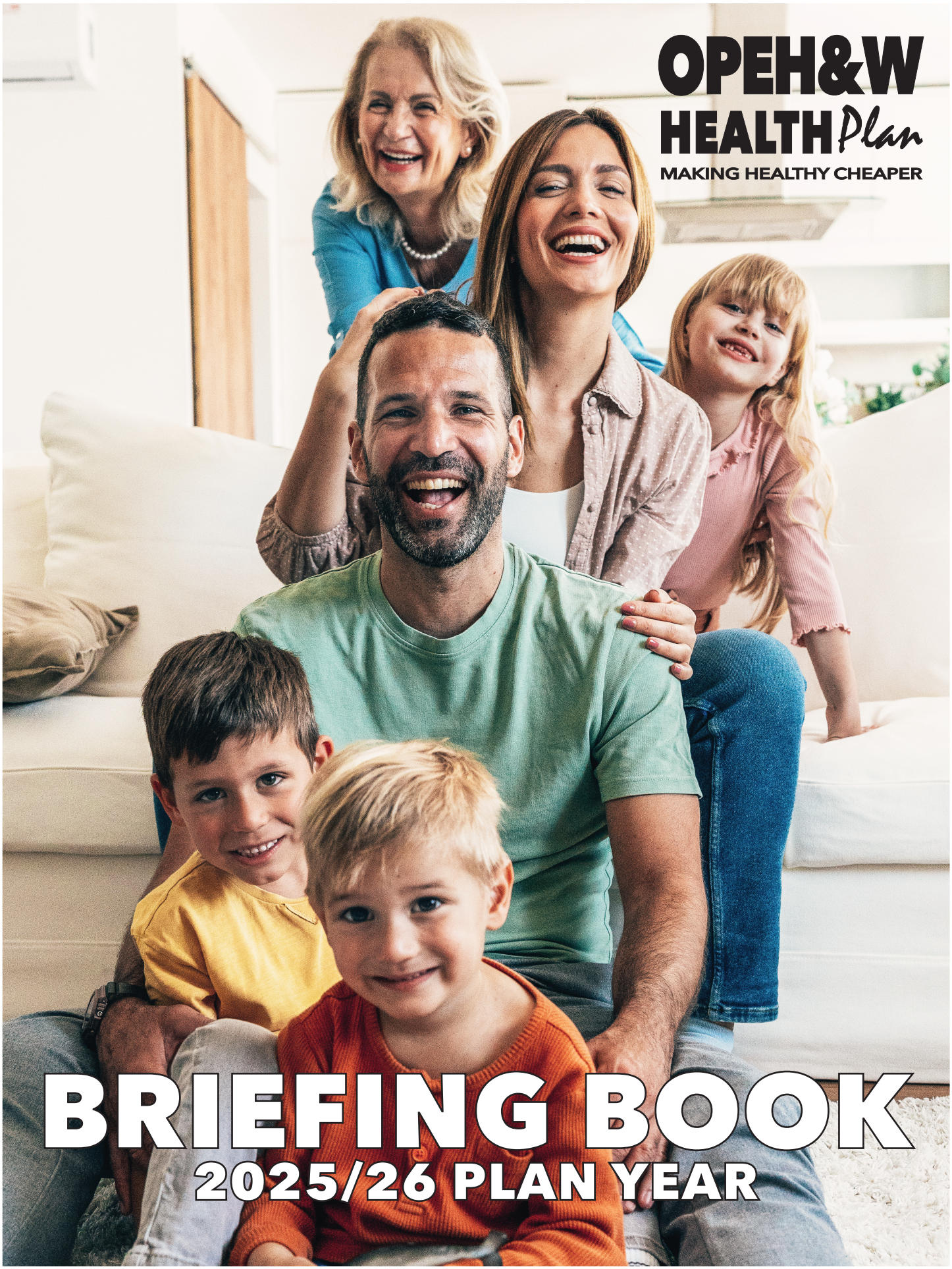
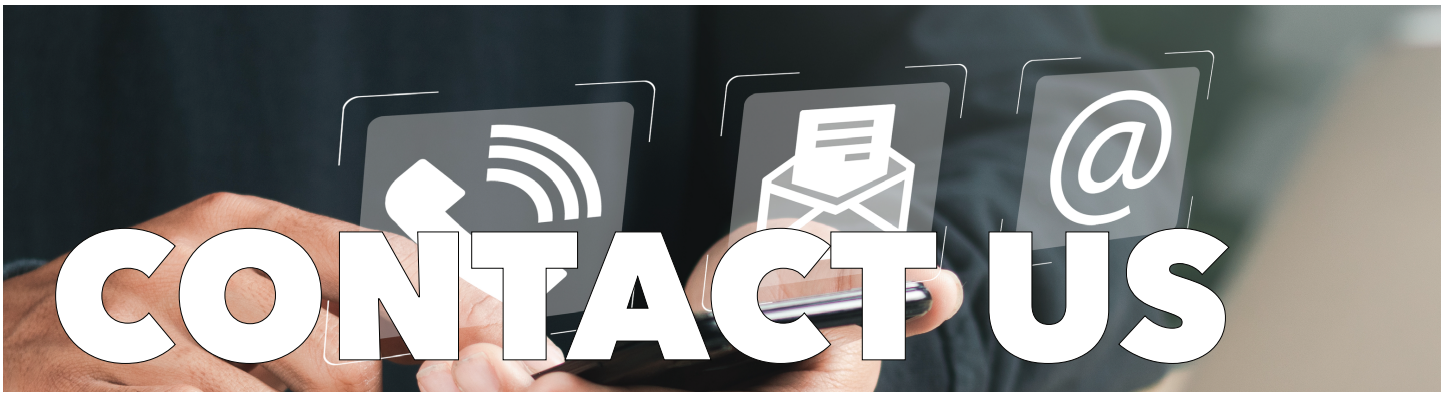

OPEH&W
HEALTH Plan
MAKING HEALTHY CHEAPER
BRIEFING BOOK
2025/26 PLAN YEAR

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EMAIL **HEALTHPLAN@OPEHW1.COM**

CALL **800.468.5744**

WEB **WWW.OPEHW.COM**

MAIL **3851C TUXEDO BLVD**
BARTLESVILLE OK 74006

INTRODUCING OPEH&W



When it comes to employee benefits, doing the bare minimum is no longer acceptable. It's time to invest in your workforce with employee benefits that actually make a difference.

The tired, old-fashioned and basic plan designs available across the marketplace, are no longer fit for purpose. Health plan designs must go further by **Making Healthy Cheaper**, by improving quality of life, by balancing affordability with rich benefits, by prioritizing access to the highest quality care, and by encouraging healthy behaviors.

That's exactly what the OPEH&W Health Plan does; as a public trust in operation for more than 30 years; owned by, ran by, and populated by a collaboration of participating Oklahoma local government organizations.

5 Reasons OPEH&W Should Be Your Home for Employee Benefits

1. **Pay Less & Get More** – Over 30 Unrivalled Cutting-Edge Benefits Automatically Included
2. **All for One & One for All** - Equal Treatment, Benefits & Rates for All Groups
3. **One Home, One Roof** – Multiple Health, Dental, Vision, Life, Retiree & Ancillary Options
4. **Unrivalled Help & Support** - Designated Representatives & 24/7 Care Guides
5. **Stability & Predictability** - Stop Changing Every Couple of Years & Welcome Home

Ready to Learn More?

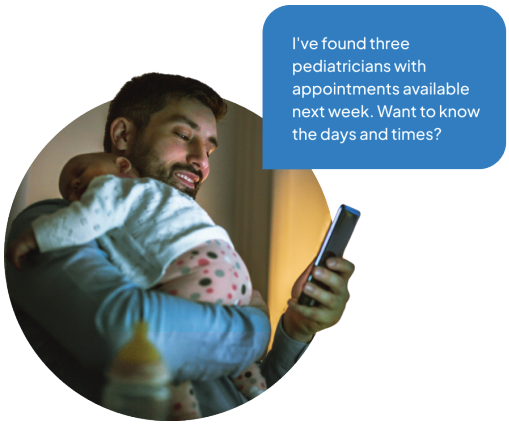
Simply email **healthplan@opehw1.com** or call **800.468.5744**. We are always available to demonstrate just how the OPEH&W Health Plan is **Making Healthy Cheaper** and can do the same for you and your employees too.



Chat with a Care Guide

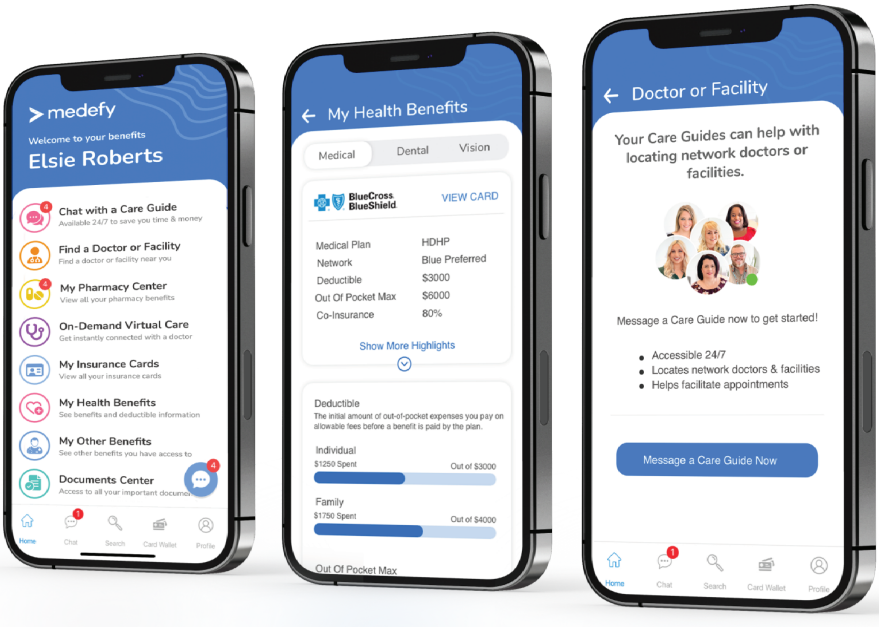
- Text Right in the App
- Advisors Ready to Help 24/7





Easy to Use

- Creating an Account Takes Just 60 Seconds
- Spouses & Adult Dependents Can Make Accounts Too



Scan QR Code Get App



2025-2026 PLAN YEAR (JULY 1, 2025 TO JUNE 30, 2026)

Health Coverage Options

	DIAMOND Advantage	**DIAMOND** Preferred	**PLATINUM** Advantage	**PLATINUM** Preferred	**GOLD** Preferred	**SILVER** Preferred	**BRONZE** Preferred	**COBALT** Preferred
Employee	**660.20**	**776.70**	**594.18**	**699.04**	**667.96**	**644.66**	**621.36**	**563.10**
Spouse	**771.90**	**908.12**	**694.70**	**817.30**	**780.98**	**753.74**	**726.50**	**658.38**
Child	**315.40**	**371.06**	**283.86**	**333.96**	**319.12**	**307.98**	**296.84**	**269.02**
Children	**513.46**	**604.08**	**462.12**	**543.68**	**519.50**	**501.38**	**483.26**	**437.96**
Spouse & Child	**1,087.30**	**1,279.18**	**978.56**	**1,151.26**	**1,100.10**	**1,061.72**	**1,023.34**	**927.40**
Spouse & Children	**1,285.36**	**1,512.20**	**1,156.82**	**1,360.98**	**1,300.48**	**1,255.12**	**1,209.76**	**1,096.34**

DentalCoverage

	ENHANCED Dental	**STANDARD** Dental
Employee	**49.76**	**44.78**
Spouse	**61.46**	**55.32**
Child	**26.30**	**23.66**
Children	**41.80**	**37.64**
Spouse & Child	**87.76**	**78.98**
Spouse & Children	**103.26**	**92.96**

VisionCoverage

	ENHANCED Vision	**STANDARD** Vision
Employee	**7.74**	**6.70**
Spouse	**6.80**	**5.50**
Child	**7.22**	**5.82**
Children	**7.22**	**5.82**
Spouse & Child	**18.44**	**14.92**
Spouse & Children	**18.44**	**14.92**

LifeCoverage

$**20,000**	**6.50**
$**30,000**	**9.74**
$**40,000**	**13.00**
$**50,000**	**16.24**

MAKING HEALTHY CHEAPER





Included **Free** with **Diamond**, **Platinum**, **Gold**, **Silver**, **Bronze** & **Cobalt** Health Plan Options

When it comes to employee benefits, doing the bare minimum is no longer acceptable. Its time to invest in your workforce with employee benefits that actually make a difference.

The tired, old-fashioned and basic plan designs available across the marketplace, are no longer fit for purpose. Health plan designs must go further by making healthy cheaper, by improving quality of life, by balancing affordability with rich benefits, by prioritizing access to the highest quality care, and by encouraging healthy behaviors. That's exactly what the OPEH&W Health Plan does, with **30+** free programs and benefits which are truly **Making Healthy Cheaper**.

