Health Insurance

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Pre-/Post-Quiz:

Before launching this unit, print the “Health” quiz from the “Lessons & Worksheets” section of the site, or send students to www.scholastic.com/NextGeneration/Students to take an interactive version of the quiz and print their answers. Explain to your class that the quiz is meant to be a benchmark to assess their prior knowledge of the topic and will help you organize class discussions. The quiz can also be used as a post-assessment tool after students have completed the unit lessons.

QUIZ ANSWERS

1. In the United States, on average, approximately how much money is spent per person on health care each year?
   - A. $4,000
   - B. $6,000
   - C. $8,000
   - D. $10,000

2. Co-insurance and co-payment refer to the same thing.
   - A. True
   - B. False

3. Which of the following is not a type of health insurance plan?
   - A. Health Maintenance Organization (HMO)
   - B. Preferred Provider Organization (PPO)
   - C. Health Provider Organization (HPO)
   - D. Point of Service (POS)

4. Students who have health care coverage through their parents typically have the option of staying on the plan until age 26.
   - A. True
   - B. False

5. If a person with a preexisting medical condition such as diabetes or cancer starts a new job, his or her employer’s health insurance company must provide him or her with coverage, but isn’t obligated to cover costs associated with the preexisting condition.
   - A. True
   - B. False

6. The only way to get health insurance coverage is through an employer.
   - A. True
   - B. False

7. What is a health savings account (HSA)?
   - A. A type of policy in which employers let you save up sick days
   - B. A type of medical savings account for individuals without insurance
   - C. A type of medical savings account that allows individuals to save money to pay for future medical expenses with a reduced tax rate
   - D. A type of health care plan that combines a qualified high-deductible health plan with a nontaxable account where funds can be deposited to pay for qualified medical expenses not covered by the plan

8. A 30-year-old woman broke her arm and went to the emergency room for treatment. Her health insurance plan has a $1,500 deductible. What does this mean?
   - A. She can deduct $1,500 from the hospital bill, but must pay the rest
   - B. The hospital will only charge her $1,500
   - C. She is responsible for paying $1,500 of her medical expenses before her insurance policy starts to pay
   - D. Her insurance company is responsible for paying $1,500 and she must pay the rest

9. A store clerk has an individual health insurance plan with a $20 co-payment for in-network doctor visits. She goes to her doctor, who is in-network, twice during the year. What can she expect to pay for health care for the year?
   - A. $40 in co-payments only
   - B. Her premiums plus $40 in co-payments plus any extra costs for prescriptions or non-covered services
   - C. Her premiums plus $40 in co-payments plus an extra office fee and any extra costs for non-covered services
   - D. None of the above

10. Costs for medical tests are universally the same throughout the country.
    - A. True
    - B. False
Lesson 1: 
Here's to Your Health— Introducing Health Insurance

Estimated Time: 60 minutes

Type: Discussion, analysis of written materials, research, written and oral communication

Description: Help students understand how health insurance plans work, how the plans differ, and how they can make informed choices.

Learning Standards:
Financial Literacy: Financial Responsibility and Decision Making
Overall Competency: Apply reliable information and systematic decision making to personal financial decisions.
Standard 2: Find and evaluate financial information from a variety of sources.
Standard 4: Make financial decisions by systematically considering alternatives and consequences.

Financial Literacy: Risk Management and Insurance
Overall Competency: Use appropriate and cost-effective risk management strategies.
Standard 3: Explain the purpose and importance of health, disability, and life insurance protection.

Math Learning Standards for Grades 9–12 (National Council of Teachers of Mathematics)
Problem Solving: Instructional programs should enable all students to: build new mathematical knowledge through problem solving; solve problems that arise in mathematics and in other contexts; apply and adapt a variety of appropriate strategies to solve problems; monitor and reflect on the process of mathematical problem solving.
Connections: Instructional programs should enable all students to: recognize and use connections among mathematical ideas; understand how mathematical ideas interconnect and build on one another to produce a coherent whole; recognize and apply mathematics in contexts outside of mathematics.

