			Platinum		Gold		Silver		Bronze	
Actuarial Value			91.94%		81.93%		71.88%		64.93%	
Individual Overall Deductible			$0		$500		$5,200		$8,350	
Other Individual Deductibles for Specific Services										
Medical			$0		$500		$4,850		$7,500	
Prescription Drugs			$0		$0		$350		$1,000	
Dental			$0		$0		$0		$0	
Individual Out-of-Pocket Maximum			$3,600		$7,950		$10,500		$11,500	
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**
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	
	Specialist visit		$40		$50		$80		$105	
	Preventive care/screening/immunization		$0		$0		$0		$0	
Tests*	Laboratory tests		$30		$40		$60		$55	X
	X-rays and diagnostic imaging		$50		$60		$80		$80	X
	Imaging (CT/PET scans, MRIs)		$200		$250		$400		$500	X
Drugs to treat Illness or Condition*	Generic		$5		$15		$20		$25	
	Preferred brand		$15		$50		$50	X	$75	X
	Non-preferred Brand		$25		$70		$70	X	$100	X
	Specialty		$100		$150		$150	X	$150	X
Outpatient Surgery	Facility fee (e.g. hospital room)		$250		$375		20%	X	40%	X
	Physician/Surgeon fee		$100		$175		20%	X	40%	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
Need Immediate Attention	Emergency room services (waived if admitted)		$200		$300		$400	X	40%	X
	Emergency medical transportation		$150		$300		$400	X	40%	X
	Urgent Care		$40		$60		$90		$105	
Hospital Stay	Facility fee (e.g. hospital room)		$300 per day up to 5 days		$600 per day up to 5 days	X	20%	X	40%	X
	Physician/surgeon fee		$0		$0	X	20%	X	40%	X
Mental/Behavioral Health*	M/B office visits		$20		$25		$40		$45	
	M/B outpatient services		$20		$25		$0		$0	
	M/B inpatient services	Hospital	$300 per day up to 5 days		$600 per day up to 5 days	X	20%	X	40%	X
		Professional	$0		$0	X	20%	X	40%	X
Substance Abuse needs	Substance abuse disorder office visits		$20		$25		$40		$45	
	Substance abuse disorder outpatient services		$20		$25		$0		$0	
	Substance abuse disorder inpatient services	Hospital	$300 per day up to 5 days		$600 per day up to 5 days	X	20%	X	40%	X
		Professional	$0		$0	X	20%	X	40%	X
Pregnancy	Prenatal care and preconception services		$0		$0		$0		$0	
	Delivery and all inpatient services	Hospital	$300 per day up to 5 days		$600 per day up to 5 days	X	20%	X	40%	X
		Professional	$0		$0	X	20%	X	40%	X
Help recovering or other special health needs	Home health care		$20		$30		$50		$50	X
	Outpatient rehabilitation services		$30		$40		$65		$50	X
	Outpatient habilitation services		$30		$40		$65		$50	X
	Skilled nursing care		$200 per day up to 5 days		$300 per day up to 5 days		20%	X	40%	X
	Durable medical equipment		10%		20%		20%		40%	X
	Hospice services		$0		$0		$0		40%	X

			Platinum		Gold		Silver		Bronze	
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**
Child eye care	Eye exam		$0		$0		$0		$45	
	1 pair of glasses per year (or contact lenses in lieu of glasses)		$0		$0		$0		$0	
Child Dental Diagnostic and Preventive	Oral Exam		$0		$0		$0		$0	
	Preventive – cleaning		$0		$0		$0		$0	
	Preventive- x-ray		$0		$0		$0		$0	
	Sealants per tooth		$0		$0		$0		$0	
	Topical fluoride application		$0		$0		$0		$0	
	Space Maintainers – Fixed		$0		$0		$0		$0	
Child Dental Basic Services	Amalgam Fill – 1 surface		$25		$25		$25		$41	
Child Dental Major Services	Root canal – molar		$300		$300		$300		$512	
	Gingivectomy per Quad		$150		$150		$150		$279	
	Extraction – single tooth exposed root		$65		$65		$65		$69	
	Extraction – complete bony		$160		$160		$160		$241	
	Porcelain with Metal Crown		$300		$300		$300		$523	
Child Orthodontics	Medically necessary orthodontics		$1,000		$1,000		$1,000		$3,422	

*At all metal levels, **copays for selected health care services and prescription drugs and supplies** are lower than those shown above. Lower copays apply to selected services and items for the treatment of: (1) Type 2 diabetes, (2) pediatric mental health, (3) cardiovascular and cerebrovascular disease, and (4) HIV.

Treatment of Type 2 diabetes is provided with $0 cost sharing as specified in the Diabetes Treatment Recommendation found in "Recommendations of the Standard Plans Advisory Working Group to the District of Columbia Health Benefit Exchange Authority" dated November 8, 2021. See pages 7-8. Report

Treatment of mental health conditions for children 18 and under is provided with $5 cost sharing as specified in the Pediatric Mental Health Treatment Recommendation found in "Recommendations of the Standard Plans Advisory Working Group to the District of Columbia Health Benefit Exchange Authority" dated March 6, 2023. See Attachment A, page 9 of 14. Report

Treatment of cardiovascular and cerebrovascular disease is provided with $0 cost sharing as specified in the Cardiovascular and Cerebrovascular Disease Treatment Recommendation found in "Addendum to the Recommendations of the Standard Plans Advisory Working Group to the District of Columbia Health Benefit Exchange Authority" dated December 29, 2023. See pages 1-3. Report

Treatment of Human Immunodeficiency Virus (HIV) is provided with $0 cost sharing as specified in the HIV Treatment Recommendation found in "Recommendations of the Standard Plans Advisory Working Group to the District of Columbia Health Benefit Exchange Authority" dated November 14, 2024. See page 4. Report