

HOW IT WORKS



An Out-Of-Network Claim

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

Sample Gold Health Plan

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.centraljerseyins.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		
Specialist Copay	\$40		

ABC INSURANCE PARTNERS PPO

Policy Number
356M59557

Group Number
1234567

Group Name
XYZ COMPANY

Member Name
JANE Q. PUBLIC

Office Visit Copay: \$20
Specialist: \$40
Emergency Room: \$250
Urgent Care: \$50
Rx: \$10/20/40

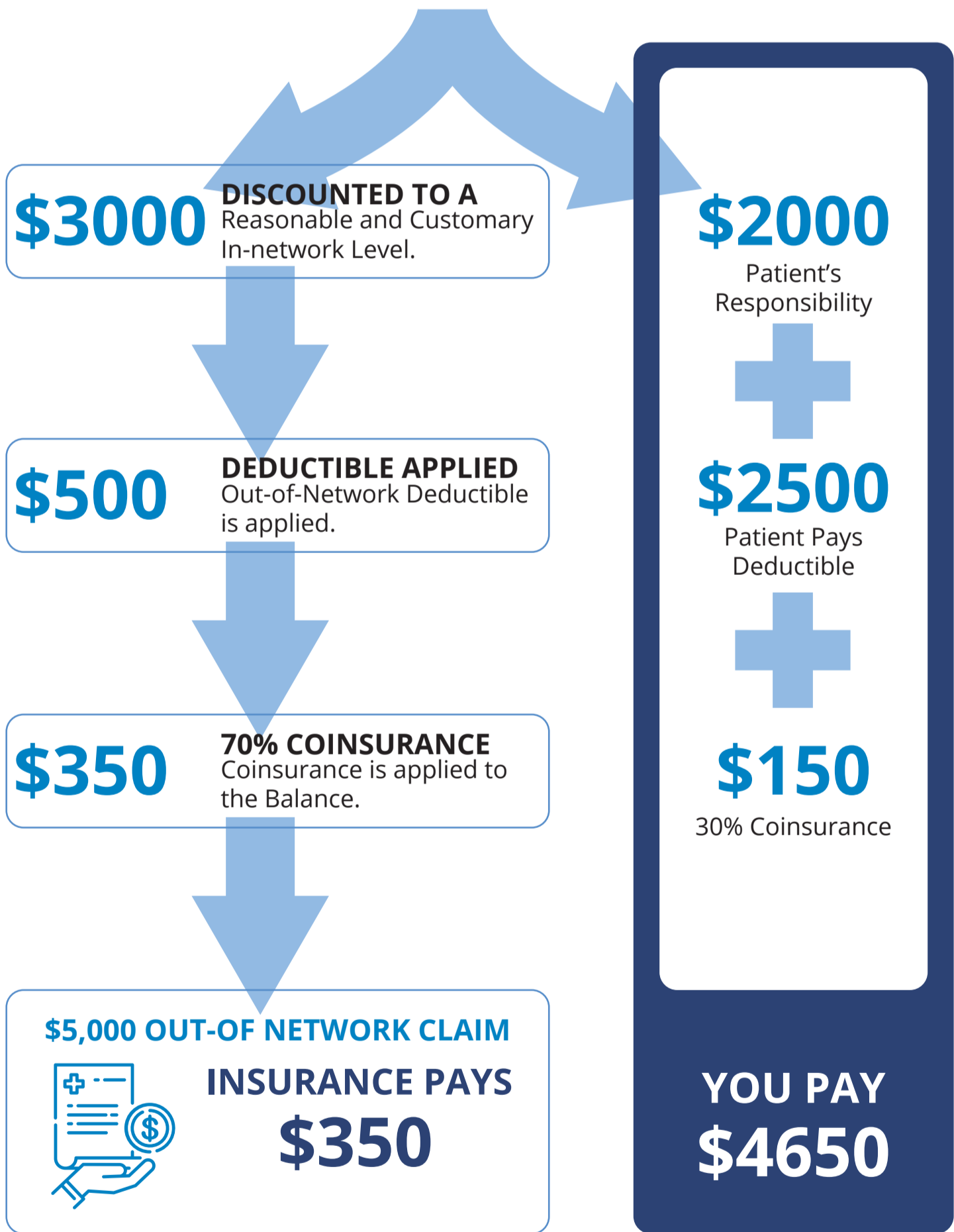
Network Coinsurance:
In 20%/80%
Out 30%/70%
Med/Rx Deductible Applies

Claim Process (Direct Access Product)



\$5,000 HOSPITAL BILL

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



UNDERSTAND YOUR BENEFITS

Learn more at CentralJerseyIns.com

