

Out-of-network (OON) costs


Estimated reimbursement rates for frequent services

Here are examples of the estimated reimbursement rates for frequently billed OON services, based on New Jersey's Out-of-Network Consumer Protection, Transparency, Cost Containment and Accountability Act. These examples are for illustration purposes only. Actual costs may vary due to your particular health plan's coverage terms.

You can contact us at the toll-free number on your ID card to get information on the allowed charge/amounts for specific procedures and any cost-share you may be responsible for. When calling, please be prepared to provide a current procedural terminology (CPT) code.

If you do not have a CPT code, you can still get an estimate of the allowed charges. First, contact one of our Customer Service Advocates (CSAs) and provide information about the procedure(s) you are planning to have. Next, let the CSA know what type of plan you have. They will then be able to give you an estimate for the allowed charges.

| CPT CODE | DESCRIPTION | ESTIMATED ALLOWABLE |
|----------|-------------------------------------|---------------------|
| 93010 | Electrocardiogram (EKG) | \$36.44 |
| 85025 | Complete Blood Count (CBC) | \$33.02 |
| 80048 | Basic Metabolic Panel (BMP) | \$49.96 |
| 81000 | Urinalysis | \$10.02 |
| 74176 | CT, Abdomen/Pelvis without Contrast | \$698.76 |
| 72148 | MRI, Lumbar without Contrast | \$809.34 |
| 76705 | Ultrasound, Abdominal, Limited | \$296.32 |
| 71046 | X-Ray, Chest, Two Views | \$99.74 |

 **For more information on how health benefit plans cover out-of-network treatment, [click here.](#)**

State or federal mandates may impact the reimbursement methodology discussed above.

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