



February 13, 2019

## **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, chaired Dania Palanker. The working group's charge was to modify the standard benefit plan for all metal level tiers, if necessary, to comply with the federal Actuarial Value Calculator (AVC) for Plan Year (PY) 2020.

### **Background**

The working group had previously recommended standard benefit plans for all metal level tiers for PY 2019. Those recommendations were adopted by the Executive Board of the Health Benefit Exchange Authority (HBX) and are in effect for PY 2019.

There was one issue on the table for discussion by the working group for PY 2020:

1. Plan design and Actuarial Value Calculator – Changes to the federal AVC necessitated that the working group reconvene to address any necessary modifications to the standard plans. The HBX used its contract actuary, Oliver Wyman (OW), to run the PY 2019 standard plans through the final AVC for Plan Year 2020. Oliver Wyman concluded that the gold, silver, and non-HSA compatible bronze plans no longer fell within the actuarial value range permitted under federal law, so that cost-sharing levels for those three plans would need to be increased to meet federal requirements. Throughout the course of meetings and discussions, OW developed options at the various metal level tiers for the working group to consider.

All of the working group's documents over three meetings, including meeting notes, can be viewed on its HBX [webpage](#).

## **Discussion**

### **1. Plan Design and Actuarial Value Calculator**

During the discussions, it was noted by the carriers that there may be minor differences in how its actuaries input data to the AVC, so while they would not expect a dramatic difference in AV when the carrier runs the calculator, it might be safer to keep the AV 0.04% under the maximum to make sure the plan is within the *de minimis* range.

- a. Gold:** The allowed range for gold is +2/-4%, or 76% - 82%. The existing 2019 gold standard plan falls outside the acceptable actuarial value (AV) range using the 2020 AVC at 83.01%.

Overall, the actuaries pointed out that generally speaking, one gets the most “bang for the buck” with respect to the plan AV by increasing deductibles and maximum out-of-pocket (MOOP) limits. The working group discussed that a major objective of the gold plan was to keep as many services as possible not subject to the deductible, and to keep the deductible low.

The Gold Alternate 1 option modeled by the actuaries increases the MOOP by \$650 to \$4,650. No other changes to the plan are necessary to bring it within the acceptable AV range. Other alternatives modeled by the actuaries increase the MOOP less, but increases the copays for certain services. Carriers noted that in general it was preferable to raise the MOOP because it affects fewer people, the higher utilizers. Consumer advocates agreed that raising the MOOP is preferable. In particular, the increase in some services in alternatives 2 and 3 will hit some people very hard that need those services.

**Consensus: Recommend a gold standard plan that increases the MOOP by \$650.**

**b. Silver:** The allowed range for silver is +2/-4%, or 66% - 72%. The existing 2019 silver standard plan falls outside the acceptable actuarial value (AV) range using the 2020 AVC at 73.16%. Unfortunately, cutting 1.16% off the AV involves making difficult choices and tradeoffs.

The working group considered a variety of modifications to move the silver standard plan to the acceptable AV range. All of the modeled alternatives raise the MOOP from \$7,600 to \$8,000. A member noted that a lot of services are pre-deductible so the increase, while not optimal and still creating a burden for some, still gives the patient options for services pre-deductible. Inpatient services, emergency room and transportation, outpatient surgery, and outpatient clinic visits are subject to the deductible.

The working group considered what cost-sharing changes would impact the smallest number of consumers. In particular, some of the models increased the cost-sharing for habilitation and rehabilitation services substantially, which concerned the working group. A member said she was conflicted over the higher deductibles versus the higher habilitation and rehabilitation services copays. Some people get hit hard on the habilitation and rehabilitation services, so she was leaning on keeping those lower. We do not want to create disincentives that keep people from using those services. Also, the working group expressed a desire to maintain present cost-sharing levels for primary care and specialist visits, and mental/behavioral health and substance abuse office visits.