Free 24/7 Care Guides
Free Transplants
Free Cancer Care
Free Heart & Cardiac Surgeries
Free Back & Spine Surgeries
Free Hip & Knee Replacements
Free Cellular Immunotherapy
Free Maternity Care
Free Cash Rewards
Free Medical Equipment & Supplies
Free X-Rays, MRI, CT & PET Scans
Free Primary & Pediatric Care
Free Psychiatry & Counseling Care
Free Mental Health Support Programs
Free Muscle & Joint Pain Program
Free Health Check-Up Program
Free Diabetes Program

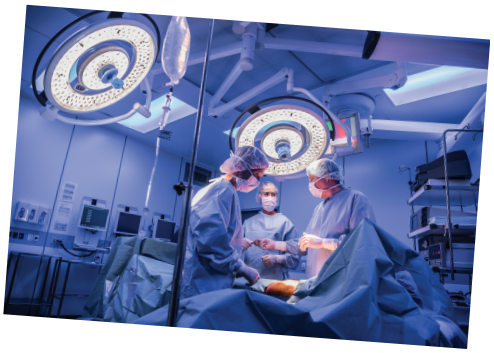
Free Blood Pressure Program
Free Cholesterol Program
Free Pelvic Floor Pain Program
Free Alcohol Addiction Program
Free Opioid Addiction Program
Free Tobacco & Vaping Addiction Program
Free Wellness Programs
Free Weight-Loss Programs
Free Sleep Studies
Free Women's & Family Support Program
Free Acid-Reflux & GERD OTC Medications
$**5 Antihistamine** OTC Medications
Free Tobacco Cessation Medications
$**25 Insulin** Preferred Brand Medications
$**5 Diabetic Oral Generic** Medications
$**500 Child Accident** Reimbursement
50% Child Deductible Reimbursement

LEARN MORE
Scan **QR Code** or
visit **opehw.com**

FREE MAJOR MEDICAL CARE

The following **Free** **Major Medical Procedures** require the use of a **BlueDistinction** Center:

- Transplants
- Cancer Care
- Heart & Cardiac Surgeries
- Back & Spine Surgeries
- Hip & Knee Replacements
- Maternity Care
- Cellular Immunotherapy



Before seeking treatment for any of these procedures, you must call BlueCross customer service, by using the phone number on the back of your ID card, for help finding a BlueDistinction Center.

WARNING
Receiving one of these Major Medical Procedures at a non BlueDistinction Center means you are responsible for**100**% of the cost. (Doesn't apply to cancer care, maternity care, or emergency situations).

Outcomes Are Hard to Ignore from BlueDistinction+ Centers

Maternity Care
70% Fewer Early Elective Deliveries
53% Fewer Episiotomys
32% Fewer C-Sections

Heart & Cardiac Surgeries
17% Fewer In-Hospital Mortalities
12% Fewer Inappropriate Procedures
12% Fewer Bleeding Complications

Hip & Knee Replacements
9% Fewer Complications
7% Fewer Readmissions

Back & Spine Surgeries
48% Fewer Repeat Surgeries
33% Fewer Readmissions

Transplants
15% Higher 1 Year Patient Survival
15% Higher 1 Year Graft Survival

LEARN MORE
Scan **QR Code** or visit **opehw.com**



Included **Free** with **Diamond**, **Platinum**, **Gold**, **Silver**, **Bronze** & **Cobalt** Health Plan Options

MEMBERS EARN CASH WITH MEMBERS REWARDS JUST BY HAVING A HEALTHCARE PROCEDURE



HOW IT WORKS

- There are no forms to fill out – it's easy
- Whenever a doctor suggests a medical procedure or servicee
- Call the customer service number on the back of your BlueCross ID card
- Tell the Health Advocate about your upcoming procedure or service
- Select a location for your procedure or service which has a reward
- Once the claim is paid, receive your reward check in the mail

OR

- Log into **Blue Access for Members** at **BCBSOK.com**
- Click the Doctors and Hospitals tab – then click **Find a Doctor or Hospital**
- Search to compare choices and select a reward eligible location
- Select a location for your procedure or service which has a reward
- Once the claim is paid, receive your reward check in the mail

LEARN MORE
Scan **QR Code** or
visit **opehw.com**



Included **Free** with **Diamond**, **Platinum**, **Gold**, **Silver**, **Bronze** & **Cobalt** Health Plan Options

Catapult HEALTH VirtualCheckup®

- A Health Checkup in the Comfort of Your Own Home
- **Free** for Members & Spouses with Health Coverage
- $**250** Deductible Reduction for Completing*
- Checkup Takes Just **15** Minutes
- Exposes Diseases & Health Risks Early
- Easy-to-Understand Results

* Both Members & Spouses can earn their own Deductible Reduction
* Deductible Reductions are applied at the start of the new plan year following date of Virtual Checkup completion



OUTCOMES

Catapult Participants Learn Important Information:

- **49**% of Discover One or More Previously Unknown Chronic Diseases
- **28**% of Discover they are Pre-Diabetic
- **3**% of Discover they have Diabetes
- **49**% of Discover they are Not Effectively Controlling their Diabetes
- **30**% of Discover they have High Blood Pressure
- **7**% of Discover they have Stage 2 or Crisis-Level Blood Pressure
- **4**% of Share they have Suffered from Depression within the Past 14-days



SAMPLE COLLECTION DEVICE

- **Virtually Painless** & Very Simple to Use
- **Clinical Grade Blood Samples** on Par with Any Physician's Office or Hospital
- **99**% Patient Preference Over Blood Draw or Fingerstick

LEARN MORE

Scan **QR Code** or visit **opehw.com**

Catapult HEALTH VirtualCheckup®

MEASUREMENTS & OUTCOMES

Each Catapult Virtual Checkup results in a comprehensive list of health data, vital determinations and personal health reccomendations, such as:

VALUES MEASURED

- Abdominal Circumference
- Blood Pressure
- Hemoglobin A1C
- TC : HDL Ratio
- Arterio-Cardio Risk Score
- Framingham Risk Score
- High Density Lipids (HDL)
- Total Cholesterol
- Body Mass Index
- Height & Weight
- Low Density Lipids (LDL)
- Triglycerides

BEHAVIORAL HEALTH

- Alcohol Abuse
- Opioid Misuse
- Columbia Suicide Severity Risk
- PHQ-9 Depression Screening
- GAD-7 Anxiety Screening
- Tobacco Use

PERSONAL HEALTH HISTORY

- Allergies
- Coronary Artery Disease
- Hyperlipidemia
- Musculoskeletal Pain
- Asthma
- Diabetes
- Hypertension
- Obstructive Sleep Apnea
- Cancer
- Heart Failure
- Kidney Disease
- Stroke

GATHER FAMILY HEALTH HISTORY

- Breast Cancer
- Diabetes
- Prostate Cancer
- Colon Cancer
- Hypertension
- Stroke
- Coronary Artery Disease
- Hyperlipidemia
- TIA

SYMPTOMS CAPTURED

- Bladder Infections
- Foot Ulcers
- Pain While Walking
- Skin Infections
- Swelling of Hands or Legs
- Chest Pain
- Gum Infections
- Seizures
- Sleeping Problems
- Circulation Problems
- Medication Reactions
- Shortness of Breath
- Slow Healing Wounds

COMPLIANCE CONSULTATION

- Colorectal Screening
- Pap Smear
- Lung Cancer Screening
- Vaccination Consultation
- Mammogram

FILLED PRESCRIPTION IMPORT

- Adherence
- Generic Options
- Compliance
- Potential Reactions
- Effectiveness Review

GAPS IN CARE IDENTIFIED & ADDRESSED

- Asthma
- Diabetes
- Primary Care Status
- Coronary Artery Disease
- Heart Failure
- COPD
- Hypertension

PERSONAL ACTION PLAN & REFERRALS

- Clinical Action Plan
- High-Risk Participant Follow-Up
- Results Sent to Primary Care Physician (PCP)
- Handoff to Making Healthy Cheaper Programs



Included **Free** with **Diamond**, **Platinum**, **Gold**, **Silver**, **Bronze** & **Cobalt** Health Plan Options

FREE, FAST & EASY HEALTH CARE

AVOID

- Germs
- Inconvenience
- Wasted Time
- ER's & Urgent Care



FEEL BETTER

- **Free** Access to Quality Healthcare
- Board-Certified Doctors
- Average 15 Years Experience
- Able to Treat Many Conditions
- Visit a Doctor in Minutes
- By Mobile App, Online & Phone

GET STARTED

- Setup Takes About 15 Minutes
- Wait to See a Doctor Right Away
- Or Schedule an Appointment
- Doctors Can:
  - Review Symptoms
  - Recommend Treatment
  - & Electronically Prescribe

MDLIVE®

LEARN MORE
Scan **QR Code** or
visit **opehw.com**



Included **Free** with **Diamond**, **Platinum**, **Gold**, **Silver**, **Bronze** & **Cobalt** Health Plan Options

Free Primary & Pediatric Care

- Wait & See a Doctor Right Away
- Or Schedule an Appointment
- Doctors Can:
  - Review Symptoms
  - Recommend Treatment
  - & Electronically Prescribe



Treatment for Over 50 Medical Conditions

- Allergies
- Asthma
- Birth Control
- Bronchitis
- Cellulitis
- Cold & Flu
- Constipation
- Cough
- COVID-19
- Diabetes
- Diarrhea
- Ear Pain
- Fever
- Gout
- Headache
- High Blood Pressure
- High Cholesterol
- Infections
- Insect Bites
- Joint Aches & Pains
- Pink Eye
- Poison Ivy
- Rashes
- Respiratory Infections
- Sinus Problems
- Sore Throat
- Sports Injuries
- Thyroid Issues
- Urinary Infections (UTI)
- Yeast Infections
- **& More...**

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PSYCHIATRIC & COUNSELING CARE
FROM MDLIVE

Included **Free** with **Diamond**, **Platinum**, **Gold**, **Silver**, **Bronze** & **Cobalt** Health Plan Options

FREE TALK THERAPY & PSYCHIATRY

- **Free** Counseling & Psychiatry Services
- Professional, Qualified & Relevant Support
- From the Comfort & Privacy of Home
- Save Money & Time
- Requires an Appointment

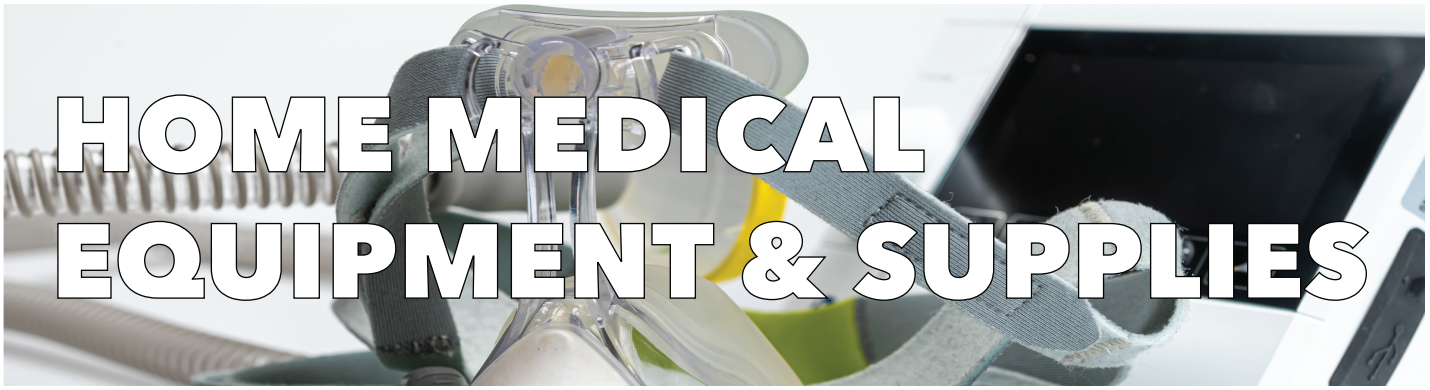


SUPPORT FOR:

- Addictions
- Bipolar
- Life Changes
- Parenting Support
- Stress Management
- Aging & Caregiver Support
- Grief & Loss
- OCD
- Phobias
- Trauma & PTSD
- Anxiety
- LGBTQ+ Support
- Panic Disorders
- Relationship Issues
- **& More...**

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HOME MEDICAL EQUIPMENT & SUPPLIES

Included **Free** with **Diamond**, **Platinum**, **Gold**, **Silver**, **Bronze** & **Cobalt** Health Plan Options

HOW IT WORKS

- Email a Physician Prescription to **healthplan@opehw1.com** or,
- FAX a Physician Prescription to **918.515.6171**
- Prepare for Post-Surgery Needs, call **918.600.5799**
- Get **Free** Shipping & Handling
- Get **Free** Next Business Day Delivery (If order received before noon)
- Get **Free** In-Home Setup & Training (If required)

OVER 6,000 FREE ITEMS AVAILABLE

- BI-PAP's
- Boot Walkers & Kneelers
- Continuous Glucose Monitors (CGM's)
- C-PAP's
- Crutches & Wheelchairs
- Insulin Pumps
- Joint & Back Braces
- Nebulizers
- **& More...**

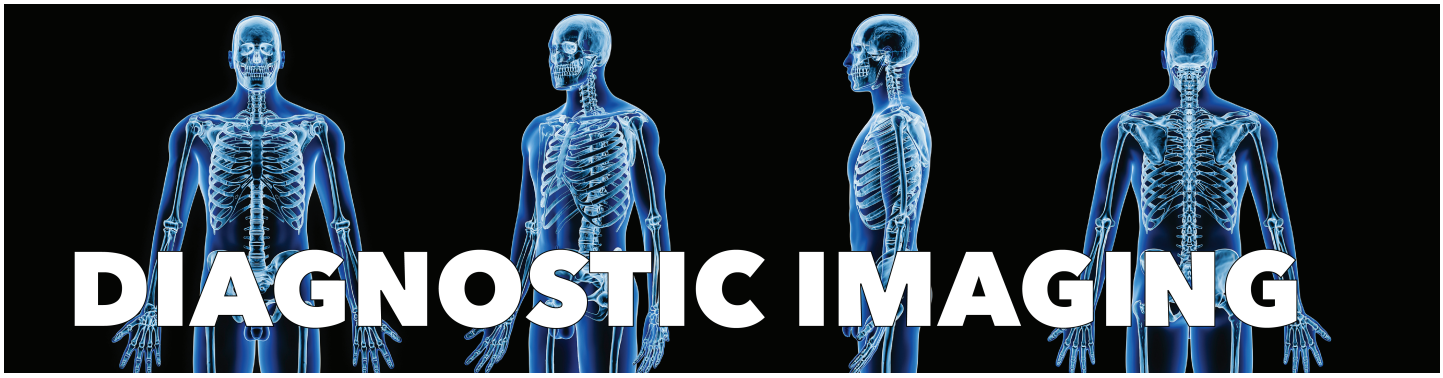


MEDICAL EQUIPMENT

Durable Medical Equipment or DME, is equipment or supply items for a piece of equipment needed outside of a medical facility environment, either for single or repeated use, which has been prescribed by a qualified medical professional for the treatment of a medical condition or rehabilitation from a medical event or procedure.

