

Find Care & Costs tool

How we calculate cost estimates

The Find Care & Costs tool on myuhc.com[®] offers UnitedHealthcare commercial members health care cost estimates for more than 900 common medical services across more than 650 episodes of care. Members select a physician or practice and a specific service or procedure, and the tool displays estimates based on the member's health plan and location. The results enable members to compare:

- Local or market average cost
- Estimated cost for the selected care provider
- Estimated amount the employer or health plan will pay
- Estimated member out-of-pocket cost

How we calculate cost estimates

When a member selects a service in the Find Care & Costs tool, your estimated costs will display if your specialty or facility type has a high-performance frequency for that service. Your estimates are based on historical claims data and your current contracted rate.

- You must have submitted a minimum of 5 qualified claims for a procedure or related procedure in the previous year for your cost estimate to display in the Find Care & Costs results
- If you don't meet the minimum threshold, the system will check for claims submitted in the previous 2 years
- If your specialty or facility isn't considered high frequency, the tool looks for claims history as evidence that you perform the specific service searched by the member

The median historical claim value will display if your fee schedule information isn't available or applicable, based on the contracted rate type. The median is based on your type of contract:

- For fixed-payment contracts, the median is based on the "allowed amount" of the claim — the amount you agreed to be paid for the service
- For percent-of-charge contracts, the median is calculated by the current percent-of-charge rate applied against your median billed amount from your historical claims

A market average cost will display if the member's selected provider doesn't meet the minimum threshold for qualified claims for a specific service. Members can also use the Find Care & Costs tool to get the market average cost without selecting a specific provider.

Calculating payment responsibilities

The tool determines the member's estimated out-of-pocket costs by calculating the member's coinsurance or deductible against the total cost estimate of the procedure. The remaining amount is portioned between the employer and/or health plan.

Treatments and procedures for a multi-care experience

Members can also get their out-of-pocket estimates for specific providers and facilities in each step in a multi-care experience. Estimates for the most frequently performed services are based on:

- Member's health care plan
- Severity of the member's illness or health condition
- Complexity of the service
- Region where the service is provided
- Facility type

- Provider's in-network or out-of-network status
- The following chart is an example of how we categorize services:

Service type	Service/procedure examples	Services included in the estimate
Physician	<ul style="list-style-type: none"> • Acute bronchitis • Chiropractic (various services) • Ear infection • Echocardiography (various) • Electrocardiogram (various) • High blood pressure • Office visits (various specialties) 	<ul style="list-style-type: none"> • Use of facility equipment and supplies <p>and</p> <ul style="list-style-type: none"> • Services by in-network care providers in the same geographic market
Preventive	<ul style="list-style-type: none"> • Preventive office visits (various specialties) • Screening mammogram • Screening colonoscopy • Vaccines 	
Cancer	<p>Cervical, skin, breast, colon, esophageal, etc.</p> <p>Note: See inpatient and outpatient sections in this chart for more details.</p>	<ul style="list-style-type: none"> • Fees for participating care providers and facilities performing the specified procedure (including placement/removal of port-a-cath and specialized radiation blocks) • Professional fees for anesthesiologists (participating and non-participating, if billed for the case) • Ancillary charges (radiology, laboratory, pathology, radiation) • Outpatient charges include services performed on the same day as the outpatient procedure • Facility fees for operating rooms, equipment and radiation, or chemotherapy supplies <p>Note: For inpatient services, a consistent length of stay is used to estimate facility costs for fixed rates.</p>
Laboratory	<ul style="list-style-type: none"> • Complete blood count • Glucose levels • Hemoglobin • Lipid panel • Thyroid-stimulating hormone • Urinalysis • Vitamin D 	<ul style="list-style-type: none"> • Use of facility equipment and supplies • Fees for lab services by a technician • Facilities and/or care providers participating in the market's network

Service type	Service/procedure examples	Services included in the estimate
Radiology	<ul style="list-style-type: none"> CT scan (abdomen, chest, pelvis, brain, etc.) MRI (knee, lumbar spine, brain, etc.) Ultrasound (various) X-ray 	<ul style="list-style-type: none"> Technical and professional services Use of facility equipment and supplies Professional fees to interpret images Facilities and/or care providers participating in the market's network
Outpatient	<ul style="list-style-type: none"> Cancer procedures or surgeries (radiation, biopsies, etc.) Diagnostic colonoscopy Ear, nose and throat surgeries (tonsil removal, ear tubes, sinus endoscopies, etc.) Endoscopy Gastrointestinal surgeries (hernia) Orthopedic surgeries (total hip replacement, total knee replacement, knee arthroscopies, etc.) Reproductive system surgeries (hysterectomy, ovarian cysts, vasectomy, etc.) Emergency room services 	<ul style="list-style-type: none"> Fees for participating network care providers and facilities performing the specified procedure Fees for anesthesiologists (participating and non-participating, if billed for the case) Ancillary charges (radiology, laboratory, pathology and anesthesia services) Outpatient charges (include services done on the same day as the outpatient procedure) Facility fees for operating rooms, equipment and supplies (apply only when care provider and facility services are performed on the same date) <p>Note: For inpatient services, a consistent length of stay is used to estimate facility costs for fixed rates.</p>

We're here to help

Please reach out to your network representative if you have questions about the Find Care & Costs tool or to request a report of the estimated cost data for you or your practice.