

Standard Plans Advisory Working Group
Platinum Plan ~~2022~~2023

Attachment

Actuarial Value		88.9989.09%	
Individual Overall Deductible		\$0	
Other individual deductibles for specific services			
Medical		\$0	
Prescription Drugs		\$0	
Dental		\$0	
Individual Out-of-Pocket Maximum		\$2,000	
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	\$20	
	Specialist visit	\$40	
	Preventive care/screening/immunization	\$0	
Tests	Laboratory tests*	\$20	
	X-rays and diagnostic imaging	\$40	
	Imaging (CT/PET scans, MRIs)	\$150	
Drugs to treat Illness or Condition**	Generic	\$5	
	Preferred brand	\$15	
	Non-preferred Brand	\$25	
	Specialty	\$100	
Outpatient Surgery	Facility fee (e.g. hospital room)	\$250	
	Physician/Surgeon fee		
Outpatient Non-surgical Clinic Visit***	Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic	\$75	
Need Immediate Attention	Emergency room services (waived if admitted)	\$150	
	Emergency medical transportation	\$150	
	Urgent Care	\$40	
Hospital Stay	Facility fee (e.g. hospital room)	\$250 per day up to 5 days	
	Physician/surgeon fee		
Mental/Behavioral Health	M/B office visits	\$20	
	M/B outpatient services	\$20	
	M/B inpatient services	\$250 per day up to 5 days	
Health, Substance Abuse needs	Substance abuse disorder office visits	\$20	
	Substance abuse disorder outpatient services	\$20	
	Substance abuse disorder inpatient services	\$250 per day up to 5 days	
Pregnancy	Prenatal care and preconception services	\$0	
	Delivery and all inpatient services	Hospital	\$250 per day up to 5 days
		Professional	
Low Value Services	Spinal Fusions	50%	X
	Vitamin D testing		X
	Proton beam for prostate cancer		X

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	<u>Vertebroplasty</u>	<u>50%</u>	<u>X</u>
	<u>Kyphoplasty</u>		<u>X</u>

*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)
- Dilated retinal exam (1x per year)
- Basic metabolic panel (1x per year)
- Liver function test (1x per year)
- Nutrition counseling visits (unlimited)

**Diabetes supplies and medications in the diabetic agents drug class, as defined by the carrier, and preferred brand insulin 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

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

**D.C. Health Benefit Exchange
Standard Plans Advisory Working Group
Gold Plan 20222023**

Actuarial Value		81.9581.96%		
Individual Overall Deductible		\$0		
Other individual deductibles for specific services				
Medical		\$500		
Prescription Drugs		\$0		
Dental		\$0		
Individual Out-of-Pocket Maximum		\$4,9505,000		
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	\$25		
	Specialist visit	\$50		
	Preventive care/screening/immunization	\$0		
Tests	Laboratory tests*	\$30		
	X-rays and diagnostic imaging	\$50		
	Imaging (CT/PET scans, MRIs)	\$250		
Drugs to treat Illness or Condition**	Generic	\$15		
	Preferred brand	\$50		
	Non-preferred Brand	\$70		
	Specialty	\$150		
Outpatient Surgery	Facility fee (e.g. hospital room)	\$600		
	Physician/Surgeon fee			
Outpatient Non-Surgical Clinic Visit***	Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic	\$75		
Need Immediate Attention	Emergency room services (waived if admitted)	\$300		
	Emergency medical transportation	\$300		
	Urgent Care	\$60		
Hospital Stay	Facility fee (e.g. hospital room)	\$600 per day up to 5 days	X	
	Physician/surgeon fee		X	
Mental/Behavioral Health	M/B office visits	\$25		
	M/B outpatient services	\$25		
	M/B inpatient services	\$600 per day up to 5 days	X	
Substance Abuse needs	Substance abuse disorder office visits	\$25		
	Substance abuse disorder outpatient services	\$25		
	Substance abuse disorder inpatient services	\$600 per day up to 5 days	X	
Pregnancy	Prenatal care and preconception services	\$0		
	Delivery and all inpatient services	Hospital	\$600 per day up to 5 days	X
		Professional		X
Low Value Services	Spinal Fusions	50%	X	
	Vitamin D testing		X	
	Proton beam for prostate cancer		X	

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	<u>Vertebroplasty</u>	50%	<u>X</u>
	<u>Kyphoplasty</u>		<u>X</u>

*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)
- Dilated retinal exam (1x per year)
- Basic metabolic panel (1x per year)
- Liver function test (1x per year)
- Nutrition counseling visits (unlimited)

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**Diabetes supplies and medications in the diabetic agents drug class, as defined by the carrier, and preferred brand insulin are provided with no cost-sharing. A carrier is not required to change the drugs that are on the carrier's formulary.

