March 6, 2023

**Recommendations of the Standard Plans Advisory Working Group to the District of Columbia Health Benefit Exchange Authority**

This report is submitted by the Standard Plans Advisory Working Group (SPWG), Dr. Leighton Ku, Chair, and Ms. Jodi Kwarciany, Vice Chair. The Working Group's charge was to modify the Plan Year (PY) 2024 standard benefit plan design for appropriate metal level tiers to comply with the Federal Actuarial Value Calculator (AVC) for PY 2024. The SPWG met twice on February 14, 2023 and February 23, 2023.

## Background

The SPWG developed an equity-based benefit design consistent with the recommendations of the Social Justice and Health Disparities Working Group, which were adopted by the HBX Executive Board for PY 2023 and PY 2024. For PY 2023, the SPWG, as adopted by the HBX Executive Board, eliminated cost sharing for certain services, medications, and diabetic supplies for people with Type 2 diabetes. For PY 2024, the equity-based benefit design was expanded by the SPWG, and a resolution adopted by the Executive Board on November 16, 2022, to modify the standard plans at all metal levels by providing certain pediatric mental health services and prescription medications at $5 cost-sharing, as allowed by law.[1]

In February 2023, the working group reconvened to discuss changes necessary to comply with the DRAFT 2024 Actuarial Value Calculator (hereinafter AVC). The SPWG considered the impact of changes to the federal AVC (in the 2024 draft AVC released by CMS on December 12,

[1] SPWG Report of November 9, 2022, and Board Resolution adopted November 16, 2022; pediatric mental health copay changes do not impact Bronze HSA plans which must comply with federal law.

2022) that necessitated that the working group reconvene to address any necessary modifications to the standard plans.[2]

As a reminder, the SPWG and HBX Executive Board approved the following AV offsets when recommending $5 copay for the treatment of pediatric mental health benefits in PY 2024 standard plans design recommendations based on the 2023 AVC.

**AV Offset**

| | MOOP – Current | MOOP – Adjusted |
|---|---|---|
| Gold - $5 Copay | $5,800 | $5,900 |
| Silver - $5 Copay | $8,850 | $9,100 |

**Discussion**

HBX's contract actuary, Oliver Wyman (OW) prepared options for the working group to consider for Standard Plans using the DRAFT 2024 AVC calculator, some retaining the adjusted MOOP from November discussions, others changing the MOOP.

**1. Gold Level Standard Plan:**

In PY 2024, the proposed allowed range for gold is 80% +/-2% or 78% - 82%. Using the 2024 draft AVC, the PY 2024 gold plan, as adopted by the HBX Executive Board in November 2022, has an AV of 82.75%, which is outside the de minimis range. OW initially developed 3 options for consideration. Each of the options resulted in an AV of about 81.9%:

**Option 1:** Increase the Maximum Out-of-Pocket (MOOP) amount from $5,900 to $6,500 (+$600) (AV = 81.89%);

**Option 2:** Increase the Outpatient Surgery Physician/Surgical Services copay from $75 to $125 (+$50), going back to the Maximum Out-of-Pocket (MOOP) amount of $5,800; and

[2] One change in the 2024 draft AVC is in the copay accrual logic: stakeholders have noted that most health plans don't consider enrollee copays paid during the deductible phase for services that aren't subject to deductible to be spending that satisfies the deductible. In previous AV Calculators, copays paid by enrollees during the deductible phase for services that aren't subject to deductible did accumulate to the deductible. In the draft 2024 AV Calculator, these copays will no longer accrue to the deductible. The copays will still, however, be counted towards the MOOP. This change is expected to affect the AVs of plans with copays for services that aren't subject to the deductible. See the 2024 proposed AVC methodology here: https://www.cms.gov/files/document/draft-2024-av-calculator-methodology.pdf

**Option 3:** Increase the MOOP from $5,900 to $6,100 (+$200) and increase the Outpatient Surgery Physician/Surgical Services copay from $75 to $100 (+$25).

OW noted that in the AVC that increasing the Outpatient Surgery Physician/Surgical Services by only $50 has as much impact as increasing the MOOP by $600. OW also noted the Option 2 would likely have the least impact on plan pricing as well as impacting the fewest members.

In the working group's first meeting, however, the group did not immediately coalesce around Option 2, with some members expressing a preference for Option 1. Some members noted that the Outpatient Surgery Physician/Surgical Services copayment under Option 2 would result in a total Surgery Physician/Surgical Services and Facility copayment (of $625) which is above the single-day hospital inpatient copayment of $600. At the group's request, OW developed additional options keeping the Gold plan within the permitted range.

