Western Grocers Employee Benefits Trust

Calculating your estimated out-of-pocket expense for common procedures

Physician Network:	Providence PPO (www.providence.org)
Plan Deductible:	$100 individual (maximum $200 family)
Coinsurance:	After deductible, plan pays 90% in network, 70% out of network
Out of pocket maximum*:	$1000 per person annually after deductible in network. There is no maximum if your provider is out of network

**"Out of pocket" is your 10% coinsurance up to $1000 per person in network, after which no further coinsurance is applied and the plan pays covered services at 100% instead of 90%. Copays do not apply to out of pocket and continue to apply after out of pocket is met. The plan pays out of network services at 70% after deductible and has no maximum for your 30% coinsurance; out of network claims do not pay at 100% even if your share of coinsurance exceeds $1000 per person.*

Your plan pays for...

- Office visits at 90% after deductible for in network providers, 70% after deductible for out of network providers
- Diagnostic radiology and imaging services at 90% after deductible for in network providers, 70% after deductible for out of network providers
  (*EXCEPT for procedures using a body scanner (like MRIs, CTs, bone scans, etc.), which pay at 100% after deductible and a $200 co-pay per scan)*
- Diagnostic pathology and laboratory at 90% after deductible for in network providers, 70% after deductible for out of network providers.
- Professional fees for vaginal delivery at 90% after deductible for in network providers, 70% after deductible for out of network providers.
- Immunizations at 100% after a $15 co-pay subject to the limitations for wellness care in your plan.
- Professional fees for orthopedic and musculoskeletal surgeries 90% after deductible for in network providers, 70% after deductible for out of network providers..
- Professional fees for digestive system endoscopies at 90% after deductible for in network providers, 70% after deductible for out of network providers.

See the following pages for the estimated provider cost for common procedures…….

TABLE OF ESTIMATED COSTS

SERVICE CODE	DESCRIPTION OF SERVICE	AVERAGE COST PPO	UCR AVERAGE
Office visits:			
99211	Office/outpatient visit for evaluation and management of established patient; minimal problem.	$35.58	$73.96
99212	Office/outpatient visit for evaluation and management of established patient; self-limited or minor problem.	$73.29	$105.09
99213	Office/outpatient visit for evaluation and management of established patient; low to moderate severity.	$122.38	$134.28
99214	Office/outpatient visit for evaluation and management of established patient; moderate to high severity.	$182.86	$194.61
99215	Office/outpatient visit for evaluation and management of established patient; moderate to high severity, comprehensive.	$247.61	$311.38
Diagnostic radiology and imaging:			
71020	Chest x-ray	$59.77	$114.85
71020-26	Chest x-ray, professional fee	$22.32	$35.61
71020-TC	Chest x-ray, technical fee	$38.18	$114.85
72193	CT pelvis with contrast	$616.11	$1,037.39
72193-26	CT pelvis with contrast, professional fee	$113.74	$186.67
72193-TC	CT pelvis with contrast, technical fee	$502.37	$1,037.39
77052	Mammography screen, CAD	$19.21	$70.48
77052-26	Mammography screen, CAD, professional fee	$6.40	$11.98
77052-TC	Mammography screen, CAD, technical fee	$12.81	$70.48
77057	Mammography screen, bilateral	$160.10	$199.70
77057-26	Mammography screen, bilateral, professional fee	$71.15	$83.87
77057-TC	Mammography screen, bilateral, technical fee	$88.94	$199.70
G0202	Screening mammography, direct digital image, bilateral	$256.15	$70.48
G0202-26	Screening mammography, direct digital image, bilateral, professional fee	$69.02	$11.98
G02020-TC	Screening mammography, direct digital image, bilateral, technical fee	$187.13	$70.48
Diagnostic pathology and lab:			
36415	Venipuncture	$4.35	$16.72
80053	Comprehensive metabolic panel	$22.39	$48.09
80061	Lipid panel	$28.39	$54.95
85025	Complete CBD, automated	$16.46	$31.27
88305	Level IV surgical pathology	$207.77	$238.00
88305-26	Level IV surgical pathology, professional fee	$71.15	$97.60
88305-TC	Level IV surgical pathology, technical fee	$136.61	$238.00
Normal vaginal delivery:			
59400	Global obstetrical care, including vaginal delivery and antepartum and postpartum care	$3,333.99	$4,273.38
59409	Vaginal delivery only	$1,471.63	$2,231.65
59410	Vaginal delivery and postpartum care only	$1,711.91	$2,469.06
59425	Antepartum care only, 4-6 visits	$831.36	$605.40
59426	Antepartum care only, 7 or more visits	$1,490.17	$1,804.32
Immunizations:			
90466	Immunization administration under 8 years of age	$19.46	$42.89
90471	Immunization administration, one vaccine	$43.40	$37.17
90472	Immunization administration, each additional vaccine	$20.64	$37.17
90658	Influenza virus vaccine	$16.53	$25.79
90715	TdaP vaccine	$43.81	$37.63
Orthopedic and musculoskeletal surgery:			
20550	Injection, single tendon sheath or ligament	$104.10	$157.94
20552	Injection, single or multiple trigger points	$92.63	$167.81
20610	Arthrocentesis, aspiration and/or injection, major joint or bursa	$139.75	$205.32
21365	Open treatment of complicated fracture of malar area	$1,974.30	$3,386.32
27447	Arthroplasty, knee, medial and lateral compartments with or without patella resurfacing	$2,850.57	$5,272.22

