



March 7, 2022

**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 by Dania Palanker. The working group's charge was to modify the standard benefit plan for the silver and gold metal level tiers to comply with the federal Actuarial Value Calculator (AVC) for Plan Year (PY) 2023. In addition, the working group made adjustments to bronze metal level plan cost-sharing to account for changes to permitted out-of-pocket maximum levels, lower office visit co-pays, and maintain structural concordance among the metal levels.

Background

The working group had previously recommended standard benefit plans for all metal level tiers for PY 2022. Those recommendations were adopted by the Executive Board of the Health Benefit Exchange Authority (HBX) and are in effect for PY 2022. Based on priorities identified by HBX and the Social Justice and Health Disparities Working Group (SJHDWG), the Executive Board approved inclusion in Standard Benefit Plan Designs, insulin and diabetes supplies at no cost to the patient for PY 2022. This initiative was expanded for PY 2023 by a resolution adopted by the Executive Board on November 10, 2021, to modify the standard plans at all metal levels for PY 2023 by providing certain services, medications, and supplies for Type 2 diabetics at \$0 cost-sharing in standard plans as allowed by law. In addition, the resolution was adopted to make standard plans available in SHOP for PY 2023.

There was one issue on the table for discussion by the working group for PY 2023¹:

¹ HBX raised concerns about proposed approaches that would inadvertently curtail state health equity initiatives and proposed actuarial value standards would inadvertently hinder state efforts to

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 2022 standard plans through the draft AVC for PY 2023. Based on the draft AVC, OW concluded that the gold and silver plans no longer fell within the actuarial value range permitted under federal law, so that cost-sharing levels for those plans would need to be increased to meet the proposed federal requirements. Further, in adjusting the gold and silver plans, the working group noted that the updated cost-sharing applied to silver plans would be out of line with the cost-sharing in the PY 2022 bronze plan, i.e., copay amounts were higher in the silver plan than in the bronze plan, which could create consumer confusion. Throughout the course of meetings and discussions, OW developed options at the various metal level tiers for the working group to consider. CareFirst also submitted options that were incorporated into the discussion.

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
 - a. **Gold:** The proposed allowed range for gold in PY 2023 is +/- 2%, or 78% - 82%. The existing PY 2022 gold standard plan falls outside the acceptable actuarial value (AV) range using the PY 2023 AVC at 82.96%.

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

address health disparities in response as comments to the PY2023 Notice of Benefit and Payment Parameters and in response to the Draft 2023 Actuarial Value Calculator. HBX specifically requested that CMS allow a higher de minimus range for both gold and silver metal levels.

to keep as many services as possible not subject to the deductible, and to keep the deductible low. OW developed three gold alternatives for consideration, and CareFirst proposed one Gold option, Option A.

Option A proposed by CareFirst increases the Maximum out-of-pocket amount (MOOP) by \$850 to \$5,800. No other changes to the plan are necessary to bring it within the acceptable AV range. Other alternatives modeled by the actuaries included (1) increasing the MOOP by \$800, but carriers noted that they would prefer the extra \$50 increase to build in room for differing actuarial opinions around the \$0 cost-sharing program proposed by the Social Justice Working Group; (2) increasing the deductible by \$900 to \$1,400; and (3) increasing copays across various service types. As noted in prior years, in general it was preferable to raise the MOOP because it affects fewer people. Specifically, the actuaries combined their own actuarial continuance table and the continuance table provided in the AVC, and they determined that about two to four percent of gold members reach the MOOP. The carriers also noted that most individuals in their respective gold plans do not reach their MOOP, so an increase to the MOOP would have the least impact on consumers. Consumer advocates agreed that raising the MOOP and leaving the same copays for services is preferable.

Consensus: Recommend a gold standard plan that increases the MOOP by \$850.

- b. Silver:** In PY 2023, the proposed allowed range for individual market silver plans is 70% - 72% and for small group silver plans, +/- 2%, or 68% - 72%.

The existing PY 2022 silver standard plan falls outside the acceptable actuarial value (AV) range using the 2023 AVC at 73.76%. Such a high AV, well higher than the de minimis range allowed, means that multiple cost-sharing changes are necessary to bring silver into the required range.

The actuaries developed five alternatives to move the silver standard plan to the acceptable AV range, and CareFirst proposed nine options, Options A through I, for the

working group's consideration. The working group agreed that proposals that relied on the maximum permitted MOOP of \$9,100 would not be tolerable, given the need to have a meaningful difference between metal levels. In addition, working group members did not want a large increase in the drug deductible. The working group members agreed that keeping primary care physician (PCP) and mental health office visit copays lower would be preferable, and CareFirst Option I was selected. This option increases the medical deductible by \$850 (to \$4,850) and drug deductible by \$100 (to \$350), for a total individual overall deductible increase of \$950 (to \$5,200). In addition, this option increases MOOP by \$600 (to \$8,850), emergency room and emergency transport copay (after deductible) by \$50 (to \$400), imaging (CT/PET scans, MRIs) by \$100 (to \$400), and generic drug copay by \$5 (to \$20).

Consensus: Recommend a silver standard plan as outlined above.

