

# Out-of-Network Charges:



## Patients Face Exorbitant Prices for Out-of-Network Care

Health plans establish provider networks to give consumers access to a range of health care providers who deliver high-quality care. However, when patients receive care from out-of-network providers, they can often face medical bills far greater than they expected. A new report from America's Health Insurance Plans (AHIP) found that among 97 procedures studied, average out-of-network billed charges were from 118% - 1382% of amounts paid by Medicare.

■ Medicare Payment ■ Out-of-Network Physician Charge

### Office Outpatient Visit - 40 Minutes



### Therapeutic Exercises



### Injection Therapy of Veins



### Critical Care - First Hour



### Tissue Exam by Pathologist



### Chemotherapy IV Infusion - 1 Hour



### Intensity Modulated Radiation Therapy



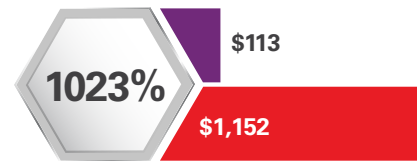
### Emergency Dept. Visit - High Severity



### MRI of Brain



### Cervical /Thoracic Spine Injection



Source: America's Health Insurance Plans, "Charges Billed by Out-of-Network Providers: Implications for Affordability," September, 2015.

Research for this article is based on a custom dataset designed by AHIP from a healthcare claims database maintained by FAIR Health, Inc. The AHIP dataset was limited to charges billed for out-of-network services by out-of-network providers. AHIP is solely responsible for the research and conclusions reflected in this article. FAIR Health, Inc., is not responsible for the conduct of the research or for any of the opinions expressed in this article.

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