SERVICE CODE	DESCRIPTION OF SERVICE	AVERAGE COST PPO	UCR AVERAGE
Cont...			
Digestive system endoscopy:			
43239	Upper GI endoscopy with biopsy	$640.99	$872.55
45378	Colonoscopy, flexible, diagnostic	$730.11	$1,042.97
45380	Colonoscopy, flexible, diagnostic, with biopsy	$881.27	$1,147.26
45384	Colonoscopy, flexible, diagnostic, with removal of polyps by hot biopsy forceps of bipolar cautery	$863.44	$1,477.53
45385	Colonoscopy, flexible, diagnostic, with removal of polyps by snare	$993.92	$1,477.53

Please note that:

- Providence PPO contracts with medical providers and the terms of these contracts may vary. The amounts shown in the AVERAGE COST PPO column are the average contract allowable for Providence PPO contracts.
- Confirm with your provider that they are contracted with Providence PPO or call Providence PPO at 1-800-793-9338 to confirm whether your provider is contracted or to locate a contracted provider.
- If you treat with an out of network provider you may be responsible for amounts exceeding the allowable amount listed in the UCR AVERAGE column, in addition to your 30% coinsurance.
- UCR (usual, customary and reasonable charge) is determined using MDR by Ingenix, which compares fees from providers in the same geographic region, to arrive at a usual and customary charge. Your plan is set at the 80th percentile, meaning that the maximum allowable is the amount equal to or greater than 80% of the charges used by Ingenix in its database for that CPT code/geozip combination. The information in this database is updated and published by Ingenix at scheduled times each year, and it is loaded for use upon update.
- Other services may be provided to you which are medically necessary and appropriate as part of your medical care which are not listed above and for which you may have additional financial responsibility.
- These estimates do not include costs of unanticipated procedures.
- Payment for some medical services may require that the service be preauthorized by the plan. For example, inpatient hospitalization (other than for labor and delivery) and outpatient surgical procedures (including endoscopies) require prior authorization. If services are not preauthorized, a payment penalty may apply or the service may not be covered.
- You may be responsible for the costs of procedures not covered by your plan. Please review your summary plan description to determine coverage for medical services, or call us at 503-968-2360 (or 800-777-3603) for assistance.
- You may contact us at 503-968-2360 (or 800-777-3603) for an explanation if the estimate differs from the actual cost or if you have additional questions.
- This is not a guarantee of benefits. Benefits are subject to eligibility at the time of service. Please see your summary plan description for information about what is covered by your plan. You may call our office at 503-968-2360 (or 800-777-3603) if you have questions about what your plan covers.
- Oregon Insurance Division Consumer Advocacy Unit
  350 Winter St. NE / PO Box 14480
  Salem, OR 97309-0405
  503-947-7984 (or 888-877-4894)
  Web site: insurance.oregon.gov - E-mail: cp.ins@state.or.us