CONNECT DME

LEARN MORE
Scan **QR Code** or visit **opehw.com**



Included **Free** with **Diamond**, **Platinum**, **Gold**, **Silver**, **Bronze** & **Cobalt** Health Plan Options

Free Medical Imaging, Saving You Thousands

235 Oklahoma Network Locations

& Thousands More Nationwide

REMEMBER

- Doctors May Recommend Other Imaging Providers
- You Have the Right to Choose
- Green Imaging Providers are **Free**
- All Others are Subject to Deductible & Co-Insurance

HOW IT WORKS

- Doctor Gives You Order
- Text: **713.524.9190** or Fax: **866.653.0882**
- Include:
  - Name
  - Zip Code
  - Employer Group: OPEH&W Health Plan
  - Photo of Order
- Green Imaging Sends Voucher to Present to Imaging Provider
- At Appointment, Show Voucher
- Do Not Show Insurance Card, or Pay Anything
- Highly-Trained Radiologists Read Exam
- Report/Results Sent to Doctor

FREE MEDICAL IMAGING FOR:

- Arthrograms
- Bone Density Scans
- CT Scans
- Echocardiograms
- Mammograms
- MRI Scans
- Myelograms
- Nuclear Medicine Scans
- PET Scans
- Ultrasounds
- X-Ray

Green Imaging
Easy, affordable medical imaging.

LEARN MORE

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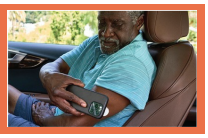
Included **Free** with **Diamond**, **Platinum**, **Gold**, **Silver**, **Bronze** & **Cobalt** Health Plan Options

LIVE HEALTHIER
FEEL BETTER

Omada is a virtual care program that pairs a member with a care team and resources to help them achieve their health goals. By combining the power of human coaching, connected devices, and lessons, Omada can help build healthy patterns for life.

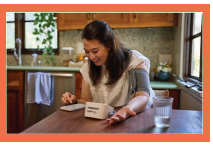
DIABETES

Help Managing Diabetes & Improving Overall Health:
- One-on-One Guidance with a Diabetes Specialist
- Smart Devices that Easily Sync to the Omada App
- Ongoing Supply of Test Strips & Lancets



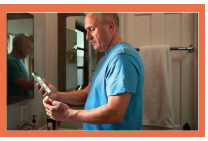
BLOOD PRESSURE

Help Controlling Blood Pressure:
- One-on-One Guidance with a Clinical Specialist
- Tips for Nutrition, Stress, & Sleep
- A Blood Pressure Monitor & Smart Scale



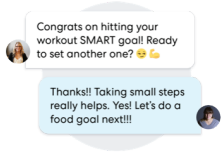
WEIGHT

Levels of Improving Overall Health:
- One-on-One Health Coaching
- A Smart Scale to Monitor Progress
- Weekly Lessons, Tips, & Recipes

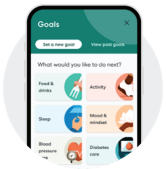




No Cost Welcome Kit
Easy-o-Use Smart Devices to keep and use with the Omada App.



Coaching & Support
Personalized guidence from a personal health coach and clinical specialist.`



Personalized Care Plan
Make small and steady health choices add up to big changes with a personalized care plan.

omada

LEARN MORE
Scan **QR Code** or visit **opehw.com**



MUSCLE & JOINT PAIN
PROGRAM FROM HINGE HEALTH

Included **Free** with **Diamond**, **Platinum**, **Gold**, **Silver**, **Bronze** & **Cobalt** Health Plan Options

TRANSFORMING THE WAY PAIN IS TREATED

A proven 3-pronged solution as a replacement to surgery, consisting of Exercise Therapy, Behavioral Therapy, and Education. A digital clinic for joint and muscle pain gets people moving and keeps them moving to reduce unnecessary surgeries and opioid use.

PIONEERING CARE - PROVEN RESULTS

68% LEVEL OF PAIN REDUCTION

58% DEPRESSION & ANXIETY REDUCTION

74% PARTICIPANTS AVIODED SURGERY

23% OPIOID USE REDUCTION

78% REPORTED PAIN REDUCTION

32% NOT CONSIDERING SURGERY

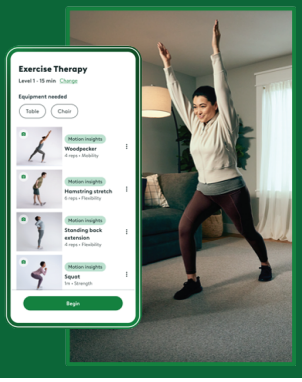
AREAS TREATED

- Neck
- Shoulder
- Elbow
- Wrist
- Hand
- Back
- Hip
- Knee
- Ankle



EXERCISE THERAPY

- Real-Time Feedback & Tracking
- Unlimited 1-on-1 Coaching
- Personalized Care Plan
- 15-Minute Guided Lessons



TRUEMOTION® COMPUTER VISION TECHNOLOGY

- AI Powered full body motion tracking
- Measuring simple and complex movements
- Providing real-time audio and visual feedback
- Monitoring and adjusting care plans automatically



Hinge Health

LEARN MORE
Scan **QR Code** or visit **opehw.com**

ENSO PAIN RELIEF DEVICE

Included **Free** with **Diamond**, **Platinum**, **Gold**, **Silver**, **Bronze** & **Cobalt** Health Plan Options



- Groundbreaking Wearable Technology
- FDA Approved
- Everyday Relief
- Avoid Drugs or Surgery
- Non-Addictive & Non-Invasive

Hinge Health

ENZO RESULTS

54%
PAIN REDUCTION

31%
WALKING FUNCTION IMPROVEMENT

32%
MOBILITY IMPROVEMENT



GOES WHERE YOU GO
Enso is a small, wireless device that can be applied to multiple body parts to treat mild to intense joint and muscle pain.



A DRUG-FREE APPROACH
Care teams help members understand their pain and meet their goals, while Enso provides the relief needed to continue exercise therapy.



RELIEF IN MINUTES
Using patented waveforms, Enso alleviates both ongoing pain and sudden flares – at home, at work or on the go.

- Receive gentle pulses to naturally calm and soothe aches, pain, or discomfort.
- Control using the Hinge Health app by selecting a pain area and increasing or decreasing intensity.
- Personalized by therapists and health coaches every step of the way, adapting as needs evolve.





PELVIC FLOOR PAIN
PROGRAM FROM HINGE HEALTH

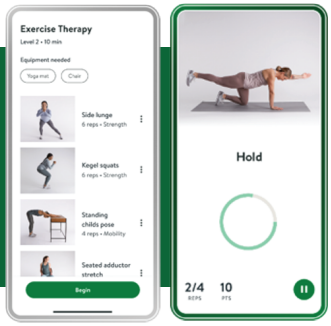
Included **Free** with **Diamond**, **Platinum**, **Gold**, **Silver**, **Bronze** & **Cobalt** Health Plan Options

SUPPORTING A POPULATION OVERLOOKED & UNDERSERVED BY HEALTHCARE

1 in 4 women have pelvic floor disorders. Yet many will never receive treatment due to a lack of awareness, stigma, or inadequate access to pelvic floor physical therapists. For others, the average time it takes to receive care can be longer than 6 years.

PROVIDES

- Pelvic Floor Therapist Virtual Visits
- Personalized Care Plan
- Guided Meditation
- In-App Guided Exercises
- Private, Whenever & Wherever



SYMPTOMS HELPED

- Urine leaking when laughing or coughing
- Pain in the back, tailbone or pelvic region
- Feeling like always needing the bathroom
- Pain or discomfort during intimacy



WHAT IS THE PELVIC FLOOR?

The pelvic floor refers to the group of muscles and connective tissues attached to the bones at the bottom (aka the floor) of the pelvis of a woman. It's a big deal. In fact, a women's pelvic floor is one of the hardest working muscle groups in their body, on the job 24/7 to…

- Supports the Uterus, Colon, & Other Organs
- Controlling the Bladder & Rectum
- Helps with Standing & Walking
- Aiding in Sexual Function & Pleasure

Pregnancy, menopause, injury, and certain conditions can sometimes weaken the pelvic floor muscles, resulting in pain, bladder control issues, and more.

Hinge Health

LEARN MORE
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ADDICTION
PROGRAMS FROM PELAGO

Included **Free** with **Diamond**, **Platinum**, **Gold**, **Silver**, **Bronze** & **Cobalt** Health Plan Options

BREAKING DOWN BARRIERS TO SUBSTANCE USE

TOBACCO & VAPING ADDICTION PROGRAM
- Connected Carbon Monoxide Monitoring Device
- Nicotine Replacement Therapy
- Dedicated Quit Coach Care Team
- Unlimited 24/7 1on1 Psychological Therapy
- Cognitive Behavioral Therapy
- Audio Sessions & Physical Exercises



19.7% Oklahomans Using Tobacco
$**3,598** Annual Cost per Tobacco User
$**2,400** Annually Pack-A-Day Smoker Spends

ALCOHOL ADDICTION PROGRAM
- Connected Alcohol Breathalyzer Device
- Prescribed Medication (naltrexone)
- Dedicated Quit Coach Care Team
- Unlimited 24/7 1on1 Psychological Therapy
- Cognitive Behavioral Therapy
- Audio Sessions & Physical Exercises



6-9% Oklahomans with Alcohol Issues
$**12,301** Annual Cost of Alcohol Addiction per Affected Individual
70% Oklahomans with Alcohol Addiction also using Tobacco

OPIOID ADDICTION PROGRAM
- At Home Urine Analysis Testing
- Prescribed Medication (buprenorphine/naloxone)
- Dedicated Quit Coach Care Team
- Unlimited 24/7 1on1 Psychological Therapy
- Cognitive Behavioral Therapy
- Audio Sessions & Physical Exercises



1-2% Oklahomans with Opioid Issues
$**21,281** Annual Medical Cost of Opioid Misuse
70% of U.S. Overdose Deaths were due to Opioids

Pelago

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visit **opehw.com**



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A BETTER WAY TO FEEL BETTER

DIGITAL PLATFORM

SilverCloud Offers Personal, On-Demand, Digital Mental Health Support and Guidance for Anxiety, Depression, Stress, Sleep Problems or Resilience Concerns.

- Access by Phone, Tablet or Computer
- Explore a Wide-Range of Lessons, Tools & Videos
- Receive Coaching & Support
- Record Thoughts & Feelings with the Journal Tool
- Practice Mindfulness with Relaxation & Breathing Techniques

Suicidal Thoughts? Help is Available

If you or anyone you know is having thoughts of suicide, 24/7, please call the Suicide & Crisis Lifeline:

988

or call 911 if you feel you're in immediate danger.

CERTIFIED COACHING

Coaches that work for you by providing guidance and assistance in completing the program, offering help with:

- Goal Setting
- Progress Charting
- Inspiring & Motivating
- Celebrating Successes



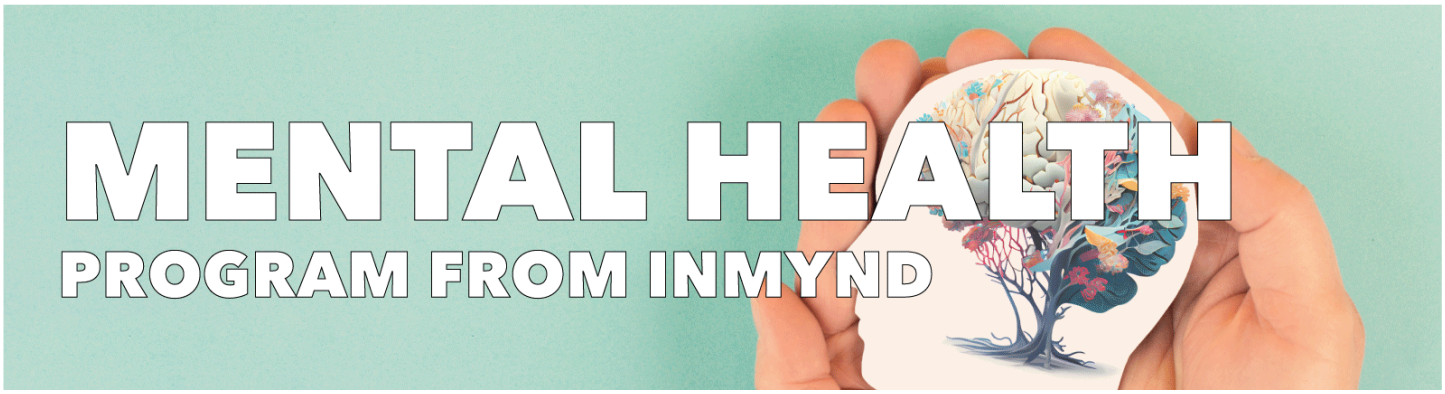
KEYS TO SUCCESS

- Create & Maintain Consistent Behaviors
- Log In, Same Time, Several Days a Week
- Continue Until Program is Complete

SilverCloud

LEARN MORE

Scan **QR Code** or visit **opehw.com**



Included **Free** with **Diamond**, **Platinum**, **Gold**, **Silver**, **Bronze** & **Cobalt** Health Plan Options

EVERY MIND DESERVES BETTER

INNOVATIVE FOR BETTER OUTCOMES

Because no one's mental health journey is the same, inMynd has created the first predictive models to map and help prevent the progression of anxiety, depression, and insomnia, thus promoting initial adherence through behavioral science-based methods.

Suicidal Thoughts? Help is Available

If you or anyone you know is having thoughts of suicide, 24/7, please call the Suicide & Crisis Lifeline:

988

or call 911 if you feel you're in immediate danger.

