Standard Plans Advisory Working Group
Platinum Plan 2020

Actuarial Value		89.59%	
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	
	Delivery and all inpatient services: Professional		

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

Help recovering or other special health needs	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 2020

Actuarial Value			81.94%	
Individual Overall Deductible			$0	
Other individual deductibles for specific services				
Medical			$500	
Prescription Drugs			$0	
Dental			$0	
Individual Out-of-Pocket Maximum			$4,650	
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)		$600	
	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)		$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		X

*Copay 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	

Standard Plans Advisory Working Group
Silver Plan 2020

Actuarial Value			71.95%	
Individual Overall Deductible			$4,250	
Other individual deductibles for specific services				
Medical			$4,000	
Prescription Drugs			$250	
Dental			$0	
Individual Out-of-Pocket Maximum			$8,000	
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		$40	
	Specialist visit		$80	
	Preventive care/screening/immunization		$0	
Tests	Laboratory tests		$60	
	X-rays and diagnostic imaging		$80	
	Imaging (CT/PET scans, MRIs)		$300	
Drugs to treat Illness or Condition	Generic		$15	
	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)		$350	X
	Emergency medical transportation		$350	X
	Urgent Care		$90	
Hospital Stay	Facility fee (e.g. hospital room)		20%	X
	Physician/surgeon fee			X
Mental/Behavioral Health	M/B office visits		$40	
	M/B outpatient services		$0	
	M/B inpatient services		20%	X
Health, Substance Abuse needs	Substance abuse disorder office visits		$40	
	Substance abuse disorder outpatient services		$0	
	Substance abuse disorder inpatient services		20%	X
Pregnancy	Prenatal care and preconception services		$0	
	Delivery and all inpatient services	Hospital	20%	X
		Professional		X

*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	

Standard Plans Advisory Working Group
Bronze Copay Plan 2020

Actuarial Value			64.96%	
Individual Overall Deductible			$7,800	
Other individual deductibles for specific services				
Medical			$7,150	
Prescription Drugs			$650	
Dental			$0	
Individual Out-of-Pocket Maximum			$8,200	
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		$55	
	Specialist visit		$100	
	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)		30%	X
	Physician/Surgeon fee		30%	X
Outpatient Non-surgical Clinic Visit*	Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic		30%	X
Need Immediate Attention	Emergency room services		30%	X
	Emergency medical transportation		30%	X
	Urgent Care		$100	
Hospital Stay	Facility fee (e.g. hospital room)		30%	X
	Physician/surgeon fee		30%	X
Mental/Behavioral Health	M/B office visits		$55	
	M/B outpatient services		$0	
	M/B inpatient services		30%	X
Health, Substance Abuse needs	Substance abuse disorder office visits		$55	
	Substance abuse disorder outpatient services		$0	
	Substance abuse disorder inpatient services		30%	X
Pregnancy	Prenatal care and preconception services		$0	
	Delivery and all inpatient services	Hospital	30%%	X
		Professional		X

*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)	$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	

Standard Plans Advisory Working Group
HSA Bronze Plan 2020

Actuarial Value		63.13%	
Individual Overall Deductible		$6,200	
Other individual deductibles for specific services			
Medical		$6,200	
Prescription Drugs		Integrated with Medical	
Dental		$0	
Individual Out-of-Pocket Maximum		$6,550	
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	$0	X
	Delivery and all inpatient services – Hospital	20%	X
	Delivery and all inpatient services – Professional		X

*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	
	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	