HOW IT WORKS



What happens when you make an out-of-network claim with a health plan that offers out-of-network benefits?



Coverage Period: 01/01/2019 - 12/31/2019

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual + Spouse | Plan Type: PPO

This is only a sample. If you want more detail about your coverage and costs, you can get complete terms in the policy or plan document. Contact Central Jersey Insurance Associates at www.centraljersevins.com or by calling: 732-383-7158.

In-Network Benefits		Out-of-Network Coverage	
Deductible (Employee / Family)	\$2,000 / \$4,000	Deductible (Employee / Family)	\$2,500 / \$5,000
Coinsurance (Member / Carrier)	20% / 80%	Cost Share (Member / Carrier)	30% / 70% after deductible
MOOP (Employee / Family)	\$5,000 / \$10,000	MOOP (Employee / Family)	\$5,000 / \$10,000
PCP Copay	\$20		
6 111.6	± 4.0		

Specialist Copay \$40

ABC Insurance

PPO

Policy Number 356M59557 **Group Number** 1234567 Group Name XYZ COMPANY

Member Name IANE Q. PUBLIC Office Visit Copay: \$20 Specialist: \$40 Emergency Room: \$250 Urgent Care: \$50 Rx: \$10/20/40 **Network Coinsurance:**

In 20%/80% Out 30%/70% Med/Rx Deductible Applies

Claim Process (Direct Access Product)



\$5,000 HOSPITAL BILL

A claim is submitted for \$5,000, but it is out-of-network.



DEDUCTIBLE APPLIED \$500 Out-of-Network Deductible is applied.

70% COINSURANCE \$350 Coinsurance is applied to the Balance.

\$5,000 OUT-OF NETWORK CLAIM



INSURANCE PAYS

\$350

\$2000

Patient's Responsibility



\$2500 Patient Pays

Deductible

\$150

30% Coinsurance

YOU PAY \$4650

UNDERSTAND YOUR BENEFITS

Learn more at CentralJerseyIns.com



🧿 51 James Way, Suite 102 | Eatontown NJ 07724 205 Tuckerton Rd., Suite 206 | Medford, NJ 08055 **J** 732-383-7158

centraljerseyins.com