The working group did coalesce around the alternative which increases the deductible to \$4,250 (a \$500 increase), but allows the prescription drug (Rx) portion of the deductible to remain at \$250. The MOOP goes to \$8,000 (a \$400 increase), and primary care and specialist visits, and mental/behavioral health and substance abuse office visits remain the same. Lab goes from \$50 to \$60, x-rays from \$70 to \$80, imaging from \$250 to \$300, and habilitation and rehabilitation services from \$50 to \$65.

**Consensus: Recommend a silver standard plan as outlined above.**

**c. Bronze:** The allowed range for bronze non-HSA compatible (bronze copay) is +2/-4%, or 62% - 56%. However, bronze plans that cover at least one major service (other than preventive services) before the deductible can be +5/-4%, or 65% - 56%. The existing 2019 bronze non-HSA compatible standard plan falls outside the acceptable actuarial value (AV) range using the 2020 AVC at 66.24%.

As with the silver plan, cutting 1.24% off the AV involves making difficult choices and tradeoffs. The working group considered a variety of modifications to move the bronze copay standard plan to the acceptable AV range.

With the bronze copay plan, the actuaries initially modeled three alternatives, each with an \$8,000 MOOP. (Under the proposed Benefit and Payment Parameters rule, the maximum MOOP for plan year 2020 will be \$8,200. However, the proposed rule includes a change in methodology by which the MOOP is set, and some commenters are expecting fierce pushback to the proposal. Under the old methodology, the maximum MOOP would be \$8,000.)

However, by not increasing the MOOP to the permitted maximum for bronze copay, working group members were not comfortable with the required rise in copays and coinsurance for a variety of services. The working group had the actuaries model a fourth alternative with an \$8,200 MOOP.

Working group members thought if reducing the Rx deductible from the initially modeled three alternatives by raising the MOOP would be helpful. Many people can manage chronic conditions with Rx and regular doctor visits. And primary care and specialist visits are pre-deductible services under the existing bronze copay plan. A working group member thought that many people with health issues would wind up in the HSA plan, which has a lower MOOP.

A carrier noted that making specialist visits subject to the deductible would not require as many other changes to cost-sharing. However, the working group rejected that notion,

believing that having primary care and specialist visits pre-deductible encouraged appropriate care and did not create a barrier to access. The members also believed it was a positive to retain consistency from the prior year in that regard.

The working group did coalesce around the fourth alternative which increases the deductible to \$7,800 (a \$550 increase), the MOOP to \$8,200 (a \$300 increase), office visits to \$55 (a \$5 increase), a specialist visit to \$100 (a \$20 increase), outpatient surgery, outpatient non-surgical visit, emergency room, emergency transportation, inpatient mental/behavioral health and substance abuse treatment, maternity, skilled nursing care, durable medical equipment and hospice care to 30% coinsurance (a 5% increase). This model resulted in an AV of 64.96%.

**Consensus: Recommend the bronze standard plan as outlined above.**

### **Recommendations**

Over the course of the meetings, the working group reached consensus to recommend amendments to the 2019 standard plans as noted above and reflected in the attached displays for PY 2020. (Attachment)

### **Working Group Members**

The Standard Plans Advisory Working Group is comprised of representatives from qualified health plans, consumer groups and trade associations. Five meetings were held, on January 24, February 14, 21 and 27, and March 1, 2018 by conference call. Consensus recommendations were reached over the course of the meetings.

Dania Palanker, Chair	Georgetown
Marcy M. Buckner	National Ass'n of Health Underwriters
Dave Chandrasekaran	DC Health Link Consumer
Stephanie Cohen	Golden & Cohen (NFP)

Kris Hathaway	America’s Health Insurance Plans
Cheryl Fish-Parcham	Families USA
Robert Metz, Jennifer Storm, Dave	CareFirst
John Fleig	UnitedHealthcare
Renee Vis, Tiffinie Severin	Kaiser Permanente
Colin Reusch	Children’s Dental Health Project
<b>Staff Advisors &amp; Support</b>	
Mary Beth Senkewicz	HBX
Howard Liebers	DISB
Ryan Mueller, Sarah Langford	Oliver Wyman

