

Standard Plans, PY2024*****		Platinum		Gold		Silver		Bronze Copay		Bronze HSA	
Actuarial Value		91.72%		81.87%		70.46%		64.95%		64.92%	
Individual Overall Deductible		\$0		\$500		\$5,200		\$8,350		\$6,350	
Other Individual Deductibles for Specific Services											
Medical		\$0		\$500		\$4,850		\$7,500		\$6,350	
Prescription Drugs		\$0		\$0		\$350		\$850		Integrated with Medical	
Dental		\$0		\$0		\$0		\$0		\$0	
Individual Out-of-Pocket Maximum		\$2,000		\$5,800		\$8,850		\$9,150		\$7,200	
Common Medical Event	Service Type	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	Member Cost Share	Deductible Applies	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		\$25		\$40		\$45		20%	X
	Specialist visit	\$40		\$50		\$80		\$105		20%	X
	Preventive care/screening/immunization	\$0		\$0		\$0		\$0		\$0	
Tests	Laboratory tests**	\$20		\$30		\$60		\$55	X	20%	X
	X-rays and diagnostic imaging	\$40		\$50		\$80		\$80	X	20%	X
	Imaging (CT/PET scans, MRIs)	\$150		\$250		\$400		\$500	X	20%	X
Drugs to treat Illness or Condition***	Generic	\$5		\$15		\$20		\$25		20%	X
	Preferred brand	\$15		\$50		\$50	X	\$75	X	20%	X
	Non-preferred Brand	\$25		\$70		\$70	X	\$100	X	20%	X
	Specialty	\$100		\$150		\$150	X	\$150	X	20%	X
Outpatient Surgery	Facility fee (e.g. hospital room)	\$250		\$375		20%	X	40%	X	20%	X
	Physician/Surgeon fee	\$0		\$125		20%	X	40%	X	20%	X
Outpatient Non-surgical Clinic Visit****	Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic	\$75		\$75		20%	X	40%	X	20%	X
Need Immediate Attention	Emergency room services (waived if admitted)	\$150		\$300		\$400	X	40%	X	20%	X
	Emergency medical transportation	\$150		\$300		\$400	X	40%	X	20%	X
	Urgent Care	\$40		\$60		\$90		\$100		20%	X

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Hospital Stay	Facility fee (e.g. hospital room)		\$250 per day up to 5 days		\$600 per day up to 5 days	X	20%	X	40%	X	20%	X
	Physician/surgeon fee		\$0		\$0		20%	X	40%	X	20%	X
Mental/Behavioral Health	M/B office visits		\$20		\$25		\$40		\$45		20%	X
	M/B outpatient services		\$20		\$25		\$0		\$0		20%	X
	M/B inpatient services	Hospital	\$250 per day up to 5 days		\$600 per day up to 5 days	X	20%	X	40%	X	20%	X
		Professional	\$0		\$0		20%	X	40%	X	20%	X
Substance Abuse needs	Substance abuse disorder office visits		\$20		\$25		\$40		\$45		20%	X
	Substance abuse disorder outpatient services		\$20		\$25		\$0		\$0		20%	X
	Substance abuse disorder inpatient services	Hospital	\$250 per day up to 5 days		\$600 per day up to 5 days	X	20%	X	40%	X	20%	X
		Professional	\$0		\$0		20%	X	40%	X	20%	X
Pregnancy	Prenatal care and preconception services		\$0		\$0		\$0		\$0		\$0	X
	Delivery and all inpatient services	Hospital	\$250 per day up to 5 days		\$600 per day up to 5 days	X	20%	X	40%	X	20%	X
		Professional	\$0		\$0		20%	X	40%	X	20%	X
Help recovering or other special health needs	Home health care		\$20		\$30		\$50		\$50	X	20%	X
	Outpatient rehabilitation services		\$20		\$30		\$65		\$50	X	20%	X
	Outpatient habilitation services		\$20		\$30		\$65		\$50	X	20%	X
	Skilled nursing care		\$150 per day up to 5 days		\$300 per day up to 5 days		20%	X	40%	X	20%	X
	Durable medical equipment		10%		20%		20%		40%	X	20%	X
	Hospice services		\$0		\$0		\$0		40%	X	20%	X
Child eye care	Eye exam		\$0		\$0		\$0		\$50		\$50	
	1 pair of glasses per year (or contact lenses in lieu of glasses)		\$0		\$0		\$0		\$0		\$0	

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Child Dental Diagnostic and Preventive	Oral Exam		\$0	\$0	\$0	\$0	\$0
	Preventive – cleaning		\$0	\$0	\$0	\$0	\$0
	Preventive- x-ray		\$0	\$0	\$0	\$0	\$0
	Sealants per tooth		\$0	\$0	\$0	\$0	\$0
	Topical fluoride application		\$0	\$0	\$0	\$0	\$0
	Space Maintainers – Fixed		\$0	\$0	\$0	\$0	\$0
Child Dental Basic Services	Amalgam Fill – 1 surface		\$25	\$25	\$25	\$41	\$41
Child Dental Major Services	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.

