Attachment One Standard Plans Advisory Working Group Report 4-4-16

Standard Plans Advisory Working Group Draft Platinum Plan 2016/2017

Individual Overall Deductible Other individual deutibles for specific services	Actuarial Value		89.40 <u>90.99</u> %	
Medical Prescription Drugs S0	Individual Overall Deductible		\$0	
Prescription Drugs S0 Dental S0	Other individual ded	uctibles for specific services		
Individual Out-of-Pocket Maximum S2,000		Medical	\$0	
Individual Out-of-Pocket Maximum \$2,000 Member Cost Share Primary care visit or non-specialist practitioner visit to treat an injury or illness \$20 Preventive care/screening/immunization \$0 Preventive care/screening/immunization \$150 Preferred brand \$150 Preferred brand \$150 Preferred brand \$150 Preferred brand \$25 Preferred brand	Prescription Drugs		\$0	
Common Medical Event Service Type Member Cost Share Applies		= 0.000	7.0	
Event Service Type Cost Share Applies		cket Maximum	\$2,000	
Primary care visit or non-specialist practitioner visit to treat an injury or illness \$40	Common Medical			
Provider's Office or Clinic visit Specialist visit Preventive care/screening/immunization Specialist visit Preventive care/screening/immunization Specialist visit Preventive care/screening/immunization Specialist X-rays and diagnostic imaging Imaging (CT/PET scans, MRIs Specialist Specialist Non-preferred brand Non-preferred Brand Speciality Special				Applies
or Clinic visit 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 Generic \$5 Preferred brand \$15 Non-preferred Brand \$25 Specialty \$100 Outpatient Surgery Facility fee (e.g. hospital room) \$250 Physician/Surgeon fee \$75 Non-surgical Stay 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 Mental/Behavioral M/B office visits \$20 M/B inpatient services \$250 per day up to 5 days Health, Substance Abuse needs Substance abuse disorder outpatient services \$250 per day up to 5 days Pregnancy Prenatal care and preconception services \$250 per day up to 5 days Delivery and all Hospital \$250 per day Urgent Care			\$20	
Tests Laboratory tests \$20				
Tests Laboratory tests X-rays and diagnostic imaging Imaging (CT/PET scans, MRIs Illness or Condition Preferred brand Non-preferred Brand Specialty Facility fee (e.g. hospital room) Physician/Surgeon fee Non-surgical Clinic Visit* Need Immediate Attention Emergency medical transportation Urgent Care Hospital Stay Mental/Behavioral Health M/B office visits M/B outpatient services Abuse needs Laboratory tests X-rays and diagnostic imaging \$40 Imaging (CT/PET scans, MRIs \$150 Specialty Spe	or Clinic visit	Specialist visit	\$40	
X-rays and diagnostic imaging \$40		Preventive care/screening/immunization		
Imaging (CT/PET scans, MRIs \$150	Tests		\$20	
Drugs to treat Generic S5 Preferred brand \$15 Non-preferred Brand \$25 Specialty \$100		X-rays and diagnostic imaging	\$40	
Preferred brand \$15 Non-preferred Brand \$25 Specialty \$100		Imaging (CT/PET scans, MRIs	\$150	
Preferred brand \$15 Non-preferred Brand \$25 Specialty \$100	Drugs to treat	Generic	\$5	
Specialty \$100 \$100		Preferred brand	\$15	
Facility fee (e.g. hospital room) \$250		Non-preferred Brand	\$25	
Physician/Surgeon fee Outpatient Non- surgical Clinic Visit* Need Immediate Attention Emergency room services (waived if admitted) Emergency medical transportation Urgent Care Facility fee (e.g. hospital room) Physician/surgeon fee M/B office visits M/B outpatient services M/B inpatient services Abuse needs Pregnancy Pregnancy Pregnancy Physician/surgeon fee S75 Non-surgical service, not otherwise elaborated S75 Non-surgical service, not otherwise elaborated S75 Non-surgical service, not otherwise elaborated S75 Non-surgical service (waived if admitted) S150 S150 Water S40 Facility fee (e.g. hospital room) Physician/surgeon fee up to 5 days S250 per day		Specialty	\$100	
