

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

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|---|---|----------------------------|----------------------------|
| Actuarial Value | | 78.6% | |
| Individual Overall Deductible | | \$0 | |
| Other individual deductibles for specific services | | | |
| Medical | | \$0 | |
| Prescription Drugs | | \$0 | |
| 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 | \$30 | |
| | 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 | \$80 | |
| Hospital Stay | Facility fee (e.g. hospital room) | \$600 per day up to 5 days | |
| | Physician/surgeon fee | | |
| Mental/Behavioral Health | M/B outpatient services | \$30 | |
| | M/B inpatient services | \$600 per day up to 5 days | |
| Substance Abuse needs | Substance abuse disorder outpatient services | \$30 | |
| | Substance abuse disorder inpatient services | \$600 per day up to 5 days | |
| Pregnancy | Prenatal care and preconception services | \$0 | |
| | Delivery and all inpatient services | Hospital Professional | \$600 per day up to 5 days |
| 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 | |

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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 | |