\$8,007.20	\$9,008.10	\$2,221.83
Physician Services	\$21,096.00	\$10,548.00	\$12,657.60	\$14,767.20	\$16,876.80	\$18,986.40	\$589.84
Anesthesia Services	\$3,840.00	\$19.20	\$2,304.00	\$2,688.00	\$3,072.00	\$3,456.00	\$288.30
Total	\$34,945.00	\$15,571.70	\$20,967.00	\$24,461.50	\$27,956.00	\$31,450.50	\$3,099.97
Example:							
Deductibles		\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
Copays		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Coinsurance		\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00	\$839.99
Insurance Pays:		\$11,571.70	\$16,967.00	\$20,461.50	\$23,956.00	\$27,450.50	\$1,259.98
Patient Pays (deductible/coinsurance):		\$4,000.00	\$4,000.00	\$4,000.00	\$4,000.00	\$4,000.00	\$1,839.99
*Difference between UCR and what the plan pays (Patient may be responsible if provider balance bills)		*\$19,373.30	*\$13,978.00	*\$10,483.50	*\$6,989.00	*\$3,494.50	*\$31,845.03

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Psychotherapy; 45 minutes							
CPT Code: 90834				Zip Code:07024			
Sample care costs:							
Average Billed Cost	Plan 50% UCR	Plan 60% UCR	Plan 70% UCR	Plan 80% UCR	Plan 90% UCR	Plan 125% RBRVS	
Hospital Services	\$481.00	\$240.50	\$288.60	\$336.70	\$384.80	\$432.90	\$104.11
Physician Services	\$200.00	\$100.00	\$120.00	\$140.00	\$160.00	\$180.00	\$75.29
Total	\$681.00	\$340.50	\$408.60	\$476.70	\$544.80	\$612.90	\$179.40
Example:							
Deductibles	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
Copays	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Coinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insurance Pays:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Patient Pays (deductible/coinsurance):	\$340.50	\$408.60	\$476.70	\$544.80	\$612.90	\$612.90	\$179.40
*Difference between UCR and what the plan pays (Patient may be responsible if provider balance bills)	*\$340.50	*\$272.40	*\$204.30	*\$136.20	*\$68.10	*\$68.10	*\$501.60

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Psychotherapy; 60 minutes CPT Code: 90837 Zip Code:07047							
Sample care costs:							
Average Billed Cost	Plan 50% UCR	Plan 60% UCR	Plan 70% UCR	Plan 80% UCR	Plan 90% UCR	Plan 125% RBRVS	
Hospital Services	\$361.00	\$180.50	\$216.60	\$252.70	\$288.80	\$324.90	\$104.11
Physician Services	\$250.00	\$125.00	\$150.00	\$175.00	\$200.00	\$225.00	\$113.26
Total	\$611.00	\$305.50	\$366.60	\$427.70	\$488.80	\$549.90	\$217.37
Example:							
Deductibles	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
Copays	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Coinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insurance Pays:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Patient Pays (deductible/coinsurance):	\$305.50	\$366.60	\$427.70	\$488.80	\$549.90	\$549.90	\$217.37
*Difference between UCR and what the plan pays (Patient may be responsible if provider balance bills)	*\$305.50	*\$244.40	*\$183.30	*\$122.20	*\$61.10	*\$61.10	*\$393.63

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Partial removal of middle spine bone with release of spinal cord and/or nerves; Anesthesia on lower spine
CPT Code: 63047, 00630 **Zip Code: 07677**

Sample care costs:

	Plan	Plan	Plan	Plan	Plan	Plan	
Average Billed Cost	50% UCR	60% UCR	70% UCR	80% UCR	90% UCR	125% RBRVS	
Hospital Services	\$10,378.00	\$5,189.00	\$6,226.80	\$7,264.60	\$8,302.40	\$9,340.20	\$4,709.07
Physician Services	\$70,000.00	\$35,000.00	\$42,000.00	\$49,000.00	\$56,000.00	\$63,000.00	\$1,043.15
Anesthesia Services	\$5,400.00	\$2,700.00	\$3,240.00	\$3,780.00	\$4,320.00	\$4,860.00	\$359.47
Total	\$85,778.00	\$42,889.00	\$51,466.80	\$60,044.60	\$68,622.40	\$77,200.20	\$6,111.69

Example:

Deductibles	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,000.00
Copays	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Coinsurance	\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00	\$3,000.00
Insurance Pays:	\$38,889.00	\$47,466.80	\$56,044.60	\$64,622.40	\$73,200.20	\$73,200.20	\$2,111.69
Patient Pays (deductible/coinsurance):	\$4,000.00	\$4,000.00	\$4,000.00	\$4,000.00	\$4,000.00	\$4,000.00	\$4,000.00
*Difference between UCR and what the plan pays (Patient may be responsible if provider balance bills)	*\$42,889.00	*\$34,311.20	*\$25,733.40	*\$17,155.60	*\$8,577.80	*\$8,577.80	*\$79,666.31

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