Outpatient Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic Need Immediate Attention Emergency room services (waived if admitted) \$150 Hospital Stay Emergency medical transportation \$150 Hospital Stay Facility fee (e.g. hospital room) \$250 per day up to 5 days Mental/Behavioral Health M/B office visits \$20 M/B inpatient services \$250 per day up to 5 days Health, Substance Abuse needs Substance abuse disorder outpatient services \$20 Substance abuse disorder inpatient services \$20 Pregnancy Prenatal care and preconception services \$0 Delivery and all Hospital \$250 per day Belivery and all Hospital \$250 per day Belivery and all Hospital \$250 per day Belivery and all Hospital \$250 per day	Outpatient Surgery	Facility fee (e.g. hospital room)	\$250	
Need Immediate Emergency room services (waived if admitted) \$150		Physician/Surgeon fee		
Need Immediate Emergency room services (waived if admitted) \$150			<u>\$75</u>	
Need Immediate				
Attention Emergency medical transportation \$150 Urgent Care \$40 Hospital Stay Facility fee (e.g. hospital room) \$250 per day Physician/surgeon fee up to 5 days Mental/Behavioral Health M/B outpatient services \$20 M/B inpatient services \$250 per day up to 5 days Health, Substance Abuse needs Substance abuse disorder outpatient services \$20 Substance abuse disorder inpatient services \$20 Pregnancy Prenatal care and preconception services \$0 Delivery and all Hospital \$250 per day Substance abuse disorder inpatient services \$0 Pregnancy Prenatal care and preconception services \$0				
Hospital Stay Facility fee (e.g. hospital room) Physician/surgeon fee Mental/Behavioral Health M/B outpatient services M/B inpatient services M/B inpatient services Substance abuse disorder outpatient services Substance abuse disorder inpatient services Pregnancy Prenatal care and preconception services Delivery and all Hospital room) \$250 per day up to 5 days \$20 \$250 per day up to 5 days \$20 \$250 per day up to 5 days \$20 \$250 per day up to 5 days \$250 per day		Emergency room services (waived if admitted)	\$150	
Hospital Stay Facility fee (e.g. hospital room) Physician/surgeon fee Mental/Behavioral Health M/B office visits M/B outpatient services M/B inpatient services M/B inpatient services M/B inpatient services Substance abuse disorder outpatient services Substance abuse disorder inpatient services Substance abuse disorder inpatient services Pregnancy Prenatal care and preconception services Delivery and all Substance abuse disorder inpatient services	Attention	Emergency medical transportation	\$150	
Physician/surgeon fee up to 5 days		Urgent Care	\$40	
Mental/Behavioral Health	Hospital Stay	Facility fee (e.g. hospital room)	\$250 per day	
Mental/Behavioral Health M/B office visits \$20 Health M/B outpatient services \$20 M/B inpatient services \$250 per day up to 5 days Health, Substance Abuse needs Substance abuse disorder outpatient services \$20 Substance abuse disorder inpatient services \$20 per day up to 5 days Pregnancy Prenatal care and preconception services \$0 Delivery and all Hospital \$250 per day		Physician/surgeon fee	up to 5 days	
Health M/B outpatient services M/B inpatient services M/B inpatient services M/B inpatient services Substance abuse disorder outpatient services Substance abuse disorder inpatient services	Mental/Behavioral		<u>\$20</u>	
M/B inpatient services \$250 per day up to 5 days Health, Substance Abuse needs 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 Hospital \$250 per day		M/B outpatient services		
Health, Substance Abuse needs Substance abuse disorder outpatient services Substance abuse disorder inpatient		M/B inpatient services	\$250 per day	
Abuse needs Substance abuse disorder inpatient services Pregnancy Prenatal care and preconception services Delivery and all Hospital \$250 per day up to 5 days \$0 \$250 per day				
Pregnancy Prenatal care and preconception services \$0 Delivery and all Hospital \$250 per day		Substance abuse disorder outpatient services	7-0	
Delivery and all Hospital \$250 per day		•		
	Pregnancy		\$0	
inpatient services Professional up to 5 days				
*Copy may not apply in a staff model UMO satting		I .	up to 5 days	

