

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

Standard Plans Advisory Working Group
Draft Platinum Plan ~~2016~~2017

Actuarial Value		89.40 90.99%	
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		
<u>Outpatient Non-surgical Clinic Visit*</u>	<u>Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic</u>	<u>\$75</u>	
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	
	Physician/surgeon fee	up to 5 days	
Mental/Behavioral Health	<u>M/B office visits</u>	<u>\$20</u>	
	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	\$250 per day up to 5 days	
Pregnancy	Prenatal care and preconception services	\$0	
	Delivery and all inpatient services	\$250 per day up to 5 days	
	Hospital Professional		

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

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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
~~New Recommendation~~ Draft Gold Plan ~~2016~~2017

Actuarial Value		78.781.89%	
Individual Overall Deductible		\$0	
Other individual deductibles for specific services			
Medical		\$500	
Prescription Drugs		\$0	
Dental		\$0	
Individual Out-of-Pocket Maximum		\$3,500	
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	20%	
Outpatient Surgery	Facility fee (e.g. hospital room)	\$600	
	Physician/Surgeon fee		
<u>Outpatient Non-Surgical Clinic Visit*</u>	<u>Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic</u>	<u>\$75</u>	
Need Immediate Attention	Emergency room services (waived if admitted)	\$250	
	Emergency medical transportation	\$250	
	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	<u>M/B office visits</u>	<u>\$25</u>	
	M/B outpatient services	\$25	
	M/B inpatient services	\$600 per day up to 5 days	X
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	
	Delivery and all inpatient services	\$600 per day up to 5 days	X
	Hospital		X
	Professional		X

*Copay may not apply in staff model HMO setting.

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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
Draft Silver Plan ~~2016~~2017

Attachment Three

Actuarial Value		69.271.72 %	
Individual Overall Deductible		N/A	
Other individual deductibles for specific services			
Medical		\$2,000	
Prescription Drugs		\$250	
Dental		\$0	
Individual Out-of-Pocket Maximum		\$6,250	
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	\$45	
	X-rays and diagnostic imaging	\$65	
	Imaging (CT/PET scans, MRIs)	\$250	
Drugs to treat Illness or Condition	Generic	\$15	
	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
<u>Outpatient Non-surgical Clinic Visit*</u>	<u>Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic</u>	<u>20%</u>	<u>X</u>
Need Immediate Attention	Emergency room services (waived if admitted)	\$250	X
	Emergency medical transportation	\$250	X
	Urgent Care	\$90	
Hospital Stay	Facility fee (e.g. hospital room)	20%	X
	Physician/surgeon fee		X
Mental/Behavioral Health	<u>M/B office visits</u>	<u>\$25</u>	
	M/B outpatient services	<u>\$255%</u>	
	M/B inpatient services	20%	X
Health, Substance Abuse needs	Substance abuse disorder outpatient services	\$25	
	Substance abuse disorder inpatient services	20%	X
Pregnancy	Prenatal care and preconception services	\$0	
	Delivery and all inpatient services	20%	X
			X

*Coinsurance may not apply in staff model HMO setting.

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Help recovering or other special health needs	Home health care	\$45	
	Outpatient rehabilitation services	\$45	
	Outpatient habilitation services	\$45	
	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
Draft Bronze Plan ~~2016~~2017

Attachment Four

Actuarial Value		61,361.96%	
Individual Overall Deductible		\$4,7505,300	
Other individual deductibles for specific services			
Medical		\$4,5005,000	
Prescription Drugs		\$250300	
Dental		\$0	
Individual Out-of-Pocket Maximum		\$6,8507,150	
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	\$50	
	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 or Condition	Generic	\$25	
	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
<u>Outpatient Non-surgical Clinic Visit*</u>	<u>Non-surgical service, not otherwise elaborated herein, rendered in the outpatient department of a hospital/hospital clinic</u>	<u>20%</u>	<u>X</u>
Need Immediate Attention	Emergency room services	20%	X
	Emergency medical transportation	0	
	Urgent Care	\$50	
Hospital Stay	Facility fee (e.g. hospital room)	20%	X
	Physician/surgeon fee	20%	X
Mental/Behavioral Health	<u>M/B office visits</u>	<u>\$50</u>	
	M/B outpatient services	<u>\$5010%</u>	
	M/B inpatient services	20%	X
Health, Substance Abuse needs	Substance abuse disorder outpatient services	\$50	
	Substance abuse disorder inpatient services	20%	x
Pregnancy	Prenatal care and preconception services	\$0	
	Delivery and all inpatient services	20%	x
	Hospital Professional		x

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

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Help recovering or other special health needs	Home health care (up to 90 visits for 4 hours per calendar yr)	\$0	x
	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 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	