The working group gratefully acknowledges the work of Mr. Mueller and Ms. Langford with Oliver Wyman in support of the working group’s deliberations

Standard Plans Advisory Working Group  
Platinum Plan ~~2019~~2020

<b>Actuarial Value</b>		<del>88.92</del> 89.59%	
<b>Individual Overall Deductible</b>		\$0	
<b>Other individual deductibles for specific services</b>			
<b>Medical</b>		\$0	
<b>Prescription Drugs</b>		\$0	
<b>Dental</b>		\$0	
<b>Individual Out-of-Pocket Maximum</b>		\$2,000	
<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	\$20	
	Specialist visit	\$40	
	Preventive care/screening/immunization	\$0	
<b>Tests</b>	Laboratory tests	\$20	
	X-rays and diagnostic imaging	\$40	
	Imaging (CT/PET scans, MRIs)	\$150	
<b>Drugs to treat Illness or Condition</b>	Generic	\$5	
	Preferred brand	\$15	
	Non-preferred Brand	\$25	
	Specialty	\$100	
<b>Outpatient Surgery</b>	Facility fee (e.g. hospital room)	\$250	
	Physician/Surgeon fee		
<b>Outpatient Non-surgical Clinic Visit*</b>	Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic	\$75	
<b>Need Immediate Attention</b>	Emergency room services (waived if admitted)	\$150	
	Emergency medical transportation	\$150	
	Urgent Care	\$40	
<b>Hospital Stay</b>	Facility fee (e.g. hospital room)	\$250 per day up to 5 days	
	Physician/surgeon fee		
<b>Mental/Behavioral Health</b>	M/B office visits	\$20	
	M/B outpatient services	\$20	
	M/B inpatient services	\$250 per day up to 5 days	
<b>Health, Substance Abuse needs</b>	Substance abuse disorder office visits	\$20	
	Substance abuse disorder outpatient services	\$20	
	Substance abuse disorder inpatient services	\$250 per day up to 5 days	
<b>Pregnancy</b>	Prenatal care and preconception services		\$0
	Delivery and all inpatient services	Hospital	\$250 per day up to 5 days
		Professional	

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

<b>Help recovering or other special health needs</b>	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%	
	Hospice services	\$0	
<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	



**D.C. Health Benefit Exchange  
Standard Plans Advisory Working Group  
Gold Plan ~~2019~~2020**

<b>Actuarial Value</b>		81. <del>01</del> 94%	
<b>Individual Overall Deductible</b>		\$0	
<b>Other individual deductibles for specific services</b>			
<b>Medical</b>		\$500	
<b>Prescription Drugs</b>		\$0	
<b>Dental</b>		\$0	
<b>Individual Out-of-Pocket Maximum</b>		\$4,000 <del>650</del>	
<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	\$30	
	X-rays and diagnostic imaging	\$50	
	Imaging (CT/PET scans, MRIs)	\$250	
<b>Drugs to treat Illness or Condition</b>	Generic	\$15	
	Preferred brand	\$50	
	Non-preferred Brand	\$70	
	Specialty	\$150	
<b>Outpatient Surgery</b>	Facility fee (e.g. hospital room)	\$600	
	Physician/Surgeon fee		
<b>Outpatient Non-Surgical Clinic Visit*</b>	Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic	\$75	
<b>Need Immediate Attention</b>	Emergency room services (waived if admitted)	\$300	
	Emergency medical transportation	\$300	
	Urgent Care	\$60	
<b>Hospital Stay</b>	Facility fee (e.g. hospital room)	\$600 per day up to 5 days	X
	Physician/surgeon fee		X
<b>Mental/Behavioral Health</b>	M/B office visits	\$25	
	M/B outpatient services	\$25	
	M/B inpatient services	\$600 per day up to 5 days	X
<b>Substance Abuse needs</b>	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
<b>Pregnancy</b>	Prenatal care and preconception services	\$0	
	Delivery and all inpatient services	\$600 per day up to 5 days	X
	Professional		X

\*Copay may not apply in staff model HMO setting.