INDIVIDUALIZED FOR BETTER ACCESSIBILITY

Better awareness of and access to a range of personalized, discrete support and resources:

- Digital Cognitive Behavioral Therapy (dCBT) Program
- Specialized Care & Support through Neuroscience Therapeutic Resource Centers
- Coaching & Medication Education

INTEGRATED FOR BETTER ENGAGEMENT

Proactively meeting each member where they are in their personal journeys with relevant, contextual support across a variety of conditions:

- Driving Proper Utilization
- Addressing Potential Over-Utilization
- Delivering Informed Physician Care Alerts



INVESTED FOR BETTER PRODUCTIVITY & PREDICIBILITY

Addressing mental health leads to the improved health:

- Decreased Acute Medical Costs through Better Whole Person Care
- Improved Productivity Due to Decreased Absenteeism & Turnover
- Enhanced Satisfaction (80% of Employees are More Satisfied at Work After Treatment)

inMynd

LEARN MORE

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Included **Free** with **Diamond**, **Platinum**, **Gold**, **Silver**, **Bronze** & **Cobalt** Health Plan Options

FOR PEOPLE LIVING WITH STRESS, DEPRESSION, SUBSTANCE USE, INSOMNIA & SOCIAL ANXIETY

Suicidal Thoughts? Help is Available

If you or anyone you know is having thoughts of suicide, 24/7, please call the Suicide & Crisis Lifeline:

988

or call 911 if you feel you're in immediate danger.

SOCIAL ANXIETY PROGRAM

For people who feel isolated, it is too difficult or awkward to voice their point of view? Social anxiety can create barriers that keep people from living the lives they want to live. Using highly effective tools of Cognitive Behavioral Therapy (CBT), helps people learn to live.

DEPRESSION PROGRAM

Depression affects almost 10% of people each year.
LearnToLive's Depression program uses proven CBT principles to change unhelpful thought and behavior patterns.

STRESS, ANXIETY & WORRY PROGRAM

Painful stress, anxiety and worry affect up to 30% of the population each year.
Stopping the worry cycle can sometimes seem impossible.
This program helps people overcome anxiety struggles and refresh their lives.

INSOMNIA PROGRAM

For people who difficulty sleeping, laying awake at night, orunable to get adequate sleep.
Learn how to harness fatigue to get better sleep.
Find tools to help let go of stress and worry that so often contribute to insomnia.

SUBSTANCE USE PROGRAM

Concerns about alcohol or drug use can sneak up on 10% of people. Turning lives, jobs, and relationships upside down.
Learn to Live's Substance Use program uses proven CBT tools that have helped many out of this trap.

learntolive

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IDENTIFYING THE PROBLEM

Life provides us with plenty of opportunities to feel stressed and worried, such as relationships, health, work, and finances. It's normal to feel sad, lonely, afraid, nervous, or anxious. If those feelings don't seem to go away, it may be an indication of an issue with anxiety or depression.

LearnToLive will help you identify the thoughts and behavior patterns that perpetuate your issues, so you can work through them. You don't have to stay anxious and lonely. Your world can get bigger.

UNDERSTANDING HOW YOUR MIND WORKS

Sometimes our own thoughts become too focused on perceived threats and our sense of helplessness. When we experience depression or anxiety, these thinking patterns become our norm. We worry that we will be miserable and stuck, and we start avoiding the things in life that would help us be more resilient.

LearnToLive's programs are designed to help you recognize your fears and stressors and understand how to deal with the thoughts and behavior patterns that are keeping you anxious or down.

LEARNING WAYS TO DEAL WITH THE PROBLEM

The LearnToLive programs are divided into eight lessons, each describing new ideas like Thought Inspection, Fear-Facing and Goal Setting to help you develop new healthy habits. You'll listen to Dr. Russ explain the thought processes and behaviors that get you stuck and introduce the powerful tools of CBT in his quirky and engaging way. And learn to how to live the life you've been longing for.

PRACTICE... REPEAT...

Once you have the know-how, it's time to put it to work. Your homework provides you the opportunity to practice your new thinking and living daily.

LearnToLive helps you set your goals and track your progress from your personalized dashboard. It also helps you identify the support you need to reach your goals: a LearnToLive coach, people you already know - your Teammates, or others in the community who are on the same path.

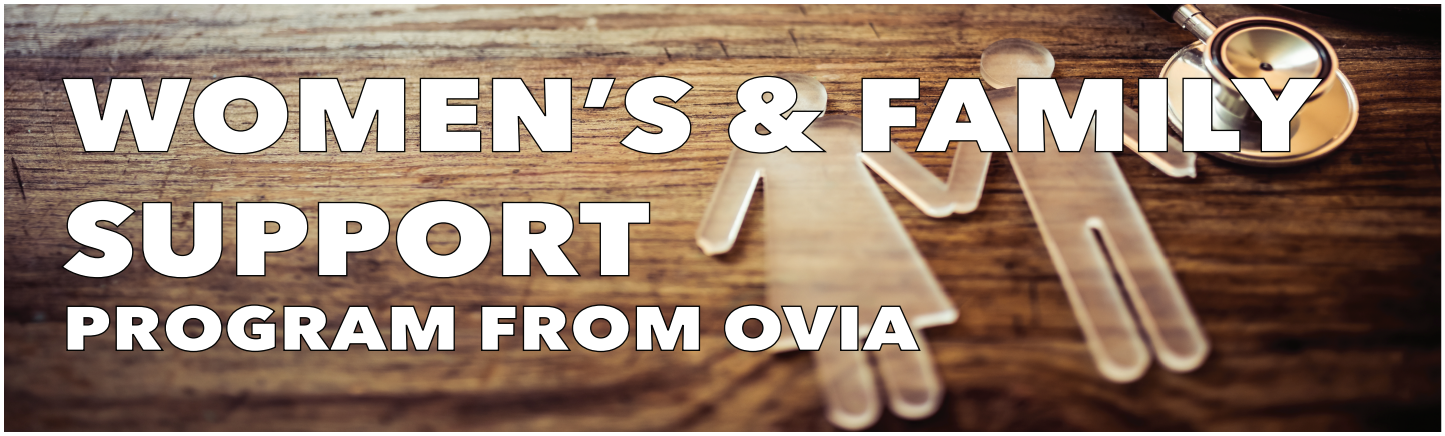
LIVING THE LIFE YOU WANT TO

By the end of the program, you will have learned to inspect your thoughts and change your behavior patterns and will have taken the first steps towards becoming more engaged in your life.

You will be able to manage your thoughts, actions, and attention in more situations. You'll have the tools and capabilities you need to truly live and maintain the life you've always wanted to live.

THE SCIENCE OF COGNATIVE BEHAVIORAL THERAPY (CBT)

Hundreds of studies have shown that CBT is a powerful solution to problems like anxiety and depression. When CBT tools are delivered online, they're as effective as face-to-face sessions, making this a smart option for those who prefer online to in-office meetings.

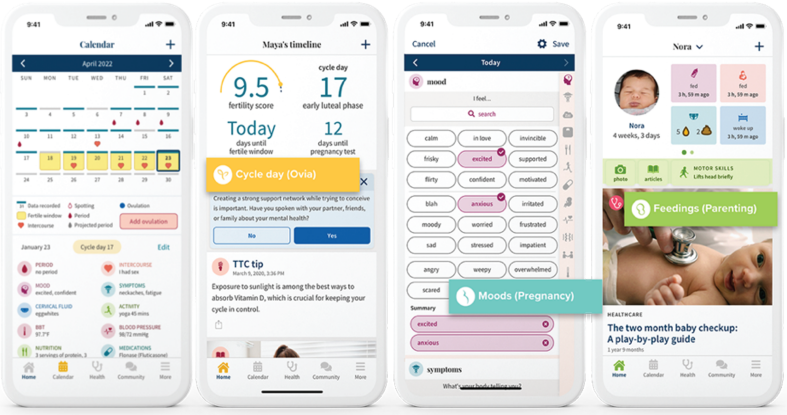


Included **Free** with **Diamond**, **Platinum**, **Gold**, **Silver**, **Bronze** & **Cobalt** Health Plan Options

MAKING HEALTHY HAPPY FAMILIES POSSIBLE

PROGRAM FEATURES

- On-Demand 24/7 1-On-1 Support from Licensed Professionals
- 50+ Physician-Developed Clinical Programs
- Digital Symptom Tracking & Real-Time Interventions
- Cycle, Fertility & Menopause Health Tracking
- Learn & Track Baby Health, Milestone Development & Special Moments
- All-In-One Pregnancy Tracker
- Baby Tracking & Parenting Support
- Career & Return-to-Work Programs
- Product Offers & Discounts



ovia health™

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Included **Free** with **Diamond**, **Platinum**, **Gold**, **Silver**, **Bronze** & **Cobalt** Health Plan Options

It's Not What You Eat, It's When & How You Eat It

HOW IT WORKS



- No fasting, diet foods or calorie counting
- Teaches how to lose weight & improve health
- Reduces chances of diabetes or heart disease
- Increases chances of living a longer, healthier life
- Online program teaching people how to eat
- No starving, counting calories, or eating diet food.

SCIENCE BASED & CLINICALLY PROVEN

Based in behavioral science, Wondr has helped hundreds of thousands of people learn clinically proven skills to improve their overall health, for good.

DIGITAL WEIGHT LOSS PROGRAM

A year-long, entirely digital program offers intriguing, on-demand master classes, like the science of eating pizza, as well as 24/7 support in the Wondr app and WondrLink community.``

NOT A DIET

Wondr is a digital behavioral change program that teaches clinically proven weight management skills. A master class of sorts, with a renowned team of doctors and clinicians (which is why the "e" was left out of Wondr) teaches the behavioral science behind eating the foods you love while still losing weight and improving your overall physical and mental wellbeing.

No points or counting calories - you'll learn clinically - proven skills so that you can eat your favorite foods and still lose weight, get more physically fit, catch better ZZZs, and improve your overall health.``

wondr HEALTH

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Scan **QR Code** or
visit **opehw.com**



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YOUR HEALTH JOURNEY STARTS HERE

A program offering the support needed to make healthy choices. 24/7 access to a robust offering of innovative programs in seconds.

SELF-MANAGEMENT PROGRAMS
Online and educational programs to reach health goals. Learn about ways to eat healthier, drop a few pounds, stress less, stop smoking and more.

HEALTH & WELLNESS CONTENT
A wide variety of health conditions and medicines. The digital library satisfies curiosity with reader-friendly articles, reflecting the latest expert, evidence-based information.

TOOLS & TRACKERS
Interactive tools help to stay on course while making wellness fun. Use health calculators along with medical and lifestyle trackers.

HEALTH ASSESSMENT (HA)
A personalized wellness report and tips for living the healthiest life.



COACHING PROGRAMS
A team of credentialed health experts. Coaches direct to programs and progress trackers and offer one-on-one support through secure messaging.

FITNESS PROGRAM
A nationwide network of more than 10,000 fitness centers with options to fit any schedule and lifestyle. Month to month memberships, ranging from $19 to $129 per month per member, with a one-time enrollment fee of $19.

WELLNESS ON THE GO
The AlwaysOn mobile app provides easy access to Well onTarget anytime, anywhere.

Well onTarget®

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visit **opehw.com**



AT HOME SLEEP STUDIES
FROM CONNECTDME

Included **Free** with **Diamond**, **Platinum**, **Gold**, **Silver**, **Bronze** & **Cobalt** Health Plan Options

WatchPAT®ONE & ONE-M



- Up to 3 Nights Use with the ONE-M
- ONE-M Helps Detect Night-to-Night Variance
- Fully Disposable - No Return Shipment
- Easy to Use
- Instant & Highly Accurate Results
- Real Time Cloud Data Upload
- Detects True Sleep Time, Sleep Staging & Sleep Apnea

DATA

Measures & Collects 7 Channels of Data:

- AHI & RDI via PAT®
- Heart Rate
- Oximetry
- Actigraphy
- Body Position
- Snoring
- Chest Motion



HOW IT WORKS

- Send a Physician's Order for a Home Sleep Test to Connect DME
- Receive the At-Home Sleep Study Device
- Wear the Device for One Night or Up To 3 Nights with ONE-M
- Data Automatically Uploaded to the Cloud
- Dispose of the Device
- Data Scored by a Registered Polysomnographic Technologist
- Results Sent to Prescribing Physician
- Results Meet AASM & CMS Definitions for Sleep Hypopnea Scoring Guidelines

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visit **opehw.com**



CHILD ACCIDENT REIMBURSEMENT

Included **Free** with **Diamond**, **Platinum**, **Gold**, **Silver**, **Bronze** & **Cobalt** Health Plan Options

HOW TO QUALIFY

If a Covered Child receives Covered Services in an Emergency Room, Urgent Care Facility or Minor Emergency Center for an Accidental Injury

HOW MUCH IS REIMBURSED

- Up to the first $**500** of out-of-pocket costs

HOW TO APPLY

- Must be received no later than 3-months after end of plan year of accident
- Complete a Child Accident Reimbursement Form available online here:
  http://www.opehw1.com/liveDocuments/Other/OPEHWChildAccidentReimbursementForm.pdf
- Attach a copy of the Explanation of Benefits (EOB)
- It must show the accident claim
- Mail both documents to the OPEH&W Health Plan Administrators Office
- If approved, reimbursement checks will be mailed directly to the Member

LEARN MORE
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Included **Free** with **Diamond**, **Platinum**, **Gold**, **Silver**, **Bronze** & **Cobalt** Health Plan Options

HOW TO QUALIFY

- If a Covered Child meets more than **50**% of the In-Network Deductible during the plan year.

HOW MUCH IS REIMBURSED

- Any amount over **50**% paid towards the Covered Child's In-Network Deductible.