**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)

*** A select list of diabetes supplies and medications within the diabetic agents 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 Treatment Scenario, see below.

\$5 COPAYMENT FOR PEDIATRIC MENTAL HEALTH SERVICES IN STANDARD PLANS

1. Mental Health Services and Medications with Modified Cost Sharing

For ALL mental health conditions.

- Includes all primary diagnosis codes beginning with F (not secondary or lower), see ICD-10 CM online at [Comprehensive Listing ICD-10-CM Files \(cdc.gov\)](https://www.cdc.gov/icd10/cm/2019/01-2019-combined-diagnostic-codes.html)
- For visits, we are not differentiating between visit types for initial assessments, medical evaluation and management visits, and follow-up therapy visits. We have CPT codes that correspond to all visit types and all modalities, e.g., telehealth.

2. Ages Covered

Up to 19th birthday, consistent with pediatric ACA services.

3. Cost-Sharing

\$5 Copay for All Services (including drugs and labs in treatment scenario below)

4. Bronze HSA Plan

No modification to Bronze HSA plan (which must comply with federal law).

5. Compliance with Federal Law

All modifications are conditioned on compliance with applicable federal laws. HBX will work with carriers to ensure compliance.

UNIFIED TREATMENT SCENARIO FOR ADDRESSING MENTAL HEALTH CONDITIONS AMONG CHILDREN IN DC

For encounters with All ICD-10 F codes (all mental health conditions) among patients up to 19th birthday:

VISIT TYPES	CPT CODES	SERVICE TYPES	SPECIALTY	DESCRIPTION OF INCLUDED SERVICES
New, Follow up	11981 90791 90792 90832 90833 90834 90835 90836 90837 90838 90839 90840 90846 90847 90853 96127 99202 99203 99204 99205 99211 99212 99213 99214 99215 99244 99245 99354 99355 99442 99443 99484 99492 99493 99494	Primary Care, Mental Health Care	Behavioral Health/Psychiatry; Internal Medicine/Infectious Disease/Family Medicine/Gynecology/Endocrinology	New medical visit; New patient, screening/assessment; Evaluation and management; Psychotherapy crisis; Individual therapy; Family/Group therapy

Related services for gender dysphoria only:

RELATED SERVICES TO BE COVERED WITH \$5 COST SHARING		CPT CODE
Laboratory Tests	Testosterone (free and total)	84402, 84403
	Estradiol	82670, 30289
	Hemoglobin and hematocrit (or complete blood count)	85014, 85018, 85025
	Comprehensive metabolic panel	80053
	25 OH-D Vitamin D	82306
	Lipid panel	80061
	Luteinizing hormone and follicle-stimulating hormone	83001, 83002
	Prolactin	84146
Imaging	DEXA scan	77080
	Bone age x-ray	77072
Procedures	Hormone therapy injection	96372

Related to RX for \$5 cost sharing:

Medications (developed based on treatment of most prevalent mental health conditions, but not limited to use with these conditions: anxiety, PTSD, depression, gender dysphoria, ADHD, and conduct disorders among patients 18 years of age and under).

- When the Coverage Type is listed as Class, there have been no exclusions of drugs within the class.
- When the Coverage Type is listed as Selected Medication(s), only selected drugs within the class are eligible for reduced cost sharing.
- Not all drugs in a class are required to be covered at the lower cost sharing level.
- Additionally, a carrier is not required to change the drugs that are on the carrier’s formulary.

MEDICATION CLASS/GROUP	COVERAGE TYPE
SSRIs	Class (Carrier flexibility to select drugs from their formulary)
SNRIs	Class (Carrier flexibility to select drugs from their formulary)
Atypical antidepressants	Class (Carrier flexibility to select drugs from their formulary)
Anti-hypertensives	Selected Medication: Prazosin
Atypical anxiolytics	Class (Carrier flexibility to select drugs from their formulary)
Alpha agonists	Selected Medications: Clonidine, Clonidine ER, Guanfacine, Guanfacine ER
Beta blockers	Selected Medication: Propranolol
Anti-manic agents	Class (Carrier flexibility to select drugs from their formulary)
Stimulants	Class (Carrier flexibility to select drugs from their formulary)
Anti-psychotics	Selected Medications: Quetiapine, Aripiprazole, Brexpiprazole, Lurasidone
GnRH analogs	Class (Carrier flexibility to select drugs from their formulary)
Sex hormones	Class (Carrier flexibility to select drugs from their formulary)
Nonsteroidal anti-androgens	Class (Carrier flexibility to select drugs from their formulary)
5-alpha reductase inhibitors	Class (Carrier flexibility to select drugs from their formulary)