**Option 4:** Keep the MOOP amount at $5,900 and increase the Outpatient Surgery Physician/Surgical Services copay from $75 to $110 (+$35).

**Option 5:** Keep the MOOP amount at $5,900, increase the Outpatient Surgery Physician/Surgical Services copay from $75 to $110 (+$35) and increase the Inpatient copay from $600 to $650 (+$50). This option ensures that the combined Outpatient Surgery Physician/Surgical Services and Facility copay is less than the hospital inpatient copay.

**Option 6:** Decrease the MOOP amount to $5,800 (-$100), increase the Outpatient Surgery Physician/Surgical Services copay from $75 to $125 (+$50) and decrease the Outpatient Facility copay from $525 to $475 (-$50). This option ensures that the combined Outpatient Surgery Physician/Surgical Services and Facility copay does not change. This option should have the least impact to members and addresses the concerns voiced on the call regarding the high combined Outpatient Surgery Physician/Surgical Services and Facility copay since the combined copay ($600) is unchanged from the current plan design.

Kaiser Permanente proposed some additional Gold level options that OW ran. The following 3 options result in a metal AV of 81.87% which is within the de minimis range:

**Option 7**: Decrease the MOOP amount to $5,800 (-$100), increase the Outpatient Surgery Physician/Surgical Services copay from $75 to $125 (+$50) and decrease the Outpatient

Facility copay from $525 to $200 (-$325). This option decreases the combined Outpatient surgery copay from $600 to $325 (-$275) from the current plan design.

**Option 8**: Decrease the MOOP amount to $5,800 (-$100), increase the Outpatient Surgery Physician/Surgical Services copay from $75 to $200 (+$125) and decrease the Outpatient Facility copay from $525 to $300 (-$225). This option decreases the combined Outpatient surgery copay from $600 to $500 (-$100) from the current plan design.

**Option 9**: Decrease the MOOP amount to $5,800 (-$100), increase the Outpatient Surgery Physician/Surgical Services copay from $75 to $125 (+$50) and decrease the Outpatient Facility copay from $525 to $375 (-$150). This option decreases the combined Outpatient surgery copay from $600 to $500 (-$100) from the current plan design.

The working group reviewed options 4 through 9 but most of the discussion focused on Options 7 and 9. Some members preferred Option 7 with the lower combined Outpatient Surgery copay of $375 and inquired whether there was a reason to choose anything different. There was discussion that Option 7 could lead to a greater increase in premiums than Option 9 because it would increase plans' costs more, so they would likely have to raise premiums more than for Option 7. The group quickly coalesced around Option 9, with a combined Outpatient Surgery copay of $500 and an AV of 81.87%.

This permits us to lower the total cost sharing for outpatient surgery (facility + physician/surgeon) from $600 to $500, while also lowering the MOOP from $5,900 to $5,800. The group reached consensus and unanimously voted for Option 9.

**2. Silver Level Standard Plan:**

In PY 2024, the proposed allowed range for silver is 70% +/-2% or 68% - 72%. Using the Draft 2024 AVC, the PY2024 silver plan, as adopted by the HBX Executive Board in November 2022, has an AV of 70.14%, which is within the de minimis range. The MOOP however does not need to be adjusted upward to $9,100 and can remain at $8,850 (AV of 70.46%). The group reached consensus to retain the MOOP at $8,850.

**3. Bronze Copay Standard Plan**:

In PY 2024, the proposed allowed range for bronze is 60% +5/-2 or 65% - 58%. Using the Draft 2024 AVC, the PY2024 Bronze copay plan, as adopted by the HBX Executive Board in November 2022, has an AV of 65.04%, which is outside the de minimis range. An increase in the MOOP from $9,100 to $9,150 (+$50) results in a metal AV of 64.95% which is within the de minimis range. The working group members reached consensus to increase the MOOP by $50, which brings the AV to 64.95%.

**4. Bronze HSA Standard Plan**:

No changes were made to the Bronze HSA plan in November 2022. The Bronze HSA plan is outside the de minimis range of the Draft 2024 AV Calculator. OW created 3 options which would bring the Bronze HSA plan within the de minims range to a metal AV of 64.9%.

> **Option 1:** Increase the Maximum Out-of-Pocket (MOOP) amount from $6,900 to $7,200 (+$300).
> **Option 2:** Increase the MOOP amount from $6,900 to $7,100 (+$200) and increase the Deductible from $6,350 to $6,700 (+$350).
> **Option 3**: Increase the MOOP amount from $6,900 to $7,100 (+$200), increase the Deductible from $6,350 to $6,600 (+$250), and increase the Member Coinsurance from 20% to 30% (+10%).