HOW TO APPLY

- Must be received no later than 3-months after end of plan year
- Complete a Child Deductible Reimbursement Form available online here:
  http://www.opehw1.com/liveDocuments/Other/OPEHWChildDeductibleReimbursementForm.pdf
- Attach a copy of the Explanation of Benefits (EOB)
- It must show the total amount of the plan year Deductible met by the Child
- Mail both documents to the OPEH&W Health Plan Administrators Office
- If approved, reimbursement checks will be mailed directly to the Member

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HEALTH COVERAGE



FREE MEDICAL CARE

Zero Out-of-Pocket for:

Transplant*
Cancer Care
Heart & Cardiac Surgeries*
Back & Spine Surgeries*
Hip & Knee Replacements*
Maternity Care
Cellular Immunotherapy*

Coverage **Only** Available from **BlueDistinction+** Providers
* No Out-of-Network Coverage Available

MAKING HEALTHY CHEAPER

Free Member Rewards with **Zelis**
Free Virtual Check-Ups with **Catapult Health**
Free Primary & **Pediatric Care** with **MDLIVE**
Free Psychiatry & **Counseling** with **MDLIVE**
Free Medical Equipment & **Supplies** with **Connect DME**
Free MRI, **CT** & **PET Scans** with **Green Imaging**
Free X-Rays & **Ultrasounds** with **Green Imaging**
Free Diabetes & **Blood Pressure** Programs with **Omada**
Free Cholesterol & **Weight** Programs with **Omada**
Free Joint & **Muscle Pain** Programs with **Hinge Health**
Free Pelvic Floor Pain Program with **Hinge Health**
Free Tobacco & **Vaping Addiction** Programs with **Pelago**
Free Alcohol & **Opioid Addiction** Programs with **Pelago**
Free Mental Health Program with **SilverCloud**
Free Mental Health Program with **Inmynd**
Free Mental Health Program with **LearnToLive**
Free Women's & **Family Health** Programs with **Ovia**
Free Wellness Programs with **Well onTarget**
Free Weight-Loss Program with **Wondr Health**
Free Sleep Studies with **Connect DME**
Free $**500 Child Accident Reimbursement**
50% Child Deductible Reimbursement

	DIAMOND	PLATINUM	GOLD	SILVER	BRONZE	COBALT
MEDICAL						
Deductible	1,000	1,500	3,250	2,250	4,250	5,500
Co-Insurance	20%	20%	20%	50%	50%	20%
Max Out-of-Pocket	5,000	5,000	7,000	7,000	7,500	7,500
MDLIVE Primary & Pediatric Care	FREE	FREE	FREE	FREE	FREE	FREE
In-Person Primary & Pediatric Care	25	25	25	25	25	D&C
MDLIVE Urgent Care	FREE	FREE	FREE	FREE	FREE	FREE
In-Person Urgent Care	25	25	25	25	25	D&C
In-Person Specialist Care	50	50	50	50	50	D&C
MDLIVE Counseling & Psychiatry	FREE	FREE	FREE	FREE	FREE	FREE
PRESCRIPTION						
Deductible	75	100	100	500	500	500
Max Out-of-Pocket	2,000	2,000	2,000	2,000	2,000	2,000
Generics	10	10	10	10	50% MAX $20	5
Preferred Brands	45	55	25% MAX $80	25% MAX $80	30% MAX $100	45
Non-Preferred Brands	60	70	40% MAX $120	40% MAX $120	50% MAX $150	85
Specialty Generics	10	10	10	10	20% MAX $50	5
Specialty Preferred Brands	60	60	60	20% MAX $80	30% MAX $80	95
Specialty Non-Preferred Brands	100	100	100	40% MAX $120	50% MAX $120	195
Insulin - Select Preferred Brands	25	25	25	25	25	25
Acid-Reflux & GERD OTC'S	FREE	FREE	FREE	FREE	FREE	FREE
Diabetic Generics	5	5	5	5	5	5
Antihistamine OTC'S	5	5	5	5	5	5

2025-2026 PLAN YEAR
JULY 1, 2025 TO **JUNE 30, 2026**

OPEH&W HealthPlan
Making Healthy Cheaper

DIAMOND ADVANTAGE HEALTH COVERAGE



FREE MEDICAL CARE

Zero Out-of-Pocket for:

- **Transplant***
- **Heart & Cardiac Surgeries***
- **Hip & Knee Replacements***
- **Cellular Immunotherapy***
- **Cancer Care**
- **Back & Spine Surgeries***
- **Maternity Care**

- Coverage **Only** Available from **BlueDistinction+** Providers
- * No Out-of-Network Coverage Available

MAKING HEALTHY CHEAPER

Free Member Rewards with **Zelis**
Free Virtual Check-Ups with **Catapult Health** get $**250** Deductible Reduction
Free Psychiatry, **Counseling**, **Primary** & **Pediatric Care** with **MDLIVE**
Free Medical Equipment & **Supplies** with **Connect DME**
Free X-Rays, **Ultrasounds**, **MRI**, **CT**, & **PET Scans** with **Green Imaging**
Free Diabetes, **Blood Pressure**, **Cholesterol** & **Weight** Programs with **Omada**
Free Joint, **Muscle Pain** & **Pelvic Floor Pain** Programs with **Hinge Health**
Free Tobacco, **Vaping**, **Alcohol** & **Opioid Addiction** Programs with **Pelago**
Free Mental Health Programs with **SilverCloud**, **Inmynd** & **LearnToLive**
Free Women's & **Family Health** Programs with **Ovia**
Free Wellness Programs with **Well onTarget**
Free Weight-Loss Program with **Wondr Health**
Free Sleep Studies with **Connect DME**
Free $**500 Child Accident Reimbursement**
50% Child Deductible Reimbursement

MONTHLY RATES

$	**660.20**	Member
$	**315.40**	Child
$	**513.46**	Children
$	**771.90**	Spouse
$	**1,087.30**	Spouse & Child
$	**1,285.36**	Spouse & Children

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MEDICAL COVERAGE

IN-NETWORK

BlueAdvantage Network Providers

$ **1,000**	Deductible – Individual
$ **2,000**	Deductible – Family
$ **5,000**	Maximum Out-of-Pocket – Individual
$**10,000**	Maximum Out-of-Pocket – Family
20%	Co-Insurance

PROFESSIONAL SERVICES

Free	Primary & Pediatric Care from **MDLIVE**
Free	Counseling & Psychiatry from **MDLIVE**
Free	Urgent Care from **MDLIVE**
$**25**	Primary & Pediatric Care In-Person Co-Pay
$**50**	Specialist In-Person Co-Pay
$**25**	Urgent Care In-Person Co-Pay
$**50**	Emergnancy Care Co-Pay (Waived if Admitted)

OUT-OF-NETWORK

100% Balance Billing for Amounts Over Allowable Cost

$ **2,000**	Deductible – Individual
$ **4,000**	Deductible – Family
$**10,000**	Maximum Out-of-Pocket – Individual
$**20,000**	Maximum Out-of-Pocket – Family
30%	Co-Insurance

PRESCRIPTION COVERAGE

COVERAGE

$ **75**	Brand Name Deductible
	Deductible is Per Person, Not Per Drug
$**2,000**	Maximum Out-of-Pocket - Individual
$**4,000**	Maximum Out-of-Pocket - Family

CO-PAYS

	30 Day Supply	**90** Day Supply	Specialty
Generics	$**10**	$ **25**	$ **10**
Preferred Brands	$**45**	$**112**	$ **60**
Non-Preferred Brands	$**60**	$**150**	$**120**

ENHANCEMENT CO-PAYS

30 Day Supply

$ **5**	Diabetic Oral Generics
$ **5**	Antihistamine (Over-The-Counter Versions)
$**25**	Insulin (Select Brands)
Free	Tobacco Cessation
Free	GERD & Acid Reflux (Over-The-Counter Versions)

DIAMOND PREFERRED HEALTH COVERAGE



FREE MEDICAL CARE

Zero Out-of-Pocket for:

- **Transplant***
- **Heart & Cardiac Surgeries***
- **Hip & Knee Replacements***
- **Cellular Immunotherapy***
- **Cancer Care**
- **Back & Spine Surgeries***
- **Maternity Care**

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Free Tobacco, **Vaping**, **Alcohol** & **Opioid Addiction** Programs with **Pelago**
Free Mental Health Programs with **SilverCloud**, **Inmynd** & **LearnToLive**
Free Women's & **Family Health** Programs with **Ovia**
Free Wellness Programs with **Well onTarget**
Free Weight-Loss Program with **Wondr Health**
Free Sleep Studies with **Connect DME**
Free $**500 Child Accident Reimbursement**
50% Child Deductible Reimbursement

MONTHLY RATES

$ **776.70**	Member
$ **371.06**	Child
$ **604.08**	Children
$ **908.12**	Spouse
$**1,279.18**	Spouse & Child
$**1,512.20**	Spouse & Children

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MEDICAL COVERAGE

IN-NETWORK

BluePreferred Network Providers

$ **1,000**	Deductible – Individual
$ **2,000**	Deductible – Family
$ **5,000**	Maximum Out-of-Pocket – Individual
$**10,000**	Maximum Out-of-Pocket – Family
20%	Co-Insurance

PROFESSIONAL SERVICES

Free	Primary & Pediatric Care from **MDLIVE**
Free	Counseling & Psychiatry from **MDLIVE**
Free	Urgent Care from **MDLIVE**
$**25**	Primary & Pediatric Care In-Person Co-Pay
$**50**	Specialist In-Person Co-Pay
$**25**	Urgent Care In-Person Co-Pay
$**50**	Emergnancy Care Co-Pay (Waived if Admitted)

OUT-OF-NETWORK

100% Balance Billing for Amounts Over Allowable Cost

$ **2,000**	Deductible – Individual
$ **4,000**	Deductible – Family
$**10,000**	Maximum Out-of-Pocket – Individual
$**20,000**	Maximum Out-of-Pocket – Family
30%	Co-Insurance

PRESCRIPTION COVERAGE

COVERAGE

$ **75**	Brand Name Deductible
	Deductible is Per Person, Not Per Drug
$**2,000**	Maximum Out-of-Pocket - Individual
$**4,000**	Maximum Out-of-Pocket - Family

CO-PAYS

	30 Day Supply	**90** Day Supply	Specialty
Generics	$**10**	$ **25**	$ **10**
Preferred Brands	$**45**	$**112**	$ **60**
Non-Preferred Brands	$**60**	$**150**	$**120**

ENHANCEMENT CO-PAYS

30 Day Supply

$ **5**	Diabetic Oral Generics
$ **5**	Antihistamine (Over-The-Counter Versions)
$**25**	Insulin (Select Brands)
Free	Tobacco Cessation
Free	GERD & Acid Reflux (Over-The-Counter Versions)

PLATINUM ADVANTAGE HEALTH COVERAGE



FREE MEDICAL CARE

Zero Out-of-Pocket for:

- **Transplant***
- **Heart & Cardiac Surgeries***
- **Hip & Knee Replacements***
- **Cellular Immunotherapy***
- **Cancer Care**
- **Back & Spine Surgeries***
- **Maternity Care**

- Coverage **Only** Available from **BlueDistinction+** Providers
- * No Out-of-Network Coverage Available

MAKING HEALTHY CHEAPER

Free Member Rewards with **Zelis**
Free Virtual Check-Ups with **Catapult Health** get $**250** Deductible Reduction
Free Psychiatry, **Counseling**, **Primary** & **Pediatric Care** with **MDLIVE**
Free Medical Equipment & **Supplies** with **Connect DME**
Free X-Rays, **Ultrasounds**, **MRI**, **CT**, & **PET Scans** with **Green Imaging**
Free Diabetes, **Blood Pressure**, **Cholesterol** & **Weight** Programs with **Omada**
Free Joint, **Muscle Pain** & **Pelvic Floor Pain** Programs with **Hinge Health**
Free Tobacco, **Vaping**, **Alcohol** & **Opioid Addiction** Programs with **Pelago**
Free Mental Health Programs with **SilverCloud**, **Inmynd** & **LearnToLive**
Free Women's & **Family Health** Programs with **Ovia**
Free Wellness Programs with **Well onTarget**
Free Weight-Loss Program with **Wondr Health**
Free Sleep Studies with **Connect DME**
Free $**500 Child Accident Reimbursement**
50% Child Deductible Reimbursement

MONTHLY RATES

$ **594.18**	Member
$ **283.86**	Child
$ **462.12**	Children
$ **694.70**	Spouse
$ **978.56**	Spouse & Child
$**1,156.82**	Spouse & Children

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MEDICAL COVERAGE

IN-NETWORK

BlueAdvantage Network Providers

$ **1,500**	Deductible – Individual
$ **3,000**	Deductible – Family
$ **5,000**	Maximum Out-of-Pocket – Individual
$**10,000**	Maximum Out-of-Pocket – Family
20%	Co-Insurance

PROFESSIONAL SERVICES

Free	Primary & Pediatric Care from **MDLIVE**
Free	Counseling & Psychiatry from **MDLIVE**
Free	Urgent Care from **MDLIVE**
$**25**	Primary & Pediatric Care In-Person Co-Pay
$**50**	Specialist In-Person Co-Pay
$**25**	Urgent Care In-Person Co-Pay
$**50**	Emergnancy Care Co-Pay (Waived if Admitted)

OUT-OF-NETWORK

100% Balance Billing for Amounts Over Allowable Cost

$ **3,000**	Deductible – Individual
$ **6,000**	Deductible – Family
$**10,000**	Maximum Out-of-Pocket – Individual
$**20,000**	Maximum Out-of-Pocket – Family
30%	Co-Insurance

PRESCRIPTION COVERAGE

COVERAGE

$ **100**	Brand Name Deductible
	Deductible is Per Person, Not Per Drug
$**2,000**	Maximum Out-of-Pocket - Individual
$**4,000**	Maximum Out-of-Pocket - Family

CO-PAYS

	30 Day Supply	**90** Day Supply	Specialty
Generics	$**10**	$ **25**	$ **10**
Preferred Brands	$**55**	$**137**	$ **60**
Non-Preferred Brands	$**70**	$**175**	$**120**

ENHANCEMENT CO-PAYS

30 Day Supply

$ **5**	Diabetic Oral Generics
$ **5**	Antihistamine (Over-The-Counter Versions)
$**25**	Insulin (Select Brands)
Free	Tobacco Cessation
Free	GERD & Acid Reflux (Over-The-Counter Versions)

