

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

Actuarial Value		60.7%		
Individual Overall Deductible		N/A		
Other individual deductibles for specific services				
Medical		\$5,500		
Prescription Drugs		N/A		
Dental		\$0		
Individual Out-of-Pocket Maximum		\$6,250		
Common Medical Event	Service Type	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	\$60	After 1 st three non-preventive visits*	
	Specialist visit	\$70	x	
	Preventive care/screening/immunization	\$0		
Tests	Laboratory tests	30%	x	
	X-rays and diagnostic imaging	30%	x	
	Imaging (CT/PET scans, MRIs)	30%	x	
Drugs to treat Illness or Condition	Generic	\$15		
	Preferred brand	\$50	x	
	Non-preferred Brand	\$75	x	
	Specialty	30%	x	
Outpatient Surgery	Facility fee (e.g. hospital room)	30%	x	
	Physician/Surgeon fee	30%	x	
Need Immediate Attention	Emergency room services (waived if admitted)	\$300	x	
	Emergency medical transportation	\$300	x	
	Urgent Care	\$120	After 1 st three non-preventive visits*	
Hospital Stay	Facility fee (e.g. hospital room)	30%	x	
	Physician/surgeon fee	30%	x	
Mental/Behavioral Health	M/B outpatient services	\$60	After 1 st three non-preventive visits*	
	M/B inpatient services	30%	x	
Health, Substance Abuse needs	Substance abuse disorder outpatient services	\$60	After 1 st three non-preventive visits*	
	Substance abuse disorder inpatient services	30%	x	
Pregnancy	Prenatal care and preconception services	\$0		
	Delivery and all inpatient services	Hospital	30%	x
		Professional	30%	x
Help recovering or other special health needs	Home health care	30%	x	
	Outpatient rehabilitation services	\$60	x	
	Outpatient habilitation services	\$60	x	
	Skilled nursing care	30%	x	
	Durable medical equipment	30%	x	
	Hospice services	\$0		

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Child eye care	Eye exam	\$0	
	1 pair of glasses per year (or contact lenses in lieu of glasses)	\$0	
Child Dental Diagnostic and Preventive	Oral Exam	\$0	
	Preventive - cleaning	\$0	
	Preventive- x-ray	\$0	
	Sealants per tooth	\$0	
	Topical fluoride application	\$0	
	Space Maintainers - Fixed	\$0	
Child Dental Basic Services	Amalgam Fill – 1 surface	20%	
Child Dental Major Services	Root canal - molar	50%	
	Gingivectomy per Quad	50%	
	Extraction – single tooth exposed root or	50%	
	Extraction – complete bony	50%	
	Porcelain with Metal Crown	50%	
Child Orthodontics	Medically necessary orthodontics	50%	

*The deductible is waived for the first three non-preventive office or urgent care visits, including Outpatient Mental Health and Substance Abuse visits.