

**Standard Plans Advisory Working Group
Draft Platinum Plan 2016**

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|---|---|----------------------------|----------------------------|
| Actuarial Value | | 89.40% | |
| 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 | | |
| 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 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 | Hospital | \$250 per day up to 5 days |
| | | Professional | |
| 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% | |

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| | 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**

Attachment Three

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|---|---|--------------------------|---------------------------|---|
| Actuarial Value | | 69.2% | | |
| 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 | |
| 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 | M/B outpatient services | \$25 | | |
| | 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 | Hospital | 20% | x |
| | | Professional | | x |
| 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 | | |

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| 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**

Attachment Four

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|---|---|--------------------------|---------------------------|
| Actuarial Value | | 61.3% | |
| Individual Overall Deductible | | \$4,750 | |
| Other individual deductibles for specific services | | | |
| Medical | | \$4,500 | |
| Prescription Drugs | | \$250 | |
| Dental | | \$0 | |
| Individual Out-of-Pocket Maximum | | \$6,850 | |
| 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 |
| 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 | M/B outpatient services | \$50 | |
| | 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 | Hospital | 20% |
| | | Professional | |
| 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 | |

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| | 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 | |

**D.C. Health Benefit Exchange
Standard Plans Advisory Working Group
New Recommendation Draft Gold Plan 2016**

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|---|---|----------------------------|--------------------------------------|
| Actuarial Value | | 78.7% | |
| 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 | | |
| 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 | 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 | Hospital Professional | \$600 per day up to 5 days X X |
| 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 | |

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|---|---|---------|--|
| 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 | |