<b>Help recovering or other special health needs</b>	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	
<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	

**Standard Plans Advisory Working Group**  
**Silver Plan ~~2019~~2020**

<b>Actuarial Value</b>		71. <del>90</del> <u>95</u> %	
<b>Individual Overall Deductible</b>		<del>\$3,750</del> <u>\$4,250</u>	
<b>Other individual deductibles for specific services</b>			
<b>Medical</b>		<del>\$3,500</del> <u>\$4,000</u>	
<b>Prescription Drugs</b>		\$250	
<b>Dental</b>		\$0	
<b>Individual Out-of-Pocket Maximum</b>		<del>\$7,600</del> <u>\$8,000</u>	
<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	\$40	
	Specialist visit	\$80	
	Preventive care/screening/immunization	\$0	
<b>Tests</b>	Laboratory tests	<del>\$50</del> <u>\$60</u>	
	X-rays and diagnostic imaging	<del>\$70</del> <u>\$80</u>	
	Imaging (CT/PET scans, MRIs)	<del>\$250</del> <u>\$300</u>	
<b>Drugs to treat Illness or Condition</b>	Generic	\$15	
	Preferred brand	\$50	X
	Non-preferred Brand	\$70	X
	Specialty	\$150	X
<b>Outpatient Surgery</b>	Facility fee (e.g. hospital room)	20%	X
	Physician/Surgeon fee	20%	X
<b>Outpatient Non-surgical Clinic Visit*</b>	Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic	20%	X
<b>Need Immediate Attention</b>	Emergency room services (waived if admitted)	\$350	X
	Emergency medical transportation	\$350	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 office visits	\$40	
	M/B outpatient services	<del>5%</del> <u>\$0</u>	
	M/B inpatient services	20%	X
<b>Health, Substance Abuse needs</b>	Substance abuse disorder office visits	\$40	
	Substance abuse disorder outpatient services	<del>\$40</del> <u>\$0</u>	
	Substance abuse disorder inpatient services	20%	X
<b>Pregnancy</b>	Prenatal care and preconception services		\$0
	Delivery and all inpatient services	Hospital	20%
		Professional	

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

<b>Help recovering or other special health needs</b>	Home health care	\$50	
	Outpatient rehabilitation services	<del>\$5065</del>	
	Outpatient habilitation services	<del>\$5065</del>	
	Skilled nursing care	20%	X
	Durable medical equipment	20%	
	Hospice services	\$0	
<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	

**Standard Plans Advisory Working Group  
Bronze Copay Plan 2019/2020**

<b>Actuarial Value</b>		64.8996%		
<b>Individual Overall Deductible</b>		\$7,250800		
<b>Other individual deductibles for specific services</b>				
<b>Medical</b>		\$6,6507,150		
<b>Prescription Drugs</b>		\$600650		
<b>Dental</b>		\$0		
<b>Individual Out-of-Pocket Maximum</b>		\$7,9008,200		
<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	\$5055		
	Specialist visit	\$80100		
	Preventive care/screening/immunization	\$0		
<b>Tests</b>	Laboratory tests	\$55	X	
	X-rays and diagnostic imaging	\$80	X	
	Imaging (CT/PET scans, MRIs)	\$500	X	
<b>Drugs to treat Illness or Condition</b>	Generic	\$25		
	Preferred brand	\$75	X	
	Non-preferred Brand	\$100	X	
	Specialty	\$150	X	
<b>Outpatient Surgery</b>	Facility fee (e.g. hospital room)	2530%	X	
	Physician/Surgeon fee	2530%	X	
<b>Outpatient Non-surgical Clinic Visit*</b>	Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic	2530%	X	
<b>Need Immediate Attention</b>	Emergency room services	2530%	X	
	Emergency medical transportation	2530%	X	
	Urgent Care	\$100		
<b>Hospital Stay</b>	Facility fee (e.g. hospital room)	2530%	X	
	Physician/surgeon fee	2530%	X	
<b>Mental/Behavioral Health</b>	M/B office visits	\$5055		
	M/B outpatient services	10%\$0		
	M/B inpatient services	2530%	X	
<b>Health, Substance Abuse needs</b>	Substance abuse disorder office visits	\$5055		
	Substance abuse disorder outpatient services	10%\$0		
	Substance abuse disorder inpatient services	25%30%	X	
<b>Pregnancy</b>	Prenatal care and preconception services	\$0		
	Delivery and all inpatient services	Hospital	2530% %	X
		Professional		X

