Standard Plans Advisory Working Group Draft Platinum Plan 2016

Actuarial Value		89.40%		
Individual Overall Deductible		\$0		
Other individual deductibles for specific services				
Medical		\$0		
Prescription Drugs		\$0		
	Dental	5	\$0	
Individual Out-of-Po	cket Maximum		\$2,000	
Common Medical			Member	Deductible
Event	Service T	ype	Cost Share	Applies
Health Care	Primary care vis	it or non-specialist practitioner	\$20	
Provider's Office	visit to treat an inj	ury or illness		
or Clinic visit	Specialist visit		\$40	
	Preventive care/sc	reening/immunization	\$0	
Tests	Laboratory tests		\$20	
	X-rays and diagno	stic imaging	\$40	
	Imaging (CT/PET	scans, MRIs	\$150	
Drugs to treat	Generic		\$5	
Illness or Condition	Preferred brand		\$15	
	Non-preferred Bra	nd	\$25	
	Specialty		\$100	
Outpatient Surgery	Facility fee (e.g. hospital room)		\$250	
	Physician/Surgeon fee			
Need Immediate	Emergency room services (waived if admitted)		\$150	
Attention	Emergency medic	al 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	M/B outpatient services		\$20	
Health	M/B inpatient serv		\$250 per day	
	1		up to 5 days	
Health, Substance Abuse needs	Substance abuse disorder outpatient services		\$20	
	Substance abuse dis-	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	
	inpatient services	Professional	up to 5 days	
Help recovering or	Home health care		\$20 \$20	
other special health		Outpatient rehabilitation services		
needs	Outpatient habilitati		\$20	
	Skilled nursing care		\$150 per day	
	Durable medical equ	inment	up to 5 days 10%	
	Durable incurcar equ	принент	10/0	

	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

Standard Plans Advisory Working Group Draft Silver Plan 2016

Attachment Three

Actuarial Value		69.2%	
Individual Overall Deductible		N/A	
Other individual deduc	ctibles for specific services		
Medical		\$2,000	
Prescription Drugs		\$250	
	Dental	\$0	
Individual Out-of-Pock	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
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 outpatient services	\$25	· <u>-</u>
Health	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 Hospital	20%	X
	inpatient services Professional		X
Help recovering or	Home health care	\$45	
other special health	Outpatient rehabilitation services	\$45	
needs	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	\$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 Bronze Plan 2016

Attachment Four

Actuarial Value			61.3%	
Individual Overall Deductible			\$4,750	
Other individual deductibles for specific services			ψ 1,730	
Medical			\$4,500	
Prescription Drugs			\$250	
Dental			\$0	
Individual Out-of-Pocl	ket Maximum		\$6,850	
Common Medical			Member Cost	Deductible
Event	Service Typ	oe e	Share	Applies
Health Care	Primary care visit o	r non-specialist practitioner visit to	\$50	
Provider's Office or	treat an injury or illr		Ψ50	
Clinic visit	Specialist visit		\$50	
	Preventive care/scre	ening/immunization	\$0	
Tests	Laboratory tests	 	\$50	X
	X-rays and diagnost	ic imaging	\$50	X
	Imaging (CT/PET so		\$500	X
D 4 4 4 111		cans, wikis	·	Λ
Drugs to treat Illness or Condition	Generic Preferred brand		\$25 50%	
or Condition	Non-preferred Brand		50%	X
	Specialty		50%	X
Outpatient Surgery	Facility fee (e.g. hospital room)		20%	X
outputtent surgery			20%	
Need Immediate	Physician/Surgeon fee Emergency room services		20%	X
Attention		Emergency medical transportation		X
Attention			0	
TT '4 1 C4	Urgent Care		\$50	
Hospital Stay	Facility fee (e.g. hos	*	20%	X
35 170 1 1	Physician/surgeon for		20%	X
Mental/Behavioral	M/B outpatient serv		\$50	
Health	M/B inpatient service		20%	X
Health, Substance	Substance abuse disorder outpatient services		\$50	
Abuse needs	Substance abuse disorder inpatient services		20%	X
Pregnancy		econception services	\$0	
	Delivery and all	Hospital	20%	X
	inpatient services	Professional		X
Help recovering or	Home health care (up to 90 visits for 4 hours per		\$0	X
other special health	calendar yr)		\$50	
needs		Outpatient rehabilitation services		X
	Outpatient habilitation services		\$50 20%	X
		Skilled nursing care Durable medical equipment		X
	Hospice services	примен	20%	X
Child eye care	Eye exam (OD)		\$50	Λ
Ciniu eye care	Lyc exam (OD)		φυυ	

	1 pair of glasses per year (or contact lenses in lieu 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	
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	

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

Actuarial Value			78.7%	
Individual Overall Deductible			\$0	
Other individual deducti	bles for specific service	es		
Medical			\$500	
Prescription Drugs		\$0		
Dental		\$0		
Individual Out-of-Pocket	Maximum		\$3,500	
Common Medical Event	Service Type	e	Member Cost Share	Deductible Applies
Health Care Provider's Office or Clinic visit	Primary care visit or an injury or illness	non-specialist practitioner visit to treat	\$25	
	Specialist visit		\$50	
	Preventive care/screer	ning/immunization	\$0	
Tests	Laboratory tests		\$30	
	X-rays and diagnostic	imaging	\$50	
	Imaging (CT/PET sca	ns, 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			
Need Immediate	Emergency room services (waived if admitted)		\$250	
Attention	Emergency medical tr	Emergency medical transportation		
	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 outpatient services		\$25	
Health	M/B inpatient services		\$600 per day up to 5 days	X
Substance Abuse needs		der outpatient services	\$25	
	Substance abuse disor	der inpatient services	\$600 per day up to 5 days	X
Pregnancy	Prenatal care and prec	onception services	\$0	
	Delivery and all	Hospital	\$600 per day up	X
	inpatient services	Professional	to 5 days	X
Help recovering or	Home health care		\$30 \$30	
other special health		Outpatient rehabilitation services		
needs		Outpatient habilitation services		
	Skilled nursing care Durable medical equipment Hospice services		\$300 per day up to 5 days	
			20%	
			\$0	
Child eye care	Eye exam		\$0	
oma of o one	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		