PLAN N

OFFICE VISIT CODES ON PLAN N

Up to \$20 for **each** office visit.

OFFICE VISIT CODES			EXAMPLE 1:	
90805	99201	99211	OV Code Billed (99203)	\$120
92002	99202	99212	Medicare Allowable	\$80
92004	99203	99213	20% Coinsurance	\$16
92012	99204	99214	Member Responsibility	\$16
92014	99205	99215	Plan Pays	\$0

NOTE: The above copays are after the part B deductible has been met.

EMERGENCY ROOM CPT CODES ON PLAN N

Up to \$50 for **each** emergency room visit.

EXAMPLE 2:		ER CODES
ER Code Billed (99282)	\$600	99281
Medicare Allowable	\$550	99282
20% Coinsurance	\$110	99283
Member Responsibility	\$50	99284
Plan Pays	\$60	99285

NOTE: The above copays are after the part B deductible has been met and only in the event that the emergency room visit does not result in an admission to the hospital.

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