PLATINUM PREFERRED HEALTH COVERAGE



FREE MEDICAL CARE

Zero Out-of-Pocket for:

- **Transplant***
- **Heart & Cardiac Surgeries***
- **Hip & Knee Replacements***
- **Cellular Immunotherapy***
- **Cancer Care**
- **Back & Spine Surgeries***
- **Maternity Care**

- Coverage **Only** Available from **BlueDistinction+** Providers
- * No Out-of-Network Coverage Available

MAKING HEALTHY CHEAPER

Free Member Rewards with **Zelis**
Free Virtual Check-Ups with **Catapult Health** get $**250** Deductible Reduction
Free Psychiatry, **Counseling**, **Primary** & **Pediatric Care** with **MDLIVE**
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Free Mental Health Programs with **SilverCloud**, **Inmynd** & **LearnToLive**
Free Women's & **Family Health** Programs with **Ovia**
Free Wellness Programs with **Well onTarget**
Free Weight-Loss Program with **Wondr Health**
Free Sleep Studies with **Connect DME**
Free $**500 Child Accident Reimbursement**
50% Child Deductible Reimbursement

MONTHLY RATES

$ **699.04**	Member
$ **333.96**	Child
$ **543.68**	Children
$ **817.30**	Spouse
$**1,151.26**	Spouse & Child
$**1,360.98**	Spouse & Children

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MEDICAL COVERAGE

IN-NETWORK

BluePreferred Network Providers

$ **1,500**	Deductible – Individual
$ **3,000**	Deductible – Family
$ **5,000**	Maximum Out-of-Pocket – Individual
$**10,000**	Maximum Out-of-Pocket – Family
20%	Co-Insurance

PROFESSIONAL SERVICES

Free	Primary & Pediatric Care from **MDLIVE**
Free	Counseling & Psychiatry from **MDLIVE**
Free	Urgent Care from **MDLIVE**
$**25**	Primary & Pediatric Care In-Person Co-Pay
$**50**	Specialist In-Person Co-Pay
$**25**	Urgent Care In-Person Co-Pay
$**50**	Emergnancy Care Co-Pay (Waived if Admitted)

OUT-OF-NETWORK

100% Balance Billing for Amounts Over Allowable Cost

$ **3,000**	Deductible – Individual
$ **6,000**	Deductible – Family
$**10,000**	Maximum Out-of-Pocket – Individual
$**20,000**	Maximum Out-of-Pocket – Family
30%	Co-Insurance

PRESCRIPTION COVERAGE

COVERAGE

$ **100**	Brand Name Deductible
	Deductible is Per Person, Not Per Drug
$**2,000**	Maximum Out-of-Pocket - Individual
$**4,000**	Maximum Out-of-Pocket - Family

CO-PAYS

	30 Day Supply	**90** Day Supply	Specialty
Generics	$**10**	$ **25**	$ **10**
Preferred Brands	$**55**	$**137**	$ **60**
Non-Preferred Brands	$**70**	$**175**	$**120**

ENHANCEMENT CO-PAYS

30 Day Supply

$ **5**	Diabetic Oral Generics
$ **5**	Antihistamine (Over-The-Counter Versions)
$**25**	Insulin (Select Brands)
Free	Tobacco Cessation
Free	GERD & Acid Reflux (Over-The-Counter Versions)

GOLD PREFERRED HEALTH COVERAGE



FREE MEDICAL CARE

Zero Out-of-Pocket for:

- **Transplant***
- **Heart & Cardiac Surgeries***
- **Hip & Knee Replacements***
- **Cellular Immunotherapy***
- **Cancer Care**
- **Back & Spine Surgeries***
- **Maternity Care**

- Coverage **Only** Available from **BlueDistinction+** Providers
- * No Out-of-Network Coverage Available

MAKING HEALTHY CHEAPER

Free Member Rewards with **Zelis**
Free Virtual Check-Ups with **Catapult Health** get $**250** Deductible Reduction
Free Psychiatry, **Counseling**, **Primary** & **Pediatric Care** with **MDLIVE**
Free Medical Equipment & **Supplies** with **Connect DME**
Free X-Rays, **Ultrasounds**, **MRI**, **CT**, & **PET Scans** with **Green Imaging**
Free Diabetes, **Blood Pressure**, **Cholesterol** & **Weight** Programs with **Omada**
Free Joint, **Muscle Pain** & **Pelvic Floor Pain** Programs with **Hinge Health**
Free Tobacco, **Vaping**, **Alcohol** & **Opioid Addiction** Programs with **Pelago**
Free Mental Health Programs with **SilverCloud**, **Inmynd** & **LearnToLive**
Free Women's & **Family Health** Programs with **Ovia**
Free Wellness Programs with **Well onTarget**
Free Weight-Loss Program with **Wondr Health**
Free Sleep Studies with **Connect DME**
Free $**500 Child Accident Reimbursement**
50% Child Deductible Reimbursement

MONTHLY RATES

$ **667.96**	Member
$ **319.12**	Child
$ **519.50**	Children
$ **780.98**	Spouse
$**1,100.10**	Spouse & Child
$**1,300.48**	Spouse & Children

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MEDICAL COVERAGE

IN-NETWORK

BluePreferred Network Providers

$ **3,250**	Deductible – Individual
$ **6,500**	Deductible – Family
$ **7,000**	Maximum Out-of-Pocket – Individual
$**14,000**	Maximum Out-of-Pocket – Family
20%	Co-Insurance

PROFESSIONAL SERVICES

Free	Primary & Pediatric Care from **MDLIVE**
Free	Counseling & Psychiatry from **MDLIVE**
Free	Urgent Care from **MDLIVE**
$**25**	Primary & Pediatric Care In-Person Co-Pay
$**50**	Specialist In-Person Co-Pay
$**25**	Urgent Care In-Person Co-Pay
$**50**	Emergnancy Care Co-Pay (Waived if Admitted)

OUT-OF-NETWORK

100% Balance Billing for Amounts Over Allowable Cost

$ **6,500**	Deductible – Individual
$**13,000**	Deductible – Family
$**14,000**	Maximum Out-of-Pocket – Individual
$**28,000**	Maximum Out-of-Pocket – Family
30%	Co-Insurance

PRESCRIPTION COVERAGE

COVERAGE

$ **100**	Brand Name Deductible
	Deductible is Per Person, Not Per Drug
$**2,000**	Maximum Out-of-Pocket - Individual
$**4,000**	Maximum Out-of-Pocket - Family

CO-PAYS

	30 Day Supply	**90** Day Supply	Specialty
Generics	$**10**	$**25**	$ **10**
Preferred Brands	**25**% up to $ **80**	**25**% up to $**200**	$ **60**
Non-Preferred Brands	**40**% up to $**120**	**40**% up to $**300**	$**100**

ENHANCEMENT CO-PAYS

30 Day Supply

$ **5**	Diabetic Oral Generics
$ **5**	Antihistamine (Over-The-Counter Versions)
$**25**	Insulin (Select Brands)
Free	Tobacco Cessation
Free	GERD & Acid Reflux (Over-The-Counter Versions)

SILVER
PREFERRED
HEALTH COVERAGE



FREE MEDICAL CARE

Zero Out-of-Pocket for:

- **Transplant***
- **Heart & Cardiac Surgeries***
- **Hip & Knee Replacements***
- **Cellular Immunotherapy***
- **Cancer Care**
- **Back & Spine Surgeries***
- **Maternity Care**

- Coverage **Only** Available from **BlueDistinction+** Providers
- * No Out-of-Network Coverage Available

MAKING HEALTHY CHEAPER

Free Member Rewards with **Zelis**
Free Virtual Check-Ups with **Catapult Health** get $**250** Deductible Reduction
Free Psychiatry, **Counseling**, **Primary** & **Pediatric Care** with **MDLIVE**
Free Medical Equipment & **Supplies** with **Connect DME**
Free X-Rays, **Ultrasounds**, **MRI**, **CT**, & **PET Scans** with **Green Imaging**
Free Diabetes, **Blood Pressure**, **Cholesterol** & **Weight** Programs with **Omada**
Free Joint, **Muscle Pain** & **Pelvic Floor Pain** Programs with **Hinge Health**
Free Tobacco, **Vaping**, **Alcohol** & **Opioid Addiction** Programs with **Pelago**
Free Mental Health Programs with **SilverCloud**, **Inmynd** & **LearnToLive**
Free Women's & **Family Health** Programs with **Ovia**
Free Wellness Programs with **Well onTarget**
Free Weight-Loss Program with **Wondr Health**
Free Sleep Studies with **Connect DME**
Free $**500 Child Accident Reimbursement**
50% Child Deductible Reimbursement

MONTHLY RATES

$ **644.66**	Member
$ **307.98**	Child
$ **501.38**	Children
$ **753.74**	Spouse
$**1,061.72**	Spouse & Child
$**1,255.12**	Spouse & Children

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MEDICAL COVERAGE

IN-NETWORK

BluePreferred Network Providers

$ **2,250**	Deductible – Individual
$ **4,500**	Deductible – Family
$ **7,000**	Maximum Out-of-Pocket – Individual
$**14,000**	Maximum Out-of-Pocket – Family
50%	Co-Insurance

PROFESSIONAL SERVICES

Free	Primary & Pediatric Care from **MDLIVE**
Free	Counseling & Psychiatry from **MDLIVE**
Free	Urgent Care from **MDLIVE**
$**25**	Primary & Pediatric Care In-Person Co-Pay
$**50**	Specialist In-Person Co-Pay
$**25**	Urgent Care In-Person Co-Pay
$**50**	Emergnancy Care Co-Pay (Waived if Admitted)

OUT-OF-NETWORK

100% Balance Billing for Amounts Over Allowable Cost

$ **4,500**	Deductible – Individual
$ **9,000**	Deductible – Family
$**14,000**	Maximum Out-of-Pocket – Individual
$**28,000**	Maximum Out-of-Pocket – Family
50%	Co-Insurance

PRESCRIPTION COVERAGE

COVERAGE

$ **500**	Brand Name Deductible
	Deductible is Per Person, Not Per Drug
$**2,000**	Maximum Out-of-Pocket - Individual
$**4,000**	Maximum Out-of-Pocket - Family

CO-PAYS

	30 Day Supply	**90** Day Supply	Specialty
Generics	$**10**	$**25**	$**10**
Preferred Brands	**25**% up to $ **80**	**25**% up to $**200**	**25**% up to $ **80**
Non-Preferred Brands	**40**% up to $**120**	**40**% up to $**300**	**40**% up to $**120**

ENHANCEMENT CO-PAYS

30 Day Supply

$ **5**	Diabetic Oral Generics
$ **5**	Antihistamine (Over-The-Counter Versions)
$**25**	Insulin (Select Brands)
Free	Tobacco Cessation
Free	GERD & Acid Reflux (Over-The-Counter Versions)

BRONZE
PREFERRED
HEALTH COVERAGE



FREE MEDICAL CARE

Zero Out-of-Pocket for:

- **Transplant***
- **Heart & Cardiac Surgeries***
- **Hip & Knee Replacements***
- **Cellular Immunotherapy***
- **Cancer Care**
- **Back & Spine Surgeries***
- **Maternity Care**

- Coverage **Only** Available from **BlueDistinction+** Providers
- * No Out-of-Network Coverage Available

MAKING HEALTHY CHEAPER

Free Member Rewards with **Zelis**
Free Virtual Check-Ups with **Catapult Health** get $**250** Deductible Reduction
Free Psychiatry, **Counseling**, **Primary** & **Pediatric Care** with **MDLIVE**
Free Medical Equipment & **Supplies** with **Connect DME**
Free X-Rays, **Ultrasounds**, **MRI**, **CT**, & **PET Scans** with **Green Imaging**
Free Diabetes, **Blood Pressure**, **Cholesterol** & **Weight** Programs with **Omada**
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Free Mental Health Programs with **SilverCloud**, **Inmynd** & **LearnToLive**
Free Women's & **Family Health** Programs with **Ovia**
Free Wellness Programs with **Well onTarget**
Free Weight-Loss Program with **Wondr Health**
Free Sleep Studies with **Connect DME**
Free $**500 Child Accident Reimbursement**
50% Child Deductible Reimbursement

MONTHLY RATES

$ **621.36**	Member
$ **296.84**	Child
$ **483.26**	Children
$ **726.50**	Spouse
$**1,023.34**	Spouse & Child
$**1,209.76**	Spouse & Children

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MEDICAL COVERAGE

IN-NETWORK

BluePreferred Network Providers

$ **4,250**	Deductible – Individual
$ **8,500**	Deductible – Family
$ **7,500**	Maximum Out-of-Pocket – Individual
$**15,000**	Maximum Out-of-Pocket – Family
50%	Co-Insurance

PROFESSIONAL SERVICES

Free	Primary & Pediatric Care from **MDLIVE**
Free	Counseling & Psychiatry from **MDLIVE**
Free	Urgent Care from **MDLIVE**
$**25**	Primary & Pediatric Care In-Person Co-Pay
$**50**	Specialist In-Person Co-Pay
$**25**	Urgent Care In-Person Co-Pay
$**50**	Emergnancy Care Co-Pay (Waived if Admitted)

OUT-OF-NETWORK

100% Balance Billing for Amounts Over Allowable Cost

$ **8,500**	Deductible – Individual
$**17,000**	Deductible – Family
$**15,000**	Maximum Out-of-Pocket – Individual
$**30,000**	Maximum Out-of-Pocket – Family
50%	Co-Insurance

PRESCRIPTION COVERAGE

COVERAGE

$ **500**	Deductible
	Deductible is Per Person, Not Per Drug
$**2,000**	Maximum Out-of-Pocket - Individual
$**4,000**	Maximum Out-of-Pocket - Family

CO-PAYS

	30 Day Supply	**90** Day Supply	Specialty
Generics	**30**% up to $ **20**	**30**% up to $ **50**	**30**% up to $ **50**
Preferred Brands	**30**% up to $**100**	**30**% up to $**250**	**30**% up to $ **80**
Non-Preferred Brands	**50**% up to $**150**	**50**% up to $**375**	**50**% up to $**120**