Common Core State Standards for English Language Arts
Reading: Informational Text: CCSS.ELA-Literacy.RI.9–12.1–Key Ideas and Details: Cite strong and thorough textual evidence to support analysis of what the text says explicitly as well as inferences drawn from the text.
Reading: Informational Text: CCSS.ELA-Literacy.RI.11–12.7–Integration of Knowledge and Ideas: Integrate and evaluate multiple sources of information presented in different media or formats (e.g., visually, quantitatively) as well as in words in order to address a question or solve a problem.

Speaking and Listening: CCSS.ELA-Literacy.SL.9-12.1–Comprehension and Collaboration: Initiate and participate effectively in a range of collaborative discussions (one-on-one, in groups, and teacher-led) with diverse partners on grades 9–12 topics, texts, and issues, building on others’ ideas and expressing their own clearly and persuasively.

Common Core State Standards for Mathematics
Number and Quantity: CCSS.Math.Content.HSN-Q.A.1: Use units as a way to understand problems and to guide the solution of multi-step problems; choose and interpret units consistently in formulas; choose and interpret the scale and the origin in graphs and data displays.

Learning Objective: Students will understand the basics of health insurance, how it has evolved and will continue to change, and most important, how they can make good decisions in choosing and using health insurance to protect and improve their health and the health of their families.

Educator Resources/Materials Needed:
Sample health insurance plan provisions;* Hattie: Overcoming Obstacles video

Related Activities/Student Worksheets:
- Coming to Terms With...Health Insurance Glossary
- Two Sisters, Two Plans

Subject/Skill Focus: Reasoning, critical thinking, decision making, math skills, and life skills (practical application of lessons learned)

Lesson Script/Teaching Steps:
Health insurance is an essential form of protection. Americans spend about $2.5 trillion on health care (about $8,000 per person), yet the average person probably would have a difficult time explaining exactly how his or her health plan works. Many adults could not define deductibles, co-pays, or coinsurance if asked.

Using the glossary of health insurance terms, the sample health plans, activities, and insurance videos, you can help your students grasp the basic concepts of health insurance. This knowledge will help them make better decisions about what kinds of insurance plans will work for them at different stages of their lives. Becoming more aware of the way we use, and sometimes misuse, health care services can help students become more responsible when it comes to managing their own health and more aware of the need to have a life plan for building and protecting their futures.

*Note: Numerous sample health care plan provisions can be found online. A good source for comparing the health plan provisions of major companies is http://lifehap.pn/XVWuqQ. You may want to do the research yourself, or guide your students to the site to select plans. They will use these plans for several activities.
Start a discussion about health insurance. You may want to view the introductory and health insurance video segments—Hattie: Overcoming Obstacles—with your students first. (See pre- and post-video questions, Video Guide page 7.)

You may also want to have your students research information on the Affordable Care Act at www.healthcare.gov or at www.hhs.gov/healthcare.

- How do your students define health insurance? What is their understanding of how it works? Their families may have very different kinds of coverage, so answers will vary.

- Ask students to find out more about their families’ health insurance plan and make notes so they can bring information to the next class discussion. At the very least, have them ask what kind of health plan it is—HMO, PPO, HSA, or some other type of coverage.

Note: If you think this will be a sensitive issue for some students, you can cover various types of insurance and have students discuss it with their parents, but have students talk about their health plan information voluntarily. You also can have students present what they’ve learned to their parents, hold a family discussion, and have students come back to class with their recommendation of what kind of insurance might work best for their families and why.

- Have they used the health plan in the past year that they know of? For what general purpose, such as office visit or test (Don’t ask details of health conditions)?

- Do they understand that while health insurance coverage will pay for things that aren’t too costly like routine doctor’s visits or lab tests, the main reason to have coverage is for protection against the potentially catastrophic expenses of serious illness or injury?

- Tell students that while there are different kinds of health insurance plans, the key thing they need to understand is the basic process for a particular health plan: what costs are involved, what services are covered, and how to access care.

The three key questions students should keep in mind as you review different types of plans and complete the activities are:

- What do I pay?
- What benefits am I getting?
- What can I do to be smarter about managing my own health care and using my health plan more effectively?

Understanding Health Plans:
Copy and distribute the Coming to Terms With...Health Insurance Glossary and sample health plans you have downloaded from the web after watching and discussing the health-insurance-related videos you feel are most appropriate for your class.

If your schedule allows, take time to make sure students are grasping the basic concepts of costs and coverage.