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Help recovering or other special health needs	Home health care	\$30	
	Outpatient rehabilitation services	\$30	
	Outpatient habilitation services	\$30	
	Skilled nursing care	\$300 per day up to 5 days	
	Durable medical equipment	20%	
	Hospice services	\$0	
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	\$25	
Child Dental Major Services	Root canal – molar	\$300	
	Gingivectomy per Quad	\$150	
	Extraction – single tooth exposed root or	\$65	
	Extraction – complete bony	\$160	
	Porcelain with Metal Crown	\$300	
Child Orthodontics	Medically necessary orthodontics	\$1,000	

Standard Plans Advisory Working Group
Silver Plan ~~2022~~2023

Actuarial Value		71.9671.99%	Formatted Table	
Individual Overall Deductible		\$4,250		
Other individual deductibles for specific services				
Medical		\$4,000		
Prescription Drugs		\$250		
Dental		\$0		
Individual Out-of-Pocket Maximum		\$8,2508,400		
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	\$40		
	Specialist visit	\$80		
	Preventive care/screening/immunization	\$0		
Tests	Laboratory tests*	\$60		
	X-rays and diagnostic imaging	\$80		
	Imaging (CT/PET scans, MRIs)	\$300		
Drugs to treat Illness or Condition**	Generic	\$15		
	Preferred brand	\$50	X	
	Non-preferred Brand	\$70	X	
	Specialty	\$150	X	
Outpatient Surgery	Facility fee (e.g. hospital room)	20%	X	
	Physician/Surgeon fee	20%	X	
Outpatient Non-surgical Clinic Visit***	Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic	20%	X	
Need Immediate Attention	Emergency room services (waived if admitted)	\$350	X	
	Emergency medical transportation	\$350	X	
	Urgent Care	\$90		
Hospital Stay	Facility fee (e.g. hospital room)	20%	X	
	Physician/surgeon fee		X	
Mental/Behavioral Health	M/B office visits	\$40		
	M/B outpatient services	\$0		
	M/B inpatient services	20%	X	
Health, Substance Abuse needs	Substance abuse disorder office visits	\$40		
	Substance abuse disorder outpatient services	\$0		
	Substance abuse disorder inpatient services	20%	X	
Pregnancy	Prenatal care and preconception services	\$0		
	Delivery and all inpatient services	Hospital	20%	X
		Professional		X
Low Value Services	Spinal Fusions	50%	X	
	Vitamin D testing		X	
	Proton beam for prostate cancer		X	

	<u>Vertebroplasty</u>	50%	<u>X</u>
	<u>Kyphoplasty</u>		<u>X</u>

*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)
- Dilated retinal exam (1x per year)
- Basic metabolic panel (1x per year)
- Liver function test (1x per year)
- Nutrition counseling visits (unlimited)

**Diabetes supplies and medications in the diabetic agents drug class, as defined by the carrier, and preferred brand insulin are provided with no cost-sharing. A carrier is not required to change the drugs that are on the carrier's formulary.

***Coinsurance may not apply in staff model HMO setting.

Help recovering or other special health needs	Home health care	\$50	
	Outpatient rehabilitation services	\$65	
	Outpatient habilitation services	\$65	
	Skilled nursing care	20%	X
	Durable medical equipment	20%	
	Hospice services	\$0	
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	\$25	
Child Dental Major Services	Root canal – molar	\$300	
	Gingivectomy per Quad	\$150	
	Extraction – single tooth exposed root or	\$65	
	Extraction – complete bony	\$160	
	Porcelain with Metal Crown	\$300	
Child Orthodontics	Medically necessary orthodontics	\$1,000	

Standard Plans Advisory Working Group
Bronze Copay Plan ~~2022~~2023

Actuarial Value		64.96%	← Formatted Table	
Individual Overall Deductible		\$8,350		
Other individual deductibles for specific services				
Medical		\$7,500		
Prescription Drugs		\$850		
Dental		\$0		
Individual Out-of-Pocket Maximum		\$8,550 8,600		
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		
	Specialist visit	\$125		
	Preventive care/screening/immunization	\$0		
Tests	Laboratory tests*	\$55	X	
	X-rays and diagnostic imaging	\$80	X	
	Imaging (CT/PET scans, MRIs)	\$500	X	
Drugs to treat Illness or Condition**	Generic	\$25		
	Preferred brand	\$75	X	
	Non-preferred Brand	\$100	X	
	Specialty	\$150	X	
Outpatient Surgery	Facility fee (e.g. hospital room)	40%	X	
	Physician/Surgeon fee	40%	X	
Outpatient Non-surgical Clinic Visit***	Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic	40%	X	
Need Immediate Attention	Emergency room services	40%	X	
	Emergency medical transportation	40%	X	
	Urgent Care	\$100		
Hospital Stay	Facility fee (e.g. hospital room)	40%	X	
	Physician/surgeon fee	40%	X	
Mental/Behavioral Health	M/B office visits	\$60		
	M/B outpatient services	\$0		
	M/B inpatient services	40%	X	
Health, Substance Abuse needs	Substance abuse disorder office visits	\$60		
	Substance abuse disorder outpatient services	\$0		
	Substance abuse disorder inpatient services	40%	X	
Pregnancy	Prenatal care and preconception services	\$0		
	Delivery and all inpatient services	Hospital	40% %	
		Professional		
Low Value Services	Spinal Fusions	50%	X	
	Vitamin D testing		X	