OW observed that Option 1 would likely be the least disruptive for members. The working group members agreed on this option, which brings the AV to 64.92%. The group reached consensus and unanimously voted for Option 1.

The working group's documents can be found on the SPWG page on the HBX website.

**Recommendations**

Over the course of the meetings, the working group reached consensus to recommend the amendments to the PY 2024 standard plans as noted above and reflected in the attached spreadsheet for PY 2024, contingent on compliance with the final 2024 AVC. HBX will make

technical amendments as necessary to standard plans based on the input received from the Standard Plan Working Group over these meetings if CMS makes changes to the final 2024 AVC that necessitates change for compliance.

In addition, HBX staff reviewed various corrections and clarifications needed to the standard plans in the first meeting. These changes are reflected in https://hbx.dc.gov/sites/default/files/dc/sites/hbx/event_content/attachments/PY2024%20SPWG%202-9-2023%20v2.pdf. HBX staff also reviewed technical corrections to the pediatric mental health treatment scenario that are reflected in Attachment A, consistent with SPWG and HBX Executive Board votes.

The final Standard Plans for PY 2024 incorporating all changes is found in Attachment B. A list of the changes is found in Attachment C.

**Working Group Members**

The Standard Plans Advisory Working Group and supporting advisors include representatives from qualified health plans from both the individual and small group markets, consumer groups, providers, actuaries, and trade associations.

| Name | Organization |
|---|---|
| Dr. Leighton Ku | Chair, HBX Executive Board, George Washington University |
| Jodi Kwarciany | Vice Chair, HBX Standing Advisory Board, National Alliance on Mental Illness |
| Keith Blecher | UnitedHealthcare |
| Dave Chandrasekaran | Voter Empowerment Project, HBX Standing Advisory Board |
| Alexandra O'Brien, Jennifer Storm | CareFirst BlueCross Blue Shield |
| Janice Davis | The Living Capital Group |
| Allison Mangiaracino | Kaiser Permanente |
| Claire McAndrew | Waxman Strategies, HBX Standing Advisory Board |
| Cheryl Fish-Parcham | Families USA |
| Paul Speidell | Aetna, a CVS Health Company |

**Consultants, Technical Advisors, and Staff**

| Name | Organization |
|---|---|
| Purvee Kempf | DC Health Benefit Exchange Authority |
| Jenny Libster | DC Health Benefit Exchange Authority |
| Ellen O'Brien | DC Health Benefit Exchange Authority |
| Howard Liebers | DC Department of Insurance, Securities, and Banking |
| Tonya Kinlow | Children's National Hospital |
| Dr. Laura Willing | Children's National Hospital |
| Sarah Hoffman | Children's National Hospital |
| Alana Aronin | Children's National Hospital |
| Dr. Kellan Baker | Whitman-Walker Institute |
| Lienna Feleke-Eshete | Whitman-Walker Institute |
| Peter Scharl | Oliver Wyman |
| Mary Adomshick | Oliver Wyman |
| Kris Hathaway | America's Health Insurance Plans |

The Working Group gratefully acknowledges the work of Mr. Scharl and Ms. Adomshick with Oliver Wyman in support of the working group's deliberations.

**ATTACHMENT A**

**$5 COPAYMENT FOR PEDIATRIC MENTAL HEALTH COST SHARING FOR STANDARD PLANS**

## 1. Mental Health Services and Medications with Modified Cost Sharing

For ALL mental health conditions.

- Includes all primary diagnosis codes beginning with F (not secondary or lower), see ICD-10 CM online at Comprehensive Listing ICD-10-CM Files (cdc.gov)
- For visits, we are not differentiating between visit types for initial assessments, medical evaluation and management visits, and follow-up therapy visits. We have CPT codes that correspond to all visit types and all modalities, e.g., telehealth.

## 2. Ages Covered

Up to 19th birthday, consistent with pediatric ACA services.