Optional: This may be a good time to bring in a health insurance professional to provide a real-world perspective on trends in health insurance today (e.g., what types of plans are most popular today, how changes in coverage and cost are affecting consumers, what the latest trends and developments are, etc.). Contact regional or local offices of major health insurance providers to see if they would send someone to explain concepts to your students or contact the education coordinator for one of these companies. Alternatively, you can seek out a local health insurance broker by using the “Find an Agent” search engine at the website of the National Association of Health Underwriters, www.nahu.org, or find an insurance agent at the Life Happens website at www.lifehappens.org/findcoverage.

Guide the discussion using the following points:

**Premiums**—The amount paid by you or your employer, in addition to co-payments, coinsurance, and deductibles, in exchange for insurance coverage. Every plan will have a monthly premium. When you have group insurance through work, your employer typically will pay a portion of the premium. The portion you pay is taken out of your paycheck each pay period.

**Deductible**—This is the amount you must pay each year to cover your medical expenses before your insurance plan starts paying. Deductibles are a part of many, but not all, health insurance plans. If you want a low deductible—say $500—your monthly premium is going to be higher. Alternatively, if your deductible is high—say, $2,000 or more—your premiums will be lower.

**Co-pay**—This is a way of sharing medical costs. You pay a flat fee every time you receive a medical service (e.g., $20 for every visit to the doctor). Co-pay amounts vary depending on the particular plan and type of service, but generally range from $20 to $50. The insurance company pays the rest.

**Coinsurance**—This is the amount you are required to pay for medical care in certain types of health plans after your deductible has been met. For example, 80/20 plan means insurance pays 80% and you are responsible for 20% when you use a doctor or hospital associated with your health plan. If you use a doctor or hospital that is not in your network, the portion of the bill you have to pay will
be higher—perhaps 30%–40% of the cost. This is one way health insurance companies manage costs. They will pay a higher percentage of the total cost for doctors who have agreements with them; you are free to choose any doctor, but you will pay more.

**Covered expenses and exclusions**—It is important to determine if services and procedures you want are covered when you are choosing a health plan because covered services vary from plan to plan.

**Brief Overview of Types of Plans:**
Before you begin your review of the plans, you may want to briefly discuss the major types of health insurance plans and the differences among them. In doing so, you may want to point out that the distinctions among plans grow increasingly blurred every day. The most important thing to keep in mind is that there are more health insurance options available today than ever before, which is good news for consumers.

**HMO (Health Maintenance Organization)**
- Typically there is no deductible, but there is a co-payment for certain services such as a doctor’s office visit.
- HMOs contain costs by negotiating discounts from doctors, hospitals, labs, and other providers, and you are usually limited to seeking care from within your plan’s network of providers. You choose a primary-care physician affiliated with the HMO to coordinate your care. Generally, you must receive a referral from your primary-care physician before visiting a specialist in your provider network.
- HMOs are generally the most affordable type of health insurance plan because of the limitations they place on where you can seek care.

**PPO (Preferred Provider Organization)**
- A PPO negotiates discounts with doctors, hospitals, and other providers, who then become part of the PPO network, but you can see providers outside the network and still receive partial coverage.
- A physician in the network typically requires a co-payment.
- A physician outside the network requires a coinsurance (you pay part of the bill, usually 10% to 30%).
- PPO deductibles vary with the premium. Generally, the higher the deductible, the lower the premiums.

**HSA (Health Savings Accounts)**
- HSAs are savings accounts that allow you to save money to pay for current and future medical expenses on a tax-free basis.
- In order to be eligible for an HSA, you must be covered by a qualifying high-deductible health plan and not have any other health insurance. High-deductible health plans typically have lower premiums than HMO or PPO plans, but they come with the potential for higher out-of-pocket costs. To offset that risk, you (or your employer) can contribute to a tax-advantaged HSA account.
- HSAs are a good option for individuals who want to protect themselves from catastrophic health care costs.
- HSAs can pay for expenses that your regular health plan ordinarily doesn’t cover, such as eyeglasses and hearing aids.
- While the money is in the account, it can be invested, and the investment gains are tax-free as long as they are used for qualified medical expenses.

A good source for additional information on HSAs is the U.S. Department of the Treasury website at [http://lifehap.pn/10fK9N4](http://lifehap.pn/10fK9N4).

