

NetPremier - Claims Examples (***) **NOTE CLAIM EXAMPLES ARE FOR AETNA SRC \$20,000 PLAN WITH A \$20,000 ANNUAL MAX and \$2,000 OUTPATIENT and \$2,000 HOSPITAL MISC. MAX**

Inpatient

Example #1: Inpatient stay 2 days Gallbladder Surgery

Services	Charges	Discounted Amount	Amount Considered	Payment	Insured Responsibility	In-Network Benefits after PPO discount	Out-of-Network Benefits	Payment	Insured Responsibility
124 - Inpatient Admittance (Room & Board) 2 days	\$1,750.00	\$1,207.50	\$542.50	\$204.75	\$337.75	\$250 deductible; 70% up to \$20,000 pym	\$350 deductible; 50% up to \$20,000 pym	\$700.00	\$1,050.00
250 - Inpatient Miscellaneous	\$2,500.00	\$1,712.50	\$787.50	\$551.25	\$236.25	\$250 deductible; 70% up to \$2,000 pym	\$350 deductible; 50% up to \$2,000 pym	\$1,250.00	\$1,250.00
99234 - Inpatient Doctor Visits	\$150.00	\$97.19	\$52.81	\$36.97	\$15.84	\$250 deductible; 70% up to \$20,000 pym	\$350 deductible; 50% up to \$20,000 pym	\$75.00	\$75.00
88302 - Level II - Surgical pathology	\$345.00	\$70.00	\$275.00	\$192.50	\$82.50	\$250 deductible; 70% up to \$20,000 pym	\$350 deductible; 50% up to \$20,000 pym	\$172.50	\$172.50
00700 (P1)- Anesthesia	\$550.00	\$168.00	\$332.00	\$232.40	\$99.60	\$250 deductible; 70% up to \$20,000 pym	\$350 deductible; 50% up to \$20,000 pym	\$275.00	\$275.00
47562- Laparoscopy, surgical; cholecystectomy	\$2,000.00	\$1,300.00	\$1,500.00	\$1,050.00	\$450.00	\$250 deductible; 70% up to \$20,000 pym	\$350 deductible; 50% up to \$20,000 pym	\$1,000.00	\$1,000.00
Totals	\$7,295.00	\$4,555.19	\$3,489.81	\$2,267.87	\$1,221.94			\$3,472.50	\$3,822.50

Example #2: Maternity Pre-Natal/Post Visits - Mom

Services	Charges	Discounted Amount	Amount Considered	Payment	Insured Responsibility	In-Network Benefits after PPO discount	Out-of-Network Benefits	Payment	Insured Responsibility
59400 - Routine Obstetric Care - including delivery and pospartum care	\$3,400.00	\$1,361.00	\$2,039.00	\$1,252.30	\$786.70	\$250 deductible; 70% up to \$20,000 pym	\$350 deductible; 50% up to \$20,000 pym	\$1,525.00	\$1,875.00
120 - Inpatient Admittance (Room & Board) 2 days	\$1,560.00	\$1,045.20	\$514.80	\$360.36	\$154.44	\$250 deductible; 70% up to \$20,000 pym	\$350 deductible; 50% up to \$20,000 pym	\$780.00	\$780.00
250 - Inpatient Miscellaneous	\$4,820.00	\$1,348.80	\$3,471.20	\$2,000.00	\$1,471.20	\$250 deductible; 70% up to \$2,000 pym	\$350 deductible; 50% up to \$2,000 pym	\$2,000.00	\$2,820.00
Totals	\$9,780.00	\$3,755.00	\$6,025.00	\$3,612.66	\$2,412.34			\$4,305.00	\$5,475.00

Example #3: Maternity - Newborn - Baby

Services	Charges	Discounted Amount	Amount Considered	Payment	Insured Responsibility	In-Network Benefits after PPO discount	Out-of-Network Benefits	Payment	Insured Responsibility
171 - Newborn Nursery R&B 2 days	\$1,912.95	\$1,606.88	\$306.07	\$39.25	\$266.82	\$250 deductible; 70% up to \$20,000 pym	\$350 deductible; 50% up to \$20,000 pym	\$781.48	\$1,131.47
250 - Inpatient Miscellaneous	\$1,359.95	\$1,148.02	\$211.93	\$148.35	\$63.58	\$250 deductible; 70% up to \$2,000 pym	\$350 deductible; 50% up to \$2,000 pym	\$679.98	\$679.97
Totals	\$3,272.90	\$2,754.90	\$518.00	\$187.60	\$330.40			\$1,461.46	\$1,811.44

Example #5: Inpatient Surgery - Mastectomy - 3 days

Services	Charges	Discounted Amount	Amount Considered	Payment	Insured Responsibility	In-Network Benefits after PPO discount	Out-of-Network Benefits	Payment	Insured Responsibility
111 - Room & Board - 3 days	\$2,200.00	\$814.00	\$1,386.00	\$795.20	\$590.80	\$250 deductible; 70% up to \$20,000 pym	\$350 deductible; 50% up to \$20,000 pym	\$925.00	\$1,275.00
250 - Inpatient Miscellaneous	\$7,300.00	\$2,707.00	\$4,593.00	\$2,000.00	\$2,593.00	\$250 deductible; 70% up to \$2,000 pym	\$350 deductible; 50% up to \$2,000 pym	\$2,000.00	\$5,300.00
19180 - Mastectomy (Simple)	\$1,500.00	\$905.07	\$594.93	\$416.45	\$178.48	\$250 deductible; 70% up to \$20,000 pym	\$350 deductible; 50% up to \$20,000 pym	\$750.00	\$750.00
19180 (30) - Mastectomy Anesthesia	\$500.00	\$158.00	\$342.00	\$239.40	\$102.60	\$250 deductible; 70% up to \$20,000 pym	\$350 deductible; 50% up to \$20,000 pym	\$250.00	\$250.00
19340 - Insertion of prosthesis	\$1,100.00	\$669.11	\$430.89	\$301.62	\$129.27	\$250 deductible; 70% up to \$20,000 pym	\$350 deductible; 50% up to \$20,000 pym	\$550.00	\$550.00
99231 - Inpatient Doctor Visit	\$125.00	\$86.49	\$38.51	\$26.96	\$11.55	\$250 deductible; 70% up to \$20,000 pym	\$350 deductible; 50% up to \$20,000 pym	\$62.50	\$62.50
Totals	\$12,725.00	\$5,339.67	\$7,385.33	\$3,779.63	\$3,605.70			\$4,537.50	\$8,187.50