

**D.C. Health Benefit Exchange  
Standard Plans Advisory Working Group  
Draft Platinum Plan 2016**

<b>Actuarial Value</b>		88.0%	
<b>Individual Overall Deductible</b>		\$0	
<b>Other individual deductibles for specific services</b>			
<b>Medical</b>		\$0	
<b>Prescription Drugs</b>		\$0	
<b>Dental</b>		\$0	
<b>Individual Out-of-Pocket Maximum</b>		\$4,000	
<b>Common Medical Event</b>	<b>Service Type</b>	<b>Member Cost Share</b>	<b>Deductible Applies</b>
<b>Health Care Provider's Office or Clinic visit</b>	Primary care visit or non-specialist practitioner visit to treat an injury or illness	\$20	
	Specialist visit	\$40	
	Preventive care/screening/immunization	\$0	
<b>Tests</b>	Laboratory tests	\$20	
	X-rays and diagnostic imaging	\$40	
	Imaging (CT/PET scans, MRIs)	\$150	
<b>Drugs to treat Illness or Condition</b>	Generic	\$5	
	Preferred brand	\$15	
	Non-preferred Brand	\$25	
	Specialty	10%	
<b>Outpatient Surgery</b>	Facility fee (e.g. hospital room)	\$250	
	Physician/Surgeon fee		
<b>Need Immediate Attention</b>	Emergency room services (waived if admitted)	\$150	
	Emergency medical transportation	\$150	
	Urgent Care	\$40	
<b>Hospital Stay</b>	Facility fee (e.g. hospital room)	\$250 per day up to 5 days	
	Physician/surgeon fee		
<b>Mental/Behavioral Health</b>	M/B outpatient services	\$20	
	M/B inpatient services	\$250 per day up to 5 days	
<b>Health, Substance Abuse needs</b>	Substance abuse disorder outpatient services	\$20	
	Substance abuse disorder inpatient services	\$250 per day up to 5 days	
<b>Pregnancy</b>	Prenatal care and preconception services	\$0	
	Delivery and all inpatient services	Hospital	\$250 per day up to 5 days
		Professional	
<b>Help recovering or other special health needs</b>	Home health care	\$20	
	Outpatient rehabilitation services	\$20	
	Outpatient habilitation services	\$20	
	Skilled nursing care	\$150 per day up to 5 days	
	Durable medical equipment	10%	
	Hospice services	\$0	

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<b>Child eye care</b>	Eye exam	\$0	
	1 pair of glasses per year (or contact lenses in lieu of glasses)	\$0	
<b>Child Dental Diagnostic and Preventive</b>	Oral Exam	\$0	
	Preventive - cleaning	\$0	
	Preventive- x-ray	\$0	
	Sealants per tooth	\$0	
	Topical fluoride application	\$0	
	Space Maintainers - Fixed	\$0	
<b>Child Dental Basic Services</b>	Amalgam Fill – 1 surface	\$25	
<b>Child Dental Major Services</b>	Root canal - molar	\$300	
	Gingivectomy per Quad	\$150	
	Extraction – single tooth exposed root or	\$65	
	Extraction – complete bony	\$160	
	Porcelain with Metal Crown	\$300	
<b>Child Orthodontics</b>	Medically necessary orthodontics	\$1,000	