ENHANCEMENT CO-PAYS

30 Day Supply

$ **5**	Diabetic Oral Generics
$ **5**	Antihistamine (Over-The-Counter Versions)
$**25**	Insulin (Select Brands)
Free	Tobacco Cessation
Free	GERD & Acid Reflux (Over-The-Counter Versions)

COBALT PREFERRED HEALTH COVERAGE



FREE MEDICAL CARE

Zero Out-of-Pocket for:

- **Transplant***
- **Heart & Cardiac Surgeries***
- **Hip & Knee Replacements***
- **Cellular Immunotherapy***
- **Cancer Care**
- **Back & Spine Surgeries***
- **Maternity Care**

- Coverage **Only** Available from **BlueDistinction+** Providers
- * No Out-of-Network Coverage Available

MAKING HEALTHY CHEAPER

Free Member Rewards with **Zelis**
Free Virtual Check-Ups with **Catapult Health** get $**250** Deductible Reduction
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Free Wellness Programs with **Well onTarget**
Free Weight-Loss Program with **Wondr Health**
Free Sleep Studies with **Connect DME**
Free $**500 Child Accident Reimbursement**
50% Child Deductible Reimbursement

MONTHLY RATES

$ **563.10**	Member
$ **269.02**	Child
$ **437.96**	Children
$ **658.38**	Spouse
$ **927.40**	Spouse & Child
$**1,096.34**	Spouse & Children

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MEDICAL COVERAGE

IN-NETWORK

BluePreferred Network Providers

$ **5,500**	Deductible – Individual
$**11,000**	Deductible – Family
$ **7,500**	Maximum Out-of-Pocket – Individual
$**15,000**	Maximum Out-of-Pocket – Family
20%	Co-Insurance

PROFESSIONAL SERVICES

Free	Primary & Pediatric Care from **MDLIVE**
Free	Counseling & Psychiatry from **MDLIVE**
Free	Urgent Care from **MDLIVE**
$**25**	Primary & Pediatric Care In-Person Co-Pay
$**50**	Specialist In-Person Co-Pay
$**25**	Urgent Care In-Person Co-Pay
$**50**	Emergnancy Care Co-Pay (Waived if Admitted)

OUT-OF-NETWORK

100% Balance Billing for Amounts Over Allowable Cost

$ **5,500**	Deductible – Individual
$**11,000**	Deductible – Family
$ **7,500**	Maximum Out-of-Pocket – Individual
$**15,000**	Maximum Out-of-Pocket – Family
50%	Co-Insurance

PRESCRIPTION COVERAGE

COVERAGE

$ **0**	Brand Name Deductible
	Deductible is Per Person, Not Per Drug
$**2,000**	Maximum Out-of-Pocket - Individual
$**4,000**	Maximum Out-of-Pocket - Family

CO-PAYS

	30 Day Supply	**90** Day Supply	Specialty
Generics	$ **5**	$ **25**	$ **5**
Preferred Brands	$**45**	$**112**	$ **95**
Non-Preferred Brands	$**85**	$**212**	$**195**

ENHANCEMENT CO-PAYS

30 Day Supply

$ **5**	Diabetic Oral Generics
$ **5**	Antihistamine (Over-The-Counter Versions)
$**25**	Insulin (Select Brands)
Free	Tobacco Cessation
Free	GERD & Acid Reflux (Over-The-Counter Versions)

DENTAL COVERAGE



SIDE-BY-SIDE
DENTAL COVERAGE

	ENHANCED	STANDARD
Maximum	$2,500	$1,500
Deductible	$25	$50
Preventive Covered	YES	YES
Preventive Frequency	6 months	6 months
Preventive Deductible	NO	NO
Basic Services Coinsurance	15%	20%
Major Services Coinsurance	40%	50%
Orthodontics		
Lifetime Maximum	$1,500	$1,500
Coinsurance	50%	50%
Children Covered	YES	YES
Adults Covered	YES	YES
Employee Monthly Rate	$49.76	$44.78

ENHANCED
DENTAL COVERAGE



PLAN YEAR COVERAGE

$2,500 Plan Year Maximum

$25 Plan Year Deductible

PREVENTIVE & DIAGNOSTIC SERVICES

Free Every 6 Months

- Cleaning, Polishing, Bite-Wing X-Rays & Prophylaxis

BASIC SERVICES

15% Co-Insurance

- Fillings, Simple Extractions, Surgical Removal of Teeth & Root Canals

MAJOR SERVICES

40% Co-Insurance

- Implants, Crowns, Full or Partial Dentures, Bridge Repairs & Occlusal Guards

ORTHODONTICS

$1,500 Lifetime Maximum

50% Co-Insurance

- For Adults & Dependent Children up to Age 26
- No Deductible or Waiting Period

MONTHLY RATES

$ **49.76**	Member
$ **26.30**	Child
$ **41.80**	Children
$ **61.46**	Spouse
$ **87.76**	Spouse & Child
$**103.26**	Spouse & Children

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SUPPORT

- **bcbsok.com**
- **800.313.5162**

BlueCross BlueShield
of Oklahoma

STANDARD
DENTAL COVERAGE



PLAN YEAR COVERAGE

$1,500 Plan Year Maximum

$50 Plan Year Deductible

PREVENTIVE & DIAGNOSTIC SERVICES

Free Every 6 Months

- Cleaning, Polishing, Bite-Wing X-Rays & Prophylaxis

BASIC SERVICES

20% Co-Insurance

- Fillings, Simple Extractions, Surgical Removal of Teeth & Root Canals

MAJOR SERVICES

50% Co-Insurance

- Implants, Crowns, Full or Partial Dentures, Bridge Repairs & Occlusal Guards

ORTHODONTICS

$1,500 Lifetime Maximum

50% Co-Insurance

- For Adults & Dependent Children up to Age 26
- No Deductible or Waiting Period

MONTHLY RATES

$44.78	Member
$23.66	Child
$37.64	Children
$55.32	Spouse
$78.98	Spouse & Child
$92.96	Spouse & Children

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SUPPORT

- **bcbsok.com**
- **800.313.5162**

BlueCross BlueShield
of Oklahoma

VISION COVERAGE



SIDE-BY-SIDE
VISION COVERAGE

	ENHANCED	STANDARD
Eye Exam	$10	$10
Digital Retinal Scan	$39	$39
Transitional Lenses	Free	Free
Frame Allowance	$120	$120
Frame Frequency	12 months	24 months
Contacts Allowance	$120	$120
Contacts Frequency	12 months	12 months
Contacts Lens Exam	$60 Max	15% Discount
Employee Monthly Rate	$7.74	$6.28

ENHANCED
VISION COVERAGE



EYE EXAM
Once Every **12** Months
$**10 Co-Pay** for WellVision Eye Exam
$**39 Co-Pay** for Digital Retinal Scan

MATERIALS
Once Every **12** Months
$**25 Deductible**

LENSES
Once Every **12** Months
Free After **Deductible** for Single Vision
Free After **Deductible** for Lined Bi-Focals
Free After **Deductible** for Lined Tri-Focals
Free After **Deductible** for Standard Progressives (No-Lines)
$**80**-$**90 Co-Pay** for Premium Progressives (No-Lines)
$**120**-$**160 Co-Pay** for Custom Progressives (No-Lines)
40% Average **Discount** for High Index Lenses
40% Average **Discount** for Polarized Lenses

LENS CUSTOMIZATIONS
Free for Polycarbonates for Children
40% Average **Discount** for Polycarbonates for Adults
Free for Transitional (Photochromic)
Free for Tinting
40% Average **Discount** for Scratch-Resistant Coating
40% Average **Discount** for Anti-Reflective Coating
40% Average **Discount** for UV Coating
40% Average **Discount** for Other Lens Customizations

FRAMES
Once Every **24** Months
$**120 Allowance** or
$**140 Allowance** for Featured Brands
20% **Discount** for Coverage After Allowance

VSP VISION

MONTHLY RATES
$ **7.74** Member
$ **7.22** Child
$ **7.22** Children
$ **6.80** Spouse
$**18.44** Spouse & Child
$**18.44** Spouse & Children

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EXTRA SAVINGS
20% **Discount** for Additional Pair of Glasses
20% **Discount** for Additional Pair of Sunglasses
20% **Discount** for Blue-Light Filtering Glasses

CONTACT LENSES (Instead of Lenses and/or Frames)
Once Every **12** Months
$**120 Allowance**
Free After **Deductible** for Medically Necessary Contacts
$**60 Maximum** for Fitting & Evaluation Exam

LASER VISION SURGERY
Discounted

ESSENTIAL MEDICAL EYE CARE
$**20 Co-Pay**

HEARING
Once Every **12** Months
Up to **60**% **Discount** for TruHearing Digital Hearing Aids
Free Online Hearing Test
$**39** for **120** Hearing Aid Batteries

OUT-OF-NETWORK COVERAGE
Up to $ **50** Reimbursement for Eye Exam
Up to $ **70** Reimbursement for Frames
Up to $ **50** Reimbursement for Single Vision Lenses
Up to $ **75** Reimbursement for Bifocal Lenses
Up to $**100** Reimbursement for Trifocal Lenses
Up to $ **75** Reimbursement for Progressive Lenses
Up to $**125** Reimbursement for Lenticular Lenses
Up to $**105** Reimbursement for Contacts
Up to $**210** Reimbursement for Medically Necessary Contacts
Up to $ **5** Reimbursement for Tints

Visit **www.vsp.com** or call **800.877.7195** for information about vision coverage and exclusive savings and promotions from VSP.

Coverage with a participating retail chain may be different. Once your benefit is effective, visit www.vsp.com for details. Based on applicable laws, benefits may vary by location. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details. VSP, VSP Vision care for life, and WellVision Exam are registered trademarks, and "Life is better in focus." is a trademark of Vision Service Plan.

STANDARD
VISION COVERAGE



EYE EXAM
Once Every **12** Months
$**10 Co-Pay** for WellVision Eye Exam
$**39 Co-Pay** for Digital Retinal Scan

VSP VISION™

MATERIALS
Once Every **12** Months
$**25 Deductible**

LENSES
Once Every **12** Months
Free After **Deductible** for Single Vision
Free After **Deductible** for Lined Bi-Focals
Free After **Deductible** for Lined Tri-Focals
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40% Average **Discount** for Anti-Reflective Coating
40% Average **Discount** for UV Coating
40% Average **Discount** for Other Lens Customizations

FRAMES
Once Every **24** Months
$**120 Allowance** or
$**140 Allowance** for Featured Brands
20% **Discount** for Coverage After Allowance

$ MONTHLY RATES
$ **6.28** Member
$ **5.82** Child
$ **5.82** Children
$ **5.50** Spouse
$**14.92** Spouse & Child
$**14.92** Spouse & Children

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EXTRA SAVINGS
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20% **Discount** for Additional Pair of Sunglasses
20% **Discount** for Blue-Light Filtering Glasses

CONTACT LENSES (Instead of Lenses and/or Frames)
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Free After **Deductible** for Medically Necessary Contacts
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Discounted

ESSENTIAL MEDICAL EYE CARE
$**20 Co-Pay**

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Up to **60**% **Discount** for TruHearing Digital Hearing Aids
Free Online Hearing Test
$**39** for **120** Hearing Aid Batteries

OUT-OF-NETWORK COVERAGE
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Up to $**100** Reimbursement for Trifocal Lenses
Up to $ **75** Reimbursement for Progressive Lenses
Up to $**125** Reimbursement for Lenticular Lenses
Up to $**105** Reimbursement for Contacts
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LIFE COVERAGE



SIDE-BY-SIDE
LIFE COVERAGE

Employee	$ **50,000**	$**40,000**	$**30,000**	$**20,000**
Accidental Death	$**100,000**	$**80,000**	$**60,000**	$**40,000**
Spouse	$ **12,500**	$**12,500**	$**12,500**	$**12,500**
Child	$ **5,000**	$ **4,000**	$ **3,000**	$ **2,000**
Monthly Rate	$**16.24**	$**13.00**	$**9.74**	$**6.50**

$50,000
LIFE COVERAGE



EMPLOYEE COVERAGE
$50,000

MONTHLY RATE
$16.24 Member

EMPLOYEE ACCIDENTAL DEATH
$100,000

Also Provides Coverage for:

- Loss of or Loss of the Use of a **Limb**
- Loss of **Sight** or **Hearing**

SPOUSE & CHILD COVERAGE
$12,500 Spouse

$ 5,000 Child

COVERAGE DETAILS
- **Term Life** Does Not Build Cash Value
- **24/7 Protection** During Work, Rest, Travel or Play
- **Automatic Enrollment** Guaranteed & Unconditional
- **Coverage Reduced** to 50% at Ages 70 through 79, and
- **Coverage Reduced** to 75% at Ages 80+
- **Covered Until** Employee Terminates
- **Convertible** to Individual Policy at Termination

MetLife

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$40,000
LIFE COVERAGE



EMPLOYEE COVERAGE
$40,000

MONTHLY RATE
$13.00 Member

EMPLOYEE ACCIDENTAL DEATH
$80,000

Also Provides Coverage for:

- Loss of or Loss of the Use of a **Limb**
- Loss of **Sight** or **Hearing**

SPOUSE & CHILD COVERAGE
$10,000 Spouse

$ 4,000 Child

COVERAGE DETAILS
- **Term Life** Does Not Build Cash Value
- **24/7 Protection** During Work, Rest, Travel or Play
- **Automatic Enrollment** Guaranteed & Unconditional
- **Coverage Reduced** to 50% at Ages 70 through 79, and
- **Coverage Reduced** to 75% at Ages 80+
- **Covered Until** Employee Terminates
- **Convertible** to Individual Policy at Termination

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$30,000
LIFE COVERAGE



EMPLOYEE COVERAGE
$30,000

MONTHLY RATE
$9.74 Member

EMPLOYEE ACCIDENTAL DEATH
$60,000

Also Provides Coverage for:

