DC Health Benefit Exchange

Plan Year 2025 Standard Plans

| Marie | | | | | | Stallual u Flails | | | | | | | | |
|---|---|--|--------------------------|------------------|--|-------------------|----------|---------|---------|--------------|---------|------------|---|--|
| Part | DC Health Benefit Exchange, Standard Plans, PY2025***** | | | Platinum | | Gold | | Silver | | Bronze Copay | | Bronze HSA | | |
| Common Montainal Devolutional Towards 1985 19 | | | | | | | | | | | | | | |
| Montange | | | | \$0 | | \$500 | | \$5,200 | | \$8,350 | | \$6,350 | | |
| The control of the | | | | | | | | | | | | | | |
| Secondary Seco | Medical | | | | | | | | | | | | | |
| Common Medical Forces Service Type Service Ty | Prescription Drugs | | | | | | | | | | | | | |
| Common Medical Petrol Production Common Medical Petrol Production Common Medical Petrol Production Common Medical Petrol Common Medica | | | | \$0 | | · · | | | | | | | | |
| Common Medical Event Common Medical Even | Individual Out-of-Pocket Maximum | | | | | | | | | | | | | |
| Marie Mari | Common Medical Event | Service Type | | | | | | | | | | | | |
| Cold | | | | | | | Applies | | Applies | | Applies | | | |
| or Cition (vist** Special visit Special vi | Health Care Provider's Office | | tioner visit to treat an | | | | | | | | | | | |
| Preventive carb, recensing immunication | | | | | | | | | | \$105 | | | Χ | |
| Triss Registrict Start | | | | | | | | | | | | | | |
| Marging (CT/PET Years, Mits) 5150 520 5400 5500 X 200 X | | Laboratory tests** | | | | | | | | | | | | |
| Condition Section Se | Tests | X-rays and diagnostic imaging | | \$40 | | | | \$80 | | \$80 | Х | 20% | X | |
| Drigos to travel filenses Condition | | Imaging (CT/PET scans, MRIs) | | \$150 | | | | \$400 | | \$500 | X | 20% | Χ | |
| Condition Non-preferred Brand \$25 \$70 \$70 \$X \$3.00 \$X \$200 \$X \$500 \$X \$500 \$X \$200 \$X \$500 \$X \$200 \$X \$500 \$X \$200 \$X \$200 | | Generic | | | | | | | | | | 20% | Х | |
| Specialty Spec | Drugs to treat Illness or | Preferred brand | | | | | | | | | | | | |
| Compatient Surgery Sacility See (e.g. hospital room) \$550 \$375 20% X 40% X 20% X | Condition*** | Non-preferred Brand | | \$25 | | \$70 | | \$70 | Х | \$100 | Х | 20% | Х | |
| Magnetine Magnetine So S125 20% X 40% X 20% X | | | | \$100 | | \$150 | | \$150 | Х | \$150 | Х | 20% | Х | |
| Durpatient Non-surgical Non-surg | Outnationt Surgery | Facility fee (e.g. hospital room) | | \$250 | | \$375 | | 20% | Х | 40% | Х | 20% | Х | |
| Clinic Visit**** The outpatient department of a hospital/hospital clinic S75 S75 S75 S75 X 40% X 20% X | Outpatient Surgery | | | \$0 | | \$125 | | 20% | Х | 40% | Х | 20% | X | |
| Clinic Visit | Outpatient Non-surgical | Non-surgical service, not otherwise elaborated herein, rendered in | | 675 | | 675 | <u> </u> | 300/ | | 400/ | | 300/ | | |
| Seed immediate Attention | Clinic Visit**** | the outpatient department of a hospital/hospital clinic | | \$/5 | | \$/5 | | 20% | X | 40% | Χ | 20% | X | |
| Urgent Care | Need Immediate Attention | Emergency room services (waived if admitted) | | \$150 | | \$300 | | \$400 | Х | 40% | Х | 20% | Х | |
| Facility fee (e.g. hospital room) | | Emergency medical transportation | | \$150 | | \$300 | | \$400 | Х | 40% | Х | 20% | Х | |
| Hospital Stay 10.5 days | | Urgent Care | | \$40 | | \$60 | | \$90 | | \$100 | | 20% | Х | |
| Hospital Stay Physician/Surgeon fee 10.5 days | Hospital Stay | Facility fee (e.g. hospital room) | | \$250 per day up | | \$600 per day up | V | 200/ | V | 400/ | V | 200/ | V | |
| MB office visits | | | | to 5 days | | to 5 days | ^ | 20% | ^ | 40% | ^ | 20% | ^ | |
| Mental/Behavioral Health | | Physician/surgeon fee | | \$0 | | \$0 | Х | 20% | Х | 40% | Х | 20% | Χ | |
| MyB inpatient services | | M/B office visits | | \$20 | | \$25 | | \$40 | | \$45 | | 20% | Х | |
| M/B inpatient services | | M/B outpatient services | | \$20 | | \$25 | | \$0 | | \$0 | | 20% | Х | |
| Myle Inpatient Services Professional So So X 20% X 40% X 20% 20% 20% 20% 20% 20% 20% 20% 20% 20% 20% 20% | Mental/Behavioral Health | | Hespital | \$250 per day up | | \$600 per day up | V | 200/ | V | 400/ | V | 200/ | V | |
| Substance abuse disorder original services S20 S25 S40 S45 20% X | | M/B inpatient services | поѕрітаі | to 5 days | | to 5 days | ^ | 20% | ^ | 40% | ^ | 20% | ^ | |
| Substance Abuse needs Substance abuse disorder outpatient services Substance abuse disorder inpatient services Hospital S250 per day up to 5 days X 20% X 40% X 20% X X 20% X X X X X X X X X | | | Professional | \$0 | | \$0 | Χ | 20% | Х | 40% | Х | 20% | X | |
| Substance abuse disorder inpatient services Hospital S250 per day up to 5 days S600 per day up to 5 days X 20% | | Substance abuse disorder office visits | | \$20 | | \$25 | | \$40 | | \$45 | | 20% | X | |
| Substance abuse disporter in partient Hospital 10.5 days 1 | | Substance abuse disorder outpatient serv | vices | \$20 | | \$25 | | \$0 | | \$0 | | 20% | Х | |
| Services Professional So So X 20% X 40% X 20% X | Substance Abuse needs | 1 | Hespital | \$250 per day up | | \$600 per day up | V | 200/ | V | 400/ | V | 200/ | v | |
| Professional So | | | поѕрітаі | to 5 days | | to 5 days | ^ | 20% | ^ | 40% | ^ | 20% | ^ | |
| Pregnancy Delivery and all inpatient services Hospital \$250 per day up to 5 days X 20% X 40% X 20% | | Sel vices | Professional | \$0 | | \$0 | Χ | 20% | Χ | 40% | X | 20% | X | |
| Delivery and all inpatient services | | Prenatal care and preconception services | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | X | |
| Delivery and all inpatient services 10 5 days 10 | Pregnancy | Delivery and all inpatient services | Hospital | \$250 per day up | | \$600 per day up | | 200/ | | 400/ | v | 200/ | | |
| Home health care | | | поѕрітаі | to 5 days | | to 5 days | ^ | 20% | ^ | 40% | ^ | 20% | ^ | |
| Cutpatient rehabilitation services \$20 | | | Professional | | | \$0 | Х | | Х | 40% | Х | 20% | Х | |
| Outpatient habilitation services \$20 | Help recovering or other special health needs | Home health care | | \$20 | | \$30 | | \$50 | | \$50 | Х | 20% | Х | |
| Skilled nursing care | | Outpatient rehabilitation services | | \$20 | | \$30 | | \$65 | | \$50 | Х | 20% | X | |
| Skilled nursing care S150 per day up to 5 days 20% X 40% X 20% 2 | | Outpatient habilitation services | | | | | | \$65 | | \$50 | Х | 20% | X | |
| Skilled Hulsing Care Lo 5 days Lo 5 | | Chilled nursing care | | \$150 per day up | | \$300 per day up | | 200/ | | 400/ | v | 200/ | v | |
| Hospice services | | Skilled Hurshig care | | | | | | 20% | ^ | 40% | ^ | | ^ | |
| Eye exam So So So So So So So S | | Durable medical equipment | | 10% | | 20% | | 20% | | 40% | Х | 20% | X | |
| 1 pair of glasses per year (or contact lenses in lieu of glasses) 50 \$0 \$0 \$0 \$0 \$0 \$0 \$0 | | Hospice services | | | | | | \$0 | | 40% | Х | | | |
| Ienses in lieu of glasses) | Child eye care | | | \$0 | | \$0 | | \$0 | | \$50 | | \$50 | | |
| Enses in lieu of glasses) | | 1 pair of glasses per year (or contact | | ćo | | ćo | | ćo | | ćo | | ćo | | |
| Preventive Preventive Cleaning So So So So So So So S | | lenses in lieu of glasses) | | | | \$0 | | \$0 | | \$0 | | \$0 | | |
| Child Dental Diagnostic and Preventive Preventive Preventive \$0 | Child Dental Diagnostic and Preventive | Oral Exam | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | |
| Preventive Sealants per tooth \$0 \$0 \$0 \$0 \$0 Topical fluoride application \$0 | | Preventive – cleaning | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | |
| Topical fluoride application \$0 \$0 \$0 \$0 | | Preventive- x-ray | | \$0 | | | | \$0 | | \$0 | | \$0 | | |
| | | Sealants per tooth | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | |
| Space Maintainers – Fixed \$0 | | Topical fluoride application | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | |
| | | Space Maintainers – Fixed | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | |

