dchr
DC Department of Human Resources

WE ARE WASHINGTON DC

DC Government Employee Benefits Guide 2018

***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

Plan Comparisons at a Glance

Benefit	Aetna CDHP	Aetna PPO	Aetna HMO	Kaiser Permanente HMO	UnitedHealthcare Choice
Calendar-Year Deductible					
Employee Only	$1,350	$750	NONE	NONE	NONE
Family	$2,700	$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
Inpatient Services					
Inpatient Hospital	Covered 85% after deductible	Covered 85% 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
Outpatient Services					
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	85% coinsurance after deductible, 20 visits per year	Covered 85% after deductible; no limits	Covered 85%; no deductible; 20 visits per year	$20/visit	Limitations may apply
Acupuncture	NOT COVERED	NOT COVERED	NOT COVERED	$20/visit	Limitations may apply
Home Health Care	Covered 85w% after deductible	Covered 100% after deductible	Covered 100%	No charge	No charge

Disclaimer: This Guide is not a contract. Its purpose is to provide summary information about employee benefits. Refer to Summary Plan Descriptions and provider materials for details of each benefit. Every effort has been made to ensure this Guide is accurate. Provisions of the actual contract will govern in the event of a discrepancy.

Health Benefits

Benefit	Aetna CDHP	Aetna PPO	Aetna HMO	Kaiser Permanente HMO	UnitedHealthcare Choice
Emergency Services					
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
Maternity Care					
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
Medical Equipment					
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
Mental Health					
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
Substance Abuse					
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
Prescription Drugs					
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