

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

<b>Actuarial Value</b>		69.2%		
<b>Individual Overall Deductible</b>		N/A		
<b>Other individual deductibles for specific services</b>				
<b>Medical</b>		\$2,000		
<b>Prescription Drugs</b>		\$500		
<b>Dental</b>		\$0		
<b>Individual Out-of-Pocket Maximum</b>		\$6,250		
<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	\$25		
	Specialist visit	\$50		
	Preventive care/screening/immunization	\$0		
<b>Tests</b>	Laboratory tests	\$45		
	X-rays and diagnostic imaging	\$65	x	
	Imaging (CT/PET scans, MRIs)	\$250	x	
<b>Drugs to treat Illness or Condition</b>	Generic	\$15	x	
	Preferred brand	\$50	x	
	Non-preferred Brand	\$70	x	
	Specialty	20%	x	
<b>Outpatient Surgery</b>	Facility fee (e.g. hospital room)	20%	x	
	Physician/Surgeon fee	20%		
<b>Need Immediate Attention</b>	Emergency room services (waived if admitted)	\$250		
	Emergency medical transportation	\$250	x	
	Urgent Care	\$90		
<b>Hospital Stay</b>	Facility fee (e.g. hospital room)	20%	x	
	Physician/surgeon fee		x	
<b>Mental/Behavioral Health</b>	M/B outpatient services	\$45		
	M/B inpatient services	20%	x	
<b>Health, Substance Abuse needs</b>	Substance abuse disorder outpatient services	\$45		
	Substance abuse disorder inpatient services	20%	x	
<b>Pregnancy</b>	Prenatal care and preconception services	\$0		
	Delivery and all inpatient services	Hospital	20%	x
		Professional		x
<b>Help recovering or other special health needs</b>	Home health care	\$45		
	Outpatient rehabilitation services	\$45		
	Outpatient habilitation services	\$45		
	Skilled nursing care	20%	x	
	Durable medical equipment	20%		
	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	