As students compare the costs and covered services of different types of plans, ask whether certain plans are better suited for certain types of individuals (e.g., what type of plan might be best for a healthy single person, a married couple with young children, an older couple, etc.).
> **Two Sisters, Two Plans Activity:**
Copy and distribute the *Two Sisters, Two Plans* activity sheet, and have students calculate how much each spent on care following the same type of accident. One had an HMO and one had a PPO. What advantages can each offer? Any downsides?

**Special Project Topics:**
Extend the lessons with thought-provoking, timely topics that involve students in key issues of the day. Here are some suggestions for group or individual research assignments, reports, and debates. These topics lend themselves especially well to point/counterpoint type debates or presentations.

**Mandated Wellness**
An employer rewards employees’ healthy behaviors, aimed at helping its workforce become healthier and more productive. The advantage is that employer and employee will save money on health care costs and everybody gets healthier. The disadvantage: Can you force people to be well? Some employers give employees cash and/or prizes for losing weight or completing a fitness challenge—and becoming healthier people. What are companies and insurers doing to make wellness a bigger part of the health care picture? What are the challenges they face? What are the upsides and possible downsides?

**Rx Ads and Commercials Directed to the Consumer**
Pharmaceutical companies advertise a wide variety of Rx drugs directly and even nonprescription (over-the-counter) medications to cure/alleviate serious diseases and chronic conditions. This is quite a change from the days when patients received almost all of their information from their doctors and rarely questioned a doctor’s treatment recommendation. It seems to put the consumer in control, but does it really? What is the impact of these ads? Students may want to run their own focus groups about commercials to see firsthand how viewers react to such ads.

**Affordable Care Act**
Health care is a real hot-button issue today, especially when it comes to politics. Some people agree with the health care reform laws that have passed, while others believe the government has become too involved in our health care.

What are the positions of your U.S. senators or the U.S. representative from your district? Do you agree or disagree with them about health care reform?

**It's All Relative: Going Global**
Despite the criticisms of our health care system (e.g., high costs, sizable number of Americans with no coverage), many people believe that the United States has one of the best systems in the world. Does it? Canada has a universal health care system with greater government involvement. What are the pros and cons of different health care systems in developed countries around the world? Research health care systems in other countries and compare them to our system. Be sure to include important factors such as cost, choice, and timeliness of care.
**Educator Answer Sheet: Two Sisters, Two Plans**

Twins Joan and Jill love outdoor sports. On a recent ski trip, they fell off a ski lift. Each one had to have knee surgery.

Both sisters were rushed from the ski resort to an emergency room and then transferred to hospitals in their hometown, where they were admitted for two-day hospital stays. Because they chose different types of health insurance plans at their jobs, their coverage was different.

Joan had a Health Maintenance Organization (HMO) plan. She was directed to a hospital within her HMO’s network and was limited in her selection of a knee surgeon.

Jill had a PPO plan (Preferred Provider Organization). She wanted more choice of doctors and hospitals when she signed up for her plan. After her accident, she was able to pick any doctor and any hospital listed in her plan’s directory.

Notice the difference in what and how the plans pay for medical care. The HMO has no deductible or coinsurance, which means that most of the cost of care is prepaid through insurance premiums. The PPO has a doctor office co-payment, but no co-payment for other services. It also has a deductible that must be paid each year before her insurance pays any costs. The PPO also has coinsurance: a percentage of cost that the insured pays after the deductible has been met.

<table>
<thead>
<tr>
<th>Plan Fees</th>
<th>Joan’s HMO</th>
<th>Jill’s PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Premium</td>
<td>$200</td>
<td>$100</td>
</tr>
<tr>
<td>Annual Premium</td>
<td>$2,400</td>
<td>$1,200</td>
</tr>
<tr>
<td>Annual Deductible—must be paid before insurance pays any costs</td>
<td>No deductible</td>
<td>$1,000</td>
</tr>
<tr>
<td>Coinsurance is the percent the insured pays of the total cost</td>
<td>None</td>
<td>80/20—insurance pays 80% of costs after deductible has been met; the insured (Jill) pays 20%</td>
</tr>
<tr>
<td>Co-payment for hospital stay—portion of the bill insured pays</td>
<td>$100</td>
<td>None</td>
</tr>
<tr>
<td>Co-payment for emergency room</td>
<td>$50 (waived if admitted)</td>
<td>$100 (waived if admitted)</td>
</tr>
<tr>
<td>Co-payment for doctor visit</td>
<td>$20</td>
<td>$35</td>
</tr>
</tbody>
</table>

Using the information in the plan chart and the costs of medical care before insurance, students need to calculate each twin’s cost and fill in a blank version of the chart below.