	<u>Proton beam for prostate cancer</u>		<u>X</u>
	<u>Vertebroplasty</u>	<u>50%</u>	<u>X</u>
	<u>Kyphoplasty</u>		<u>X</u>

*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)
- Dilated retinal exam (1x per year)
- Basic metabolic panel (1x per year)
- Liver function test (1x per year)
- Nutrition counseling visits (unlimited)

**Diabetes supplies and medications in the diabetic agents drug class, as defined by the carrier, and preferred brand insulin are provided with no cost-sharing. A carrier is not required to change the drugs that are on the carrier's formulary.

***Coinsurance may not apply in a staff model HMO setting.

Help recovering or other special health needs	Home health care (up to 90 visits for 4 hours per calendar yr)	\$50	X
	Outpatient rehabilitation services	\$50	X
	Outpatient habilitation services	\$50	X
	Skilled nursing care	30%	X
	Durable medical equipment	30%	X
	Hospice services	30%	X
Child eye care	Eye exam (OD)	\$50	
	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	
Child Dental Basic Services	Amalgam Fill – 1 surface	\$41	
Child Dental Major Services	Root canal – molar	\$512	
	Gingivectomy per Quad	\$279	
	Extraction – single tooth exposed root or	\$69	
	Extraction – complete bony	\$241	
	Porcelain with Metal Crown	\$523	
Child Orthodontics	Medically necessary orthodontics	\$3,422	

Standard Plans Advisory Working Group
HSA Bronze Plan ~~2022~~2023

Actuarial Value		64.99%		
Individual Overall Deductible		\$6,350		
Other individual deductibles for specific services				
Medical		\$6,350		
Prescription Drugs		Integrated with Medical		
Dental		\$0		
Individual Out-of-Pocket Maximum		\$6,900		
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	20%	X	
	Specialist visit	20%	X	
	Preventive care/screening/immunization	\$0		
Tests	Laboratory tests	20%	X	
	X-rays and diagnostic imaging	20%	X	
	Imaging (CT/PET scans, MRIs)	20%	X	
Drugs to treat Illness or Condition*	Generic	20%	X	
	Preferred brand	20%	X	
	Non-preferred Brand	20%	X	
	Specialty	20%	X	
Outpatient Surgery	Facility fee (e.g. hospital room)	20%	X	
	Physician/Surgeon fee	20%	X	
Outpatient Non-surgical Clinic Visit**	Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic	20%	X	
Need Immediate Attention	Emergency room services	20%	X	
	Emergency medical transportation	20%	X	
	Urgent Care	20%	X	
Hospital Stay	Facility fee (e.g. hospital room)	20%	X	
	Physician/surgeon fee	20%	X	
Mental/Behavioral Health	M/B office visits	20%	X	
	M/B outpatient services	20%	X	
	M/B inpatient services	20%	X	
Health, Substance Abuse needs	Substance abuse disorder office visits	20%	X	
	Substance abuse disorder outpatient services	20%	X	
	Substance abuse disorder inpatient services	20%	X	
Pregnancy	Prenatal care and preconception services	\$0	X	
	Delivery and all inpatient services	Hospital	20%	X
		Professional		X

*Diabetes supplies, as defined by the carrier, and preferred brand insulin are provided with no cost-sharing.

**Coinsurance may not apply in a staff model HMO setting.

Help recovering or other special health needs	Home health care (up to 90 visits for 4 hours per calendar yr)	20%	X
	Outpatient rehabilitation services	20%	X
	Outpatient habilitation services	20%	X
	Skilled nursing care	20%	X
	Durable medical equipment	20%	X
	Hospice services	20%	X
Child eye care	Eye exam (OD)	\$50	
	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	
Child Dental Basic Services	Amalgam Fill – 1 surface	\$41	
Child Dental Major Services	Root canal – molar	\$512	
	Gingivectomy per Quad	\$279	
	Extraction – single tooth exposed root or	\$69	
	Extraction – complete bony	\$241	
	Porcelain with Metal Crown	\$523	
Child Orthodontics	Medically necessary orthodontics	\$3,422	