

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 the NJ OON 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. To do so, please 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 and give us information about the procedures you are planning to have. Next, let us know what type of plan you have. We will be able to give you an estimate for the allowed charges.

CPT	DESCRIPTION	ESTIMATED ALLOWABLE
93010	EKG	\$38.47
85025	Complete blood count (CBC)	\$32.52
80048	Basic metabolic panel (BMP)	\$28.21
81000	Urinalysis	\$11.27
99282	Emergency department visit – low to moderate complexity	\$231.95
99285	Emergency department visit – high complexity	\$853.98
74176	CT Abdomen/Pelvis without Contrast	\$736.38
72148	MRI, Lumbar without Contrast	\$842.90
76705	Ultrasound, Abdominal, Limited	\$305.50
71046	X-ray chest, two views	\$100.17



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

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