<table>
<thead>
<tr>
<th>Ski Accident Costs</th>
<th>Joan’s Cost (with HMO)</th>
<th>Jill’s Cost (PPO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room</td>
<td>$250</td>
<td>$0 (admitted, so waived)</td>
</tr>
<tr>
<td>2-Day Hospital Stay</td>
<td>$4,775</td>
<td>$100</td>
</tr>
<tr>
<td>Follow-up Doctor Visit</td>
<td>$160</td>
<td>$20</td>
</tr>
<tr>
<td><strong>Total Cost</strong></td>
<td><strong>$5,185</strong></td>
<td><strong>$120</strong></td>
</tr>
</tbody>
</table>

What would this medical care have cost without insurance? **$5,185**

How much did Jill pay for medical care related to the accident? **$1,790** ($1,000 deductible + $755 (20% x $3,775 cost of hospital stay after deductible) = $1,755. $1,755 + $35 follow-up visit = $1,790)

How much did Joan pay? **$120**

What does Jill pay each year in premiums? **$1,200** What does Joan pay? **$2,400**

Which plan provides more choice? Jill’s PPO
Lesson 2:
The Price Is Right

Estimated Time: 2 hours

Type: Internet and in-person research; analysis and discussion

Description: Students estimate and then research the costs of various medical procedures.

Learning Standards:
Financial Literacy: Financial Responsibility and Decision Making

Overall Competency: Apply reliable information and systematic decision making to personal financial decisions.
Standard 2: Find and evaluate financial information from a variety of sources.

Math Learning Standards for Grades 9–12 (National Council of Teachers of Mathematics)
Connections: Instructional programs from pre-Kindergarten through grade 12 should enable all students to recognize and apply mathematics in contexts outside of mathematics.

Common Core State Standards for English Language Arts
Reading: Informational Text: CCSS.ELA-Literacy.RL.9-12.1–Key Ideas and Details: Cite strong and thorough textual evidence to support analysis of what the text says explicitly as well as inferences drawn from the text.
Speaking and Listening: CCSS.ELA-Literacy.SL.9-12.1–Comprehension and Collaboration: Initiate and participate effectively in a range of collaborative discussions (one-on-one, in groups, and teacher-led) with diverse partners on grades 9–12 topics, texts, and issues, building on others’ ideas and expressing their own clearly and persuasively.

Common Core State Standards for Mathematics
Number and Quantity: CCSS.Math.Content.HSN-Q.A.1: Use units as a way to understand problems and to guide the solution of multi-step problems; choose and interpret units consistently in formulas; choose and interpret the scale and the origin in graphs and data displays.

Learning Objective: Help students find out what health care services really cost and understand why it is important to know how costs are set.

Most people don’t know the real costs of health care. If they have insurance, they think a doctor visit costs $20, prescription drugs cost from $10 to $30, and a hospital stay may be a couple hundred dollars. Patients often do not find out until they receive the bills and are astonished to see costs in the thousands. Our own ignorance and indifference (“insurance will pay”) have contributed to some of the problems we have today in our health care system—skyrocketing costs and lack of accountability on the part of the health care community and patients.

Educator Resources/Materials Needed:
• Sample health insurance plans*
• An expert speaker on the costs of local health care services and medical procedures (optional)
• The Price Is Right—What It Costs to Get Well answer sheet

*Note: Numerous sample health care plan provisions can be found online. A good source for comparing the health plan provisions of major companies is http://lifehap.pn/XVWuqQ. You may want to do the research yourself, or guide your students to the site to select plans. They will use these plans for several activities.

Related Activities/Student Worksheets:
• The Price Is Right—What It Costs to Get Well

Subject/Skill Focus: Research, gathering accurate information on the Internet and through other sources; critical thinking, decision making, and ability to analyze and draw conclusions from information and data; life skills

Lesson Script/Teaching Steps:
To start the lesson, ask students how they make buying decisions in their daily lives. Ask them what determines purchases they make, such as food, clothing, entertainment, and electronic products.