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

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Help recovering or	Home health care	\$20
other special health	Outpatient rehabilitation services	\$20
needs	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	\$0
	of glasses)	
Child Dental	Oral Exam	\$0
Diagnostic and	Preventive - cleaning	\$0
Preventive	Preventive- x-ray	\$0
	Sealants per tooth	\$0
	Topical fluoride application	\$0
	Space Maintainers - Fixed	\$0
Child Dental Basic	Amalgam Fill – 1 surface	\$25
Services		
Child Dental Major	Root canal - molar	\$300
Services	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 New Recommendation Draft Gold Plan 2016 2017

Actuarial Value		78.7 81.89%	
Individual Overall Deductible		\$0	
Other individual deducti	bles for specific services		
	Medical	\$500	
Prescription Drugs Dental		\$0 \$0	
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	Generic	\$15	
Condition	Preferred brand	\$50	
	Non-preferred Brand	\$70	
	Specialty	20%	
Outpatient Surgery	Facility fee (e.g. hospital room)	\$600	
	Physician/Surgeon fee		
Outpatient Non-	Non-surgical service, not otherwise elaborated herein,	<u>\$75</u>	
Surgical Clinic Visit*	rendered in the outpatient department of a		
	hospital/hospital clinic		
Need Immediate	Emergency room services (waived if admitted)	\$250	
Attention	Emergency medical transportation	\$250	
	Urgent Care	\$60	
Hospital Stay	Facility fee (e.g. hospital room)	\$600 per day up	X
	Physician/surgeon fee	to 5 days	X
Mental/Behavioral	M/B office visits	\$25	
Health	M/B outpatient services	\$25	
	M/B inpatient services	\$600 per day up	X
		to 5 days	
Substance Abuse needs	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	
G√	Delivery and all Hospital	\$600 per day up	X
	inpatient services Professional	to 5 days	X

*Copay may not apply in staff model HMO setting.

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Help recovering or	Home health care	\$30	
other special health	Outpatient rehabilitation services	\$30	
needs	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	\$0	
	glasses)		
Child Dental	Oral Exam	\$0	
Diagnostic and	Preventive - cleaning	\$0	
Preventive	Preventive- x-ray	\$0	
	Sealants per tooth	\$0	
	Topical fluoride application	\$0	
	Space Maintainers - Fixed	\$0	
Child Dental Basic	Amalgam Fill – 1 surface	\$25	
Services			
Child Dental Major	Root canal - molar	\$300	
Services	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 Draft Silver Plan <u>2016</u>2017

Attachment Three

Actuarial Value		69.2 <u>71.72</u> %	
Individual Overall Deductible		N/A	
Other individual dedu	ctibles for specific services		
Medical		\$2,000	
	Prescription Drugs	\$250	
	Dental	\$0	
Individual Out-of-Pocl	ket Maximum	\$6,250	
Common Medical Event	Service Type	Member Cost Share	Deductible Applies
Health Care Provider's Office or	Primary care visit or non-specialist practitioner visit to treat an injury or illness	\$25	
Clinic visit	Specialist visit	\$50	
	Preventive care/screening/immunization	\$0	
Tests	Laboratory tests	\$45	
	X-rays and diagnostic imaging	\$65	
	Imaging (CT/PET scans, MRIs	\$250	
Drugs to treat Illness	Generic	\$15	
or Condition	Preferred brand	\$50	X
	Non-preferred Brand	\$70	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	<u>20%</u>	X
Need Immediate	Emergency room services (waived if admitted)	\$250	X
Attention	Emergency medical transportation	\$250	X
	Urgent Care	\$90	
Hospital Stay	Facility fee (e.g. hospital room)	20%	X
	Physician/surgeon fee		X
Mental/Behavioral	M/B office visits	<u>\$25</u>	
Health	M/B outpatient services	\$25 5%	
	M/B inpatient services	20%	X
Health, Substance	Substance abuse disorder outpatient services	\$25	
Abuse needs	Substance abuse disorder inpatient services	20%	X
Pregnancy	Prenatal care and preconception services	\$0	
	Delivery and all Hospital	20%	X
	inpatient services Professional		X

*Coinsurance may not apply in staff model HMO setting.

