

DC Health Benefit Exchange

DC Health Benefit Exchange, Standard Plans, PY2024*****			Platinum		Gold		Silver		Bronze Copay		Bronze HSA	
Actuarial Value			91.76%		81.88%		70.73%		64.75%		64.92%	
Individual Overall Deductible			\$0		\$500		\$5,200		\$8,350		\$6,350	
Other Individual Deductibles for Specific Services												
Medical			\$0		\$500		\$4,850		\$7,500		\$6,350	
Prescription Drugs			\$0		\$0		\$350		\$850		Integrated with Medical	
Dental			\$0		\$0		\$0		\$0		\$0	
Individual Out-of-Pocket Maximum			\$2,000		\$5,800		\$8,850		\$9,150		\$7,200	
Common Medical Event	Service Type		Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies
Health Care Provider's Office or Clinic visit*	Primary care visit or non-specialist practitioner visit to treat an		\$20		\$25		\$40		\$45		20%	X
	Specialist visit		\$40		\$50		\$80		\$105		20%	X
	Preventive care/screening/immunization		\$0		\$0		\$0		\$0		\$0	
Tests	Laboratory tests**		\$20		\$30		\$60		\$55	X	20%	X
	X-rays and diagnostic imaging		\$40		\$50		\$80		\$80	X	20%	X
	Imaging (CT/PET scans, MRIs)		\$150		\$250		\$400		\$500	X	20%	X
Drugs to treat Illness or Condition***	Generic		\$5		\$15		\$20		\$30		20%	X
	Preferred brand		\$15		\$50		\$50	X	\$75	X	20%	X
	Non-preferred Brand		\$25		\$70		\$70	X	\$100	X	20%	X
Outpatient Surgery	Specialty		\$100		\$150		\$150	X	\$150	X	20%	X
	Facility fee (e.g. hospital room)		\$250		\$375		20%	X	40%	X	20%	X
	Physician/Surgeon fee		\$0		\$125		20%	X	40%	X	20%	X
Outpatient Non-surgical Clinic Visit****	Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic		\$75		\$75		20%	X	40%	X	20%	X
Need Immediate Attention	Emergency room services (waived if admitted)		\$150		\$300		\$400	X	40%	X	20%	X
	Emergency medical transportation		\$150		\$300		\$400	X	40%	X	20%	X
	Urgent Care		\$40		\$60		\$90		\$100		20%	X
Hospital Stay	Facility fee (e.g. hospital room)		\$250 per day up to 5 days		\$600 per day up to 5 days	X	20%	X	40%	X	20%	X
	Physician/surgeon fee		\$0		\$0	X	20%	X	40%	X	20%	X
Mental/Behavioral Health	M/B office visits		\$20		\$25		\$40		\$45		20%	X
	M/B outpatient services		\$20		\$25		\$0		\$0		20%	X
	M/B inpatient services	Hospital	\$250 per day up to 5 days		\$600 per day up to 5 days	X	20%	X	40%	X	20%	X
Professional		\$0		\$0	X	20%	X	40%	X	20%	X	
Substance Abuse needs	Substance abuse disorder office visits		\$20		\$25		\$40		\$45		20%	X
	Substance abuse disorder outpatient services		\$20		\$25		\$0		\$0		20%	X
	Substance abuse disorder inpatient services	Hospital	\$250 per day up to 5 days		\$600 per day up to 5 days	X	20%	X	40%	X	20%	X
Professional		\$0		\$0	X	20%	X	40%	X	20%	X	
Pregnancy	Prenatal care and preconception services		\$0		\$0		\$0		\$0		\$0	X
	Delivery and all inpatient services	Hospital	\$250 per day up to 5 days		\$600 per day up to 5 days	X	20%	X	40%	X	20%	X
		Professional	\$0		\$0	X	20%	X	40%	X	20%	X
Help recovering or other special health needs	Home health care		\$20		\$30		\$50		\$50	X	20%	X
	Outpatient rehabilitation services		\$20		\$30		\$65		\$50	X	20%	X
	Outpatient habilitation services		\$20		\$30		\$65		\$50	X	20%	X
	Skilled nursing care		\$150 per day up to 5 days		\$300 per day up to 5 days		20%	X	40%	X	20%	X
	Durable medical equipment		10%		20%		20%		40%	X	20%	X
Child eye care	Hospice services		\$0		\$0		\$0		40%	X	20%	X
	Eye exam		\$0		\$0		\$0		\$50		\$50	
Child Dental Diagnostic and Preventive	1 pair of glasses per year (or contact lenses in lieu of glasses)		\$0		\$0		\$0		\$0		\$0	
	Oral Exam		\$0		\$0		\$0		\$0		\$0	
	Preventive – cleaning		\$0		\$0		\$0		\$0		\$0	
	Preventive- x-ray		\$0		\$0		\$0		\$0		\$0	
	Sealants per tooth		\$0		\$0		\$0		\$0		\$0	
	Topical fluoride application		\$0		\$0		\$0		\$0		\$0	
Space Maintainers – Fixed		\$0		\$0		\$0		\$0		\$0		

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Child Dental Basic Services	Amalgam Fill – 1 surface	\$25	\$25	\$25	\$41	\$41
	Root canal – molar	\$300	\$300	\$300	\$512	\$512
Child Dental Major Services	Gingivectomy per Quad	\$150	\$150	\$150	\$279	\$279
	Extraction – single tooth exposed root	\$65	\$65	\$65	\$69	\$69
	Extraction – complete bony	\$160	\$160	\$160	\$241	\$241
	Porcelain with Metal Crown	\$300	\$300	\$300	\$523	\$523
Child Orthodontics	Medically necessary orthodontics	\$1,000	\$1,000	\$1,000	\$3,422	\$3,422

*PCP visits dilated retinal exam (1x per year), diabetic foot exam (1x per year), and nutritional counseling visits (unlimited) with a primary diagnosis of Type 2 diabetes are provided with no cost-sharing.

**For a person with a primary diagnosis of Type 2 diabetes, the following lab services are provided with no cost-sharing:

- Lipid panel test (1x per year)
- Hemoglobin A1C (2x per year)
- Microalbumin urine test or nephrology visit (1x per year)
- Basic metabolic panel (1x per year)
- Liver function test (1x per year)

*** A select list of diabetes supplies and medications within the diabetic agents drug class, as defined by the carrier, **select drug classes, select agents within the drug class and a select list of hypertensive medications within the drug class, as defined by the carrier**, are provided with no cost-sharing. A carrier is not required to change the drugs that are on the carrier's formulary.

****Copay may not apply in a staff model HMO setting

***** Treatment of mental health conditions for children 18 and under will be provided with \$5 cost-sharing as reflected in the Pediatric Mental Health Cost Sharing Treatment Recommendation.

*******Treatment of cardiovascular and cerebrovascular disease will be provided with \$0 cost-sharing as reflected in the Appendix of the Whitman Walker report on "Evaluating Coverage Needs for Cardiovascular and Cerebrovascular Disease Among Communities**