Possible answers may be: I buy what is popular. It has to be cool. I need it. I look for price and quality. I find the best deal. I buy what I can afford.

How do they know what the best deal is, or what something costs? The answer seems obvious: Companies advertise product prices, prices are marked on the products in a store, or prices are provided on an Internet shopping site.

Ask students:
• Would you buy something that didn’t have a price listed? What if the store charged different prices for the exact same product?
• What about medical care? How much does a doctor visit cost? What will it cost if you break a leg and need X-rays, a cast, or even an operation?

Many of us don’t know the real cost of health care. We read that costs are skyrocketing. Employers and employees both will tell you that health insurance keeps increasing in price.
Have students try this experiment.
- Ask three people you know how much they pay for a gallon of gas or a video game.
- Then ask them how much a doctor visit, a tetanus shot, or a broken bone (X-ray, cast, doctor visits) would cost. Can they go to a doctor’s office or a hospital and see a price list?

Write “transparency” on the board.
Ask students what transparency means. (They know what transparent is—something you can see through or that is obvious.) In health care, transparency refers to having access to pricing information. People are talking about the need for it and some hospitals and health care providers are beginning to offer pricing information that consumers can easily obtain and understand.

> The Price Is Right—What It Costs to Get Well Activity:
Copy and distribute The Price Is Right worksheet, and ask students to try to match the medical procedures with their average cost by drawing a line from the procedure to the cost. Go over the correct answers with your students. What procedure costs surprised them the most?

Adding to potential cost confusion is the fact that different information providers and websites offer different information. For example, one site may offer both the doctor and the facility (hospital) costs, while another site may offer only the facility cost. Tell them to make sure they are comparing apples to apples.

Discuss what students find. This can also be a homework assignment with follow-up discussion.

What Would I Pay? Follow-up Activity:
Ask students to refer to the procedures on their Price Is Right sheets (after they have determined actual costs) for this activity.

There are numerous websites that provide health insurance plan provisions for consumers, for example, at http://lifehap.pn/XVWuqQ. Consumers can select a company and see basic provisions for plans by state and/or type. Some companies even provide PDF downloadable brochures with more detailed plan information. Either research and print out plan information in advance, or ask students to do the research. Have students use these real plan provisions to calculate costs of the procedures on their Price Is Right sheets two different ways:

1. Assume the deductible has not been met.
2. Assume the deductible has been met.

Note: You may want to have each student select a different plan, print out or copy down the provisions, and provide the plan information to another student to use to calculate costs.

Once again, make sure you and your students understand what costs the sites are providing. Is it what the insurer pays? Is it what the patient pays? What does that mean in terms of your cost as the insured?

Discuss what students have learned about actual health care costs and how they would be covered under different types of plans.

Optional: Contact a local hospital to line up a speaker who can talk with students about the costs of care: what they should know and do as responsible consumers of health care services.
Educator Answer Sheet:
The Price Is Right—What It Costs to Get Well

Do you know how much medical treatments and procedures cost? Match these common medical procedures with their costs by drawing a line from the procedure to the dollar amount you think represents its cost.

<table>
<thead>
<tr>
<th>PROCEDURE</th>
<th>COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tetanus Shot</td>
<td>$5,583</td>
</tr>
<tr>
<td>Brain MRI</td>
<td>$257</td>
</tr>
<tr>
<td>Screening Mammogram</td>
<td>$59</td>
</tr>
<tr>
<td>Coronary Artery Bypass Graft</td>
<td>$1,036</td>
</tr>
<tr>
<td>Chest X-Ray</td>
<td>$2,585</td>
</tr>
<tr>
<td>Gallbladder Removal</td>
<td>$14,180</td>
</tr>
<tr>
<td>Electrocardiogram (EKG)</td>
<td>$39,572</td>
</tr>
<tr>
<td>Leukemia Surgery</td>
<td>$44</td>
</tr>
<tr>
<td>Birth of Baby (C-Section)</td>
<td>$32</td>
</tr>
<tr>
<td>Carpal Tunnel Surgery</td>
<td>$11,529</td>
</tr>
</tbody>
</table>

Source: Healthcare Bluebook, November 2014