DC Health Benefit Exchange

| DC Health Benefit Exchange, Standard Plans, PY2025***** | | Platinum | Gold | Silver | Bronze Copay | Bronze HSA |
|---|--|----------|---------|---------|--------------|------------|
| Child Dental Basic Services | Amalgam Fill – 1 surface | \$25 | \$25 | \$25 | \$41 | \$41 |
| | Root canal – molar | \$300 | \$300 | \$300 | \$512 | \$512 |
| | Gingivectomy per Quad | \$150 | \$150 | \$150 | \$279 | \$279 |
| | Extraction – single tooth exposed root | \$65 | \$65 | \$65 | \$69 | \$69 |
| | Extraction – complete bony | \$160 | \$160 | \$160 | \$241 | \$241 |
| | Porcelain with Metal Crown | \$300 | \$300 | \$300 | \$523 | \$523 |
| Child Orthodontics | Medically necessary orthodontics | \$1,000 | \$1,000 | \$1,000 | \$3,422 | \$3,422 |

^{*}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.

- 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)

^{**}For a person with a primary diagnosis of Type 2 diabetes, the following lab services are provided with no cost-sharing:

^{***} A select list of diabetes supplies and medications within the diabetic agents drug class, as defined by the carrier, select drug classes, select agents within the drug class and a select list of hypertensive medications within the drug class, as defined by the carrier, 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

^{*****} Treatment of mental health conditions for children 18 and under will be provided with \$5 cost-sharing as reflected in the Pediatric Mental Health Cost Sharing Treatment Recommendation.

^{*****}Treatment of cardiovascular and cerebovascular disease will be provided with \$0 cost-sharing as reflected in the Appendix of the Whitman Walker report on "Evaluating Coverage Needs for Cardiovascular and Cerebrovascular Disease Among Communities of Color in the District of Columbia."