- c. **Bronze Copay:** The allowed range for bronze non-HSA compatible (bronze copay) is +/- 2%, or 58% - 62%; however, bronze plans that cover at least one major service (other than preventive services) before the deductible can be +/- 2%, or 58% - 65%. The existing 2022 bronze copay standard plan did not fall outside the acceptable actuarial value (AV) range using the 2023 AVC; however, the working group recommended adjusting bronze copay plan cost-sharing to maintain a benefit structure that reduces the cost of office visits and encourages provider visits that promote overall health.

With the bronze copay plan, the actuaries initially modeled one alternative, and CareFirst proposed four options, each with a \$9,100 MOOP (the maximum allowed for PY 2023).

The working group discussed the options that included reductions in both medical or pharmacy deductible amounts, but ultimately determined that the change that would have the most impact for DC Health Link customers would be a reduction in copays for PCP and specialist visits. As noted in past years, the cost of most generic drugs are under \$20 and are not subject to the deductible.

The working group did coalesce around the option that maintains the deductible at \$7,500, increases the MOOP by \$550 (to \$9,100), and reduces the PCP and mental health and substance use disorder office visit copays by \$15 (to \$45), and the specialist visit copay by \$20 (to \$105). This model resulted in an AV of 64.91%.

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

Recommendations

Over the course of the meetings, the working group reached consensus to recommend amendments to the PY 2023 standard plans as noted above and reflected in the attached displays for PY 2023. (Attachment)

Working Group Members

The Standard Plans Advisory Working Group includes representatives from qualified health plans from both the individual and small group markets, consumer groups and trade associations. Three meetings were held, on February 15, February 22, and March 1, 2022, by conference call. Consensus recommendations were reached over the course of the meetings.

Dania Palanker, Chair	Georgetown
Cheryl Fish-Parcham	Families USA
Janice Davis	Producer
Robert Metz, Nikki Blake, Cory Bream, Dwayne Lucado, Jenifer Storm, Greg Sucher	CareFirst
Allison Mangiaracino, Denise Barton, Stephen Chuang, Sam Ongwen, Theresa Young	Kaiser Permanente
Keith Blecher	UnitedHealth Group
Chelsea Bishop, Melissa Cole, Bryan Connoles, Diane Ricciardi, Stevan Dobrasevic, Joni Weber, Joanna Kluza	Aetna
Staff Advisors & Support	
Mary Beth Senkewicz, Jenny Libster, Katie Dzurec	HBX
Howard Liebers	DISB
Peter Scharl, Mary Adomshick	Oliver Wyman

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

**D.C. Health Benefit Exchange
Standard Plans Advisory Working Group
Platinum Plan 2022-2023**

Actuarial Value		88.99 89.89%	
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	

*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)

*** ~~Diabetes~~ A select list of diabetes supplies and medications within 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

	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	
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	

D.C. Health Benefit Exchange
Standard Plans Advisory Working Group
Gold Plan ~~2022~~2023

Actuarial Value			81.9581.92%	
Individual Overall Deductible			\$500	
Other individual deductibles for specific services				
Medical			\$500	
Prescription Drugs			\$0	
Dental			\$0	
Individual Out-of-Pocket Maximum			\$4,9505,800	
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)		\$525	
	Physician/Surgeon fee		\$75	
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	up to 5 days	X

*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)

***Diabetes—A select list of diabetes supplies and medications within 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.

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

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	

D.C. Health Benefit Exchange
Standard Plans Advisory Working Group
Silver Plan ~~2022~~2023

Actuarial Value		71.95%	
Individual Overall Deductible		\$4,2505,200	
Other individual deductibles for specific services			
Medical		\$4,0004,850	
Prescription Drugs		\$250350	
Dental		\$0	
Individual Out-of-Pocket Maximum		\$8,2508,850	
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)	\$300400	
Drugs to treat Illness or Condition***	Generic	\$1520	
	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)	\$350400	X
	Emergency medical transportation	\$350400	X
	Urgent Care	\$90	
Hospital Stay	Facility fee (e.g. hospital room)	20%	X
	Physician/surgeon fee	20%	X
Mental/Behavioral Health	M/B office visits	\$40	
	M/B outpatient services	\$40	
	M/B inpatient services	20%	X
Health, Substance Abuse needs	Substance abuse disorder office visits	\$40	
	Substance abuse disorder outpatient services	\$40	
	Substance abuse disorder inpatient services	20%	X
Pregnancy	Prenatal care and preconception services		\$0
	Delivery and all inpatient services	Hospital	20%
		Professional	X

*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)

***Diabetes-A select list of diabetes supplies and medications within 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	

D.C. Health Benefit Exchange
Standard Plans Advisory Working Group
Bronze Copay Plan ~~2022~~2023

Actuarial Value		64. 95 <u>91</u> %	
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 <u>\$9,100</u>	
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 <u>45</u>	
	Specialist visit	\$125 <u>105</u>	
	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 <u>45</u>	
	M/B outpatient services	\$0	
	M/B inpatient services	40%	X
Health, Substance Abuse needs	Substance abuse disorder office visits	\$60 <u>45</u>	
	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	

*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 \(1x per year\)](#)

***~~Diabetes~~ A select list of diabetes supplies and medications within 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.](#)

***~~Coin~~Insurance 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	

D.C. Health Benefit Exchange
Standard Plans Advisory Working Group
HSA Bronze Plan ~~2022~~2023

Actuarial Value		64. 99 <u>56</u> %	
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		X
	Delivery and all inpatient services	Hospital	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	X
	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	