## 3. Cost-Sharing ~~with AV Offset~~:

$5 Copay for All Services (including drugs and labs in treatment scenario below)

| ~~Plan~~ | ~~Current Metal AV~~ | ~~Age 18, $5 Copay~~ |
|---|---|---|
| ~~Platinum Plan 2023~~ | ~~89.89%~~ | ~~89.92%~~ |
| ~~Gold Plan 2023~~ | ~~81.92%~~ | ~~81.91%~~ |
| ~~Silver Plan 2023~~ | ~~71.95%~~ | ~~71.95%~~ |
| ~~Bronze Copay Plan 2023~~ | ~~64.91%~~ | ~~65.00%~~ |

~~AV Offset~~

| | ~~MOOP – Current~~ | ~~MOOP – Adjusted~~ |
|---|---|---|
| ~~Gold - $5 Copay~~ | ~~$5,800~~ | ~~$5,900~~ |
| ~~Silver - $5 Copay~~ | ~~$8,850~~ | ~~$9,100~~ |

## 4. Bronze HSA Plan

No modification to Bronze HSA plan (which must comply with federal law).

## 5. Compliance with Federal Law

All modifications are conditioned on compliance with applicable federal laws. HBX will work with carriers to ensure compliance.

**UNIFIED TREATMENT SCENARIO FOR ADDRESSING MENTAL HEALTH CONDITIONS AMONG CHILDREN IN DC**

**For encounters with All ICD-10 F codes (all mental health conditions) among patients up to 19th birthday:**

| VISIT TYPES | CPT CODES | SERVICE TYPES | SPECIALTY | DESCRIPTION OF INCLUDED SERVICES |
|---|---|---|---|---|
| New, Follow up | 11981<br>90791<br>90792<br>90832<br>90833<br>90834<br>90835<br>90836<br>90837<br>90838<br>90839<br>90840<br>90846<br>90847<br>90853<br>96127<br>99202<br>99203<br>99204<br>99205<br>99211<br>99212<br>99213<br>99214<br>99215<br>99244<br>99245<br>99354<br>99355<br>99442<br>99443<br>99484<br>99492<br>99493<br>99494 | Primary Care, Mental Health Care | Behavioral Health/Psychiatry; Internal Medicine/Infectious Disease/Family Medicine/Gynecology/Endocrinology | New medical visit; New patient, screening/assessment; Evaluation and management; Psychotherapy crisis; Individual therapy; Family/Group therapy |

Note: This table is revised to include 5 CPT codes that were included in the anxiety treatment scenario and in the unified treatment scenario but were inadvertently omitted in the November 9, 2022 final report.

**Related services for gender dysphoria only:**

| RELATED SERVICES TO BE COVERED WITH $5 COST SHARING | | CPT CODE |
|---|---|---|
| **Laboratory Tests** | Testosterone (free and total) | 84402, 84403 |
| | Estradiol | 82670, 30289 |
| | Hemoglobin and hematocrit (or complete blood count) | 85014, 85018, 85025 |
| | Comprehensive metabolic panel | 80053 |
| | 25 OH-D Vitamin D | 82306 |
| | Lipid panel | 80061 |
| | Luteinizing hormone and follicle-stimulating hormone | 83001, 83002 |
| | Prolactin | 84146 |
| **Imaging** | DEXA scan | 77080 |
| | Bone age x-ray | 77072 |
| **Procedures** | Hormone therapy injection | 96372 |

**Related to RX for $5 cost sharing:**

Medications (developed based on treatment of most prevalent mental health conditions, but not limited to use with these conditions: anxiety, PTSD, depression, gender dysphoria, ADHD, and conduct disorders among patients 18 years of age and under).

- When the Coverage Type is listed as Class, there have been no exclusions of drugs within the class.
- When the Coverage Type is listed as Selected Medication(s), only selected drugs within the class are eligible for reduced cost sharing.
- Not all drugs in a class are required to be covered at the lower cost sharing level.
- Additionally, a carrier is not required to change the drugs that are on the carrier's formulary.

| MEDICATION CLASS/GROUP | COVERAGE TYPE |
|---|---|
| **SSRIs** | Class (Carrier flexibility to select drugs from their formulary) |
| **SNRIs** | Class (Carrier flexibility to select drugs from their formulary) |
| **Atypical antidepressants** | Class (Carrier flexibility to select drugs from their formulary) |
| **Anti-hypertensives** | Selected Medication: Prazosin |
| **Atypical anxiolytics** | Class (Carrier flexibility to select drugs from their formulary) |
| **Alpha agonists** | Selected Medications: Clonidine, Clonidine ER, Guanfacine, Guanfacine ER |
| **Beta blockers** | Selected Medication: Propranolol |
| **Anti-manic agents** | Class (Carrier flexibility to select drugs from their formulary) |
| **Stimulants** | Class (Carrier flexibility to select drugs from their formulary) |
| **Anti-psychotics** | Selected Medications: Quetiapine, Aripiprazole, Brexpiprazole, Lurasidone |
| **GnRH analogs** | Class (Carrier flexibility to select drugs from their formulary) |
| **Sex hormones** | Class (Carrier flexibility to select drugs from their formulary) |
| **Nonsteroidal anti-androgens** | Class (Carrier flexibility to select drugs from their formulary) |
| **5-alpha reductase inhibitors** | Class (Carrier flexibility to select drugs from their formulary) |