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

<b>Help recovering or other special health needs</b>	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	<del>25</del> 30%	X
	Durable medical equipment	<del>25</del> 30%	X
	Hospice services	<del>25</del> 30%	X
<b>Child eye care</b>	Eye exam (OD)	\$50	
	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	
<b>Child Dental Basic Services</b>	Amalgam Fill – 1 surface	\$41	
<b>Child Dental Major Services</b>	Root canal - molar	\$512	
	Gingivectomy per Quad	\$279	
	Extraction – single tooth exposed root or	\$69	
	Extraction – complete bony	\$241	
	Porcelain with Metal Crown	\$523	
<b>Child Orthodontics</b>	Medically necessary orthodontics	\$3,422	

**Standard Plans Advisory Working Group**  
**HSA Bronze Plan ~~2019~~2020**

<b>Actuarial Value</b>		<del>61.82</del> 63.13%	
<b>Individual Overall Deductible</b>		\$6,200	
<b>Other individual deductibles for specific services</b>			
<b>Medical</b>		\$6,200	
<b>Prescription Drugs</b>		Integrated with Medical	
<b>Dental</b>		\$0	
<b>Individual Out-of-Pocket Maximum</b>		\$6,550	
<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	20%	X
	Specialist visit	20%	X
	Preventive care/screening/immunization	\$0	
<b>Tests</b>	Laboratory tests	20%	X
	X-rays and diagnostic imaging	20%	X
	Imaging (CT/PET scans, MRIs)	20%	X
<b>Drugs to treat Illness or Condition</b>	Generic	20%	X
	Preferred brand	20%	X
	Non-preferred Brand	20%	X
	Specialty	20%	X
<b>Outpatient Surgery</b>	Facility fee (e.g. hospital room)	20%	X
	Physician/Surgeon fee	20%	X
<b>Outpatient Non-surgical Clinic Visit*</b>	Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic	20%	X
<b>Need Immediate Attention</b>	Emergency room services	20%	X
	Emergency medical transportation	20%	X
	Urgent Care	20%	X
<b>Hospital Stay</b>	Facility fee (e.g. hospital room)	20%	X
	Physician/surgeon fee	20%	X
<b>Mental/Behavioral Health</b>	M/B office visits	20%	X
	M/B outpatient services	20%	X
	M/B inpatient services	20%	X
<b>Health, Substance Abuse needs</b>	Substance abuse disorder office visits	20%	X
	Substance abuse disorder outpatient services	20%	X
	Substance abuse disorder inpatient services	20%	X
<b>Pregnancy</b>	Prenatal care and preconception services	\$0	X
	Delivery and all inpatient services	Hospital	X
		Professional	X
		20%	

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

<b>Help recovering or other special health needs</b>	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
<b>Child eye care</b>	Eye exam (OD)	\$50	
	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	
<b>Child Dental Basic Services</b>	Amalgam Fill – 1 surface	\$41	
<b>Child Dental Major Services</b>	Root canal - molar	\$512	
	Gingivectomy per Quad	\$279	
	Extraction – single tooth exposed root or	\$69	
	Extraction – complete bony	\$241	
	Porcelain with Metal Crown	\$523	
<b>Child Orthodontics</b>	Medically necessary orthodontics	\$3,422	