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Help recovering or Home health care	\$45	
other special health Outsetient askeliliteti		
other special health Outpatient rehabilitation	n services \$45	
needs Outpatient habilitation	services \$45	
Skilled nursing care	20% X	
Durable medical equip	ment 20%	
Hospice services	\$0	
Child eye care Eye exam	\$0	
1 pair of glasses per ye glasses)	ar (or contact lenses in lieu of \$0	
Child Dental Oral Exam	\$0	
Diagnostic and Preventive - cleaning	\$0	
Preventive Preventive- x-ray	\$0	
Sealants per tooth	\$0	
Topical fluoride applic	ation \$0	
Space Maintainers - F	xed \$0	
Child Dental Basic Amalgam Fill – 1 surf Services	sce \$25	
Child Dental Major Root canal - molar	\$300	
Services Gingivectomy per Qua	d \$150	
Extraction – single too	th exposed root or \$65	
Extraction – complete	oony \$160	
Porcelain with Metal C	rown \$300	
Child Orthodontics Medically necessary o	thodontics \$1,000	

Standard Plans Advisory Working Group Draft Bronze Plan 20162017

Attachment Four

Actuarial Value		61.3 <u>61.96</u> %	
Individual Overall Deductible		\$ 4,750 <u>5,300</u>	
Other individual dedu	ctibles for specific services		
	Medical	\$4,500 <u>5,000</u>	
Prescription Drugs		\$ 250 300	
	Dental	\$0	
Individual Out-of-Pocl	ket Maximum	\$ 6,850 7,150	
Common Medical Event	Service Type	Member Cost Share	Deductible Applies
Health Care Provider's Office or	Primary care visit or non-specialist practitioner visit to treat an injury or illness	\$50	
Clinic visit	Specialist visit	\$50	
	Preventive care/screening/immunization	\$0	
Tests	Laboratory tests	\$50	X
	X-rays and diagnostic imaging	\$50	X
	Imaging (CT/PET scans, MRIs	\$500	X
Drugs to treat Illness	Generic	\$25	
or Condition	Preferred brand	50%	X
	Non-preferred Brand	50%	X
	Specialty	50%	X
Outpatient Surgery	Facility fee (e.g. hospital room)	20%	X
	Physician/Surgeon fee	20%	X
Outpatient Non-	Non-surgical service, not otherwise elaborated herein,	<u>20%</u>	<u>X</u>
surgical Clinic Visit*	rendered in the outpatient department of a		
	hospital/hospital clinic		
Need Immediate	Emergency room services	20%	X
Attention	Emergency medical transportation	0	
	Urgent Care	\$50	
Hospital Stay	Facility fee (e.g. hospital room)	20%	X
	Physician/surgeon fee	20%	X
Mental/Behavioral	M/B office visits	<u>\$50</u>	
Health	M/B outpatient services	\$50 <u>10%</u>	
	M/B inpatient services	20%	X
Health, Substance	Substance abuse disorder outpatient services	\$50	
Abuse needs	1		X
Pregnancy	Prenatal care and preconception services	\$0	
<i>⊖</i> √	Delivery and all Hospital		Х
	inpatient services Professional	20%	Х

*Coinsurance may not apply in a staff model HMO setting,

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Help recovering or	Home health care (up to 90 visits for 4 hours per	\$0	X
other special health	calendar yr)		
needs	Outpatient rehabilitation services	\$50	X
	Outpatient habilitation services	\$50	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	\$0	
	glasses)		
Child Dental	Oral Exam	\$0	
Diagnostic and	Preventive - cleaning	\$0	
Preventive	Preventive- x-ray	\$0	
	Sealants per tooth	\$0	
	Topical fluoride application	\$0	
Child Dental Basic	Amalgam Fill – 1 surface	\$41	
Services			
Child Dental Major	Root canal - molar	\$512	
Services	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	