| **Standard Plans, PY2024*****| **Platinum** | **Gold** | **Silver** | **Bronze Copay** | **Bronze HSA** |
|---|---|---|---|---|---|
| Actuarial Value | 91.72% | 81.87% | 70.46% | 64.95% | 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 injury or illness | $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 | | $25 | | 20% | X |
| | Preferred brand | $15 | | $50 | | $50 | X | $75 | X | 20% | X |
| | Non-preferred Brand | $25 | | $70 | | $70 | X | $100 | X | 20% | X |
| | Specialty | $100 | | $150 | | $150 | X | $150 | X | 20% | X |
| Outpatient Surgery | 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 |

| **Standard Plans, PY2024*****  | | | **Platinum** | | **Gold** | | **Silver** | | **Bronze Copay** | | **Bronze HSA** | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | | 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 | | 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 | | 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 | | 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 |
| | Hospice services | | $0 | | $0 | | $0 | | 40% | X | 20% | X |
| Child eye care | Eye exam | | $0 | | $0 | | $0 | | $50 | | $50 | |
| | 1 pair of glasses per year (or contact lenses in lieu of glasses) | | $0 | | $0 | | $0 | | $0 | | $0 | |

| **Standard Plans, PY2024*****  | | | **Platinum** | | **Gold** | | **Silver** | | **Bronze Copay** | | **Bronze HSA** | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Child Dental Diagnostic and Preventive | 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 | |
| Child Dental Basic Services | Amalgam Fill – 1 surface | | $25 | | $25 | | $25 | | $41 | | $41 | |
| Child Dental Major Services | Root canal – molar | | $300 | | $300 | | $300 | | $512 | | $512 | |
| | 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, 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.

**ATTACHMENT C**

**Overview of Changes to DC Health Link Standard Plans PY2023 to PY2024**

- **Pediatric Mental Health:** Beginning January 1, 2024, standard plans at all Metal Levels, with the exception of the Bronze HSA plan, will include lower cost sharing of $5 for the treatment of certain services and prescription medications for all mental health conditions for children under age 19.

- **Other Changes and Clarifications**

  - **Platinum Plan:** No changes other than the changes to Pediatric Mental Health Services.

    - Note: For Outpatient Surgery, there is a clarification that the Outpatient Surgery Facility copayment is $250, and the Physician/Surgeon Services copayment is $0.

  - **Gold Plan:** In addition to the changes for Pediatric Mental Health Services, there is a change to the cost sharing for Outpatient Surgery: the Outpatient Surgery Facility copayment is reduced from $525 to $375 (-$150) and the Outpatient Surgery Physician/Surgeon Services copayment is increased from $75 to $125 (+$50). The overall copayment for Outpatient Surgery is $500, a reduction from $600 in PY2023.
  -

    - Note: The Standard Plans Working Group Report for PY 2024 (11/9/2022) and HBX Executive Board Resolution from 11/16/2022 included an increase in the Out-of-Pocket Maximum, from $5,800 to $5,900 (+$100). We do not need to implement this increase with the Outpatient Surgery cost sharing changes that were made. The 2024 AV Calculator allows us to keep the Out-of-Pocket Maximum at the same level as 2023: $5,800.

  - **Silver Plan**: No changes other than the changes to Pediatric Mental Health Services.

    - Note: The Standard Plans Working Group Report for PY 2024 (11/9/2022) and HBX Executive Board Resolution from 11/16/2022 included an increase in the Out-of-Pocket Maximum, from $8,850 to $9,100 (+250). We do not need to implement this increase. The 2024 AV Calculator allows us to keep the Out-of-Pocket Maximum at the same level as 2023: $8,850.

  - **Bronze Copay Plan:** In addition to the changes for Pediatric Mental Health Services, the Out-of-Pocket Maximum is increased from $9,100 to $9,150 (+$50).

    - Note: There is a clarification that the coinsurance rate for Skilled Nursing, Durable Medical Equipment, and Hospice is 40%, not 30%. The 40% coinsurance rate for these services was approved for PY2020 and it has not been changed. However, some documents for PY2021 showed a 30% coinsurance rate, which was inaccurate/an editing error.

  - **Bronze HSA Plan:** The Out-of-Pocket Maximum is increased from $6,900 to $7,200 (+$300).