



# DC Government Open Enrollment Guide 2017

***Disclaimer:** This Guide is not a contract. Its purpose is to provide summary information about employee benefits. It does not fully describe each benefit. Please refer to the Summary Plan Descriptions and benefits provider materials for details of each benefit. Every effort has been made to ensure that the information contained in this Guide is accurate. The provisions of the actual contract will govern in the event of a discrepancy.*



# Health Benefits

## Medical Benefits

### *District of Columbia Employee Health Benefits Program (DCEHBP)*

Eligible employees hired on or after October 1, 1987 have the following health plan choices:

- Aetna HMO, PPO or CDHP
- Kaiser Permanente HMO
- UnitedHealthcare HMO

Your health insurance premium cost is shared with the District, which contributes up to 75 percent toward the total cost. All health insurance premium deductions are made on a pre-tax basis, unless a specific Pre-Tax Benefits Waiver Form is requested. The waiver is available online at <http://dchr.dc.gov> or at the DCHR Employee Service Center located at 441 4th Street, NW, Suite 340 North, Washington, DC 20001.

### *Dependent Coverage*

Dependents eligible for coverage under Self Plus One or Self and Family enrollment are your spouse (including a valid common law marriage) and **children under age 26**, including legally adopted children, recognized natural (out of wedlock) children and stepchildren (including children of same-sex domestic partners). A child is eligible for coverage under Self Plus One enrollment (if they are the designated covered family member) or Self and Family enrollment if a state-issued birth certificate lists you as a parent of that child. Under certain circumstances, you may also continue coverage for a disabled child 26 years of age or older who is incapable of self-support.

For more information, please visit <http://dchr.dc.gov/page/dependent-eligibility-verification>.

# Health Benefits

## Plan Comparisons at a Glance

Benefit	Aetna CDHP	Aetna PPO	Aetna HMO	Kaiser Permanente HMO	UnitedHealthcare Choice
<i>Calendar-Year Deductible</i>					
Employee Only	\$1,300	\$750	NONE	NONE	NONE
Family	\$2,600	\$1,500	NONE	NONE	NONE
Out-of-Pocket Maximum (per calendar year) *Please Note: Some benefits do not apply toward the out-of-pocket maximum					
Employee Only	\$3,425	\$1,500	\$3,500	\$3,500	\$3,500
Family	\$6,850	\$3,000	\$9,400	\$9,400	\$9,400
<i>Inpatient Services</i>					
Inpatient Hospital	Covered 85% after deductible	Covered 100% after deductible	\$100 per admission	Waived if admitted as inpatient	\$100 copay per Inpatient Stay
Hospice Care	Covered 85% after deductible	Covered 100% after deductible	Covered 100%	No charge	No charge
Skilled Nursing Facility	N/A	N/A	\$100 per admission	\$100/admission	\$100 copay per Inpatient Stay



# Health Benefits

Benefit	Aetna CDHP	Aetna PPO	Aetna HMO	Kaiser Permanente HMO	UnitedHealthcare Choice
<i>Outpatient Services</i>					
Office Visits	Covered 85% after deductible	\$15 copay; deductible waived	Office hours: \$10 copay;	\$10/visit (Primary); \$20 (Specialist)	\$10/visit (Primary); \$20 (Specialist)
X-rays, Laboratory Tests	Covered 85% after deductible	Covered 100% if part of an office visit	Covered 100%	No charge	No charge
Routine Exams	Covered 100%; deductible waived	Covered 100%; deductible waived	Covered 100%	No charge	No charge
Routine Immunization	Covered 100%; deductible waived	Covered 100%; deductible waived	Covered 100%	No charge	No charge
Preventive Care	Covered 100%; deductible waived	Covered 100%; deductible waived	Covered 100%	No charge	No charge
Outpatient Surgery (at a Plan facility)	Covered 85% after deductible	Covered 100% after deductible	\$100 per admission	\$50/visit	\$50 copay per date of service
Short-Term Rehabilitation (physical, occupational or speech therapy)	Covered 85% after deductible	15% after deductible	\$20 copay	\$20/visit	\$20 copay per outpatient visit
Chiropractic Care	NOT COVERED	NOT COVERED	NOT COVERED	\$20/visit	Limitations may apply
Acupuncture	NOT COVERED	NOT COVERED	NOT COVERED	\$20/visit	Limitations may apply
Home Health Care	Covered 85% after deductible	Covered 100% after deductible	Covered 100%	No charge	No charge



↑ EMERGENCY

Main Entrance

# Health Benefits

Benefit	Aetna CDHP	Aetna PPO	Aetna HMO	Kaiser Permanente HMO	UnitedHealthcare Choice
<i>Emergency Services</i>					
Emergency Room Services and Supplies	Covered 85% after deductible	\$100 copay/waived if admitted	\$100 copay	\$50/visit	\$100/visit
Ambulance	Covered 85% after deductible	100% covered; deductible waived	Covered 100%	No charge	No charge
<i>Maternity Care</i>					
Office Visits (for mother)	Covered 85% after deductible	\$30 copay	\$20 copay for Physician maternity services	No charge	\$10 copay
Hospital (for mother)	15%; after deductible	Covered 100% after deductible	\$100 per stay copay for Facility services	\$100/admission	\$100 copay per Inpatient Stay
Office Visits (for baby)	Covered 85% after deductible	Covered 100% after deductible	Covered 100%; deductible waived	No charge	\$10 copay
<i>Medical Equipment</i>					
Durable Medical Equipment	Covered 85% after deductible	Covered 80% after deductible	50%	50% coinsurance	50% coinsurance



# Health Benefits

Benefit	Aetna CDHP	Aetna PPO	Aetna HMO	Kaiser Permanente HMO	UnitedHealthcare Choice
<i>Mental Health</i>					
Inpatient Care	Covered 85% after deductible	Covered 100% after deductible	\$100 per admission copay	\$100/admission	\$100 copay per Inpatient Stay
Outpatient Care	Covered 85% after deductible	\$15 copay; deductible waived	\$10 per visit	Individual: \$10/visit; Group: \$5/visit	\$10 copay per visit
<i>Substance Abuse</i>					
Inpatient Care	N/A	N/A	\$100 per admission	\$100/admission	\$100 copay per Inpatient Stay
Outpatient Care	N/A	N/A	\$10 per visit	Individual: \$10/visit; Group: \$5/visit	\$10 copay per visit
<i>Prescription Drugs</i>					
Generic	\$10 copay; Mail Order: \$20 copay	\$10 copay; Mail Order: \$20 copay	\$20 copay; Mail Order: \$8 copay	Plan Pharmacy: \$10; Participating Pharmacy: \$20; Mail Order: \$8	Retail: \$20 copay; Mail Order: \$16 copay
Preferred Brand Drugs	\$30 copay; Mail Order: \$60 copay	\$20 copay; Mail Order: \$40 copay	\$40 copay; Mail Order: \$18 copay	Plan Pharmacy: \$20; Participating Pharmacy: \$40; Mail Order: \$18	Retail: \$40 copay; Mail Order: \$36 copay
Non-Preferred Brand Drugs	\$30 copay; Mail Order: \$120 copay	\$40 copay; Mail Order: \$80 copay	\$55 copay; Mail Order: \$33 copay	Plan Pharmacy: \$35; Participating Pharmacy: \$55; Mail Order: \$33	Retail: \$55 copay; Mail Order: \$66 copay