- Loss of or Loss of the Use of a **Limb**
- Loss of **Sight** or **Hearing**

SPOUSE & CHILD COVERAGE
$ 7,500 Spouse

$ 3,000 Child

COVERAGE DETAILS
- **Term Life** Does Not Build Cash Value
- **24/7 Protection** During Work, Rest, Travel or Play
- **Automatic Enrollment** Guaranteed & Unconditional
- **Coverage Reduced** to 50% at Ages 70 through 79, and
- **Coverage Reduced** to 75% at Ages 80+
- **Covered Until** Employee Terminates
- **Convertible** to Individual Policy at Termination

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$20,000
LIFE COVERAGE



EMPLOYEE COVERAGE
$20,000

MONTHLY RATE
$6.50 Member

EMPLOYEE ACCIDENTAL DEATH
$40,000

Also Provides Coverage for:

- Loss of or Loss of the Use of a **Limb**
- Loss of **Sight** or **Hearing**

SPOUSE & CHILD COVERAGE
$ 5,000 Spouse

$ 2,000 Child

COVERAGE DETAILS
- **Term Life** Does Not Build Cash Value
- **24/7 Protection** During Work, Rest, Travel or Play
- **Automatic Enrollment** Guaranteed & Unconditional
- **Coverage Reduced** to 50% at Ages 70 through 79, and
- **Coverage Reduced** to 75% at Ages 80+
- **Covered Until** Employee Terminates
- **Convertible** to Individual Policy at Termination

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ADDITIONAL LIFE COVERAGE



EMPLOYEE COVERAGE

$**20,000** Minimum
$ **5,000** Increments Thereafter
Max 5x Gross Annual Pay up to $500,000
- Term Life Does Not Build Cash Value
- Conversion Available at Employment Termination

Optional Accidental Death Coverage
- 24/7 Protection During Work, Rest, Travel or Play
- Doubles Coverage if Employee Dies Accidentally
- Coverage if Employee Loses a Limb
- Coverage if Employee Loses Use of a Limb
- Coverage if Employee Loses Sight
- Coverage if Employee Loses Hearing

SPOUSE COVERAGE

$**20,000** Minimum
$ **5,000** Increments Thereafter
Max 50% of Employee Additional Life Coverage
- Employee must have Additional Life Coverage

CHILD COVERAGE

$**10,000** Coverage for $**2**, or
$**20,000** Coverage for $**4**
- One Premium Covers All Children
- Employee must have Additional Life Coverage

INCLUDED SERVICES

- Last Will & Testament Creation
- Living Will Creation
- Durable Powers of Attorney Creation
- Grief Counseling
- Estate Resolution Services
- Funeral Planning

MetLife

AGE BASED RATES FOR EACH $1,000 OF COVERAGE

WITH ACCIDENTAL DEATH COVERAGE		WITHOUT ACCIDENTAL DEATH COVERAGE	
18-34	**0.10**	18-34	**0.07**
35-39	**0.13**	35-39	**0.10**
40-44	**0.17**	40-44	**0.14**
45-49	**0.26**	45-49	**0.23**
50-54	**0.42**	50-54	**0.39**
55-59	**0.67**	55-59	**0.64**
60-64	**0.77**	60-64	**0.74**
65-69	**1.24**	65-69	**1.21**
70-74	**2.08**	70-74	**2.05**
75+	**3.21**	75+	**3.18**

Use Attained Age of Employee or Spouse at Coverage Start Date. Rate Updated Annually Using Attained Age Each July 1st.

Employees Enrolling from EGID with Existing Coverage, Regardless of Age:
$**4.80** for First $**20,000** of Coverage **with Accidental Death Coverage**, or
$**3.60** for First $**20,000** of Coverage **without Accidental Death Coverage**

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RETIREE COVERAGE



RETIREE COVERAGE



Under 65 Coverage

For Former Employee Members, Spouses & Children

- Health coverage (Medical & Prescription) identical to current employee members
- Choice of continuing with current health option or any option of a lesser value

Over 65 Health Coverage

For Former Employee Members & Spouses

- A Medicare Supplement Plan & Medicare Part D Coverage, or

- A Medicare Advantage Plan with Both Medical and Rx Coverage
- Fixed Rate for all Participants
- No Age, Gender, or Tobacco Rating
- Zero Medical Out-of-Pocket
- 4,500 Prescription Medication Formulary
- Consistent Coverage - No Donut Hole
- $3,000 Hearing Aid Allowance (every 36 months)

MEDICARE ADVANTAGE PLAN
Monthly Rate
$**149.80** or
$**44.80** with Retirement Subsidy

Retirement Subsidies

- The OPEH&W Health Plan is approved as a qualified plan
- Able to receive subsidies from retirement funds such as OPERS & OTRS
- This can only be used to offset health coverage premiums

Dental & Vision Coverage

- Dental coverage and rates are identical to current employees
- Vision coverage and rates are identical to current employees

Life Coverage

- Participation is optional
- Retiree Life Coverage does not reduce after age 70
- Qualification is unconditional and guaranteed, no medical underwriting or examinations

Retiree Benefit	Monthly Rate	With Spouse Benefit	Monthly Rate
5,000	17.70	2,500	22.70
10,000	35.40	5,000	45.40
15,000	53.10	7,500	68.10
20,000	70.80	10,000	90.80

ANCILLARY COVERAGE





The OPEH&W Health Plan is proud to offer its members a broad array of Ancillary Products from among the industries most recognized and trusted organizations. Carefully chosen and designed to be both affordable and to deliver comprehensive coverage; All these products ensure your security and peace of mind, by paying you directly when bad things happen. Learn more about any of these Ancillary Products by using the QR Code below.

Accident
Cancer
Critical Illness
Long Term Disability
Short Term Disability
Home & Auto
Hospital Indemnity
Identity Protection
Legal
Medical Transportation
Pet Insurance

MetLife masa

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MetLife's Accident plan supplements existing medical coverage and helps provide financial support to pay for out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose

Accidental Death: Providing the following coverage upon accidental death:

	Low Plan	High Plan
Employee	$**25,000**	$**50,000**
Spouse	$**12,500**	$**25,000**
Child	$ **5,000**	$**10,000**

Accidental Dismemberment / Funtional Loss / Paralysis: Provides coverage for Dismemberment, Functional Loss, or Paralysis of Various Body Parts.
Accidental Injury: Provides coverage for Open & Closed Fractures, Open & Closed Dislocations, Burns, Concussion, Coma, Lacerations, Broken Teeth & Eye Injuries.
Medical Treatment & Services: Provides coverage for Ground & Air Ambulance, ER, Urgent Care, Office Visits, Assorted Therapy Visits, Assorted Medical Equipment, Blood & Assorted Surgeries.
Hospital: Provides coverage for Admission, Confinement, ICU & Inpatient Rehabilitation.
Other: Provides coverage for Lodging, Organized Sports Activity Injuries & Health Screening.

Monthly Rates:	Low Plan	High Plan
Employee Only	$**10.23**	$**16.11**
Employee & Spouse	$**20.29**	$**31.88**
Employee & Child(ren)	$**24.36**	$**38.12**
Employee, Spouse & Child(ren)	$**28.80**	$**45.16**

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Basic Dismemberment/Functional Loss

	Low Plan	High Plan
Loss of One Finger or One Toe		
Employee	$ 750	$ 1,000
Spouse	$ 750	$ 1,000
Child	$ 750	$ 1,000
Loss of One Arm or One Leg		
Employee	$10,000	$15,000
Spouse	$10,000	$15,000
Child	$10,000	$15,000
Loss of One Hand or One Foot		
Employee	$10,000	$15,000
Spouse	$10,000	$15,000
Child	$10,000	$15,000
Loss of Two or More Fingers or Toes		
Employee	$ 1,500	$ 2,000
Spouse	$ 1,500	$ 2,000
Child	$ 1,500	$ 2,000
Loss of Sight in One Eye		
Employee	$10,000	$15,000
Spouse	$10,000	$15,000
Child	$10,000	$15,000
Loss of Hearing in One Ear		
Employee	$10,000	$15,000
Spouse	$10,000	$15,000
Child	$10,000	$15,000

Catastrophic Dismemberment/Functional Loss

	Low Plan	High Plan
Loss of Both Arms or Both Legs, or One Arm and One Leg		
Employee	$20,000	$40,000
Spouse	$20,000	$40,000
Child	$20,000	$40,000
Loss of Both Hands or Both Feet, or One Hand and One Foot		
Employee	$20,000	$40,000
Spouse	$20,000	$40,000
Child	$20,000	$40,000
Loss of Sight in Both Eyes		
Employee	$20,000	$40,000
Spouse	$20,000	$40,000
Child	$20,000	$40,000
Loss of Hearing in Both Ears		
Employee	$20,000	$40,000
Spouse	$20,000	$40,000
Child	$20,000	$40,000
Loss of Ability to Speak		
Employee	$20,000	$40,000
Spouse	$20,000	$40,000
Child	$20,000	$40,000

Paralysis

	Low Plan	High Plan
Two Limbs (Paraplegia or Hemiplegia)		
Employee	$10,000	$20,000
Spouse	$10,000	$20,000
Child	$10,000	$20,000
Four Limbs (Quadriplegia)		
Employee	$20,000	$40,000
Spouse	$20,000	$40,000
Child	$20,000	$40,000

Fracture (Closed)

If more than one bone is fractured, the amount paid for all fractures combined will be no more than 2 times the highest Fracture Benefit.

	Low Plan	High Plan
Face or Nose (Except Mandible or Maxilla)	$1,000	$2,000
Skull Fracture - Depressed (Except Bones of Face or Nose)	$4,000	$5,000
Skull Fracture - Non-Depressed (Except Bones of Face or Nose)	$2,000	$2,500
Lower Jaw Mandible (Except Alveolar Process)	$ 750	$1,000
Upper Jaw Maxilla (Except Alveolar Process)	$1,000	$2,000
Upper Arm between Elbow & Shoulder (Humerus)	$1,000	$2,000
Shoulder Blade (Scapula), Collarbone (Clavicle, Sternum)	$ 750	$1,000
Forearm (Radius and/or Ulna), Hand, Wrist (Except Fingers)	$ 750	$1,000
Rib	$ 750	$1,000
Finger or Toe	$ 100	$ 200
Vertebrae, Body of (Excluding Vertebral Processes)	$1,500	$2,000
Vertebral Processes	$ 500	$ 750
Pelvis (Includes Ilium, Ischium, Pubis, Acetabulum Except Coccyx)	$1,500	$2,000
Hip, Thigh (Femur)	$4,000	$5,000
Coccyx	$ 500	$ 750
Leg (Tibia and/or Fibula)	$1,500	$2,000
Kneecap (Patella)	$ 500	$ 750
Ankle	$ 500	$ 750
Chip Fracture	25%	25%

Fracture (Open)

If more than one bone is fractured, the amount paid for all fractures combined will be no more than 2 times the highest Fracture Benefit.

	Low Plan	High Plan
Face or Nose (Except Mandible or Maxilla)	$2,000	$ 4,000
Skull Fracture - Depressed (Except Bones of Face or Nose)	$8,000	$10,000
Skull Fracture - Non-Depressed (Except Bones of Face or Nose)	$4,000	$ 5,000
Lower Jaw Mandible (Except Alveolar Process)	$1,500	$ 2,000
Upper Jaw Maxilla (Except Alveolar Process)	$2,000	$ 4,000
Upper Arm between Elbow & Shoulder (Humerus)	$2,000	$ 4,000
Shoulder Blade (Scapula), Collarbone (Clavicle, Sternum)	$1,500	$ 2,000
Forearm (Radius and/or Ulna), Hand, Wrist (Except Fingers)	$1,500	$ 2,000
Rib	$1,500	$ 2,000
Finger or Toe	$ 200	$ 400
Vertebrae, Body of (Excluding Vertebral Processes)	$3,000	$ 4,000
Vertebral Processes	$1,000	$ 1,500
Pelvis (Includes Ilium, Ischium, Pubis, Acetabulum Except Coccyx)	$3,000	$ 4,000
Hip, Thigh (Femur)	$8,000	$10,000
Coccyx	$1,000	$ 1,500
Leg (Tibia and/or Fibula)	$3,000	$ 4,000
Kneecap (Patella)	$1,000	$ 1,500
Ankle	$1,000	$ 1,500
Chip Fracture	25%	25%

Burns

1 time per accident; Unlimited times per calendar year

2nd Degree	**Less Than 10% of Surface Skin Burnt**	$ 75	$ 100
2nd Degree	**10-25% of Surface Skin Burnt**	$ 150	$ 200
2nd Degree	**25-35% of Surface Skin Burnt**	$ 500	$ 750
2nd Degree	**35% or More of Surface Skin Burnt**	$ 1,000	$ 1,500
3rd Degree	**Less Than 10% of Surface Skin Burnt**	$ 1,000	$ 1,500
3rd Degree	**10-25% of Surface Skin Burnt**	$ 1,500	$ 2,000
3rd Degree	**25-35% of Surface Skin Burnt**	$ 5,000	$ 7,500
3rd Degree	**35% or More of Surface Skin Burnt**	$10,000	$15,000

Dislocation (Closed)

If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit.

	Low Plan	High Plan
Lower Jaw	$ 750	$1,000
Collarbone (Sternoclavicular)	$1,000	$1,500
Collarbone (Acromioclavicular & Separation)	$ 750	$1,000
Shoulder (Glenohumeral)	$ 750	$1,000
Rib	$ 750	$1,000
Elbow	$ 750	$1,000
Wrist	$ 750	$1,000
Bone or Bones of the Hand (Other Than Fingers)	$ 750	$1,000
Hip	$4,000	$5,000
Knee (Except Patella)	$2,000	$2,500
Ankle - Bone or Bones of the Foot (Other Than Toes)	$ 750	$1,000
One Toe or Finger	25%	25%

Dislocation (Open)

If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit.

	Low Plan	High Plan
Lower Jaw	$1,500	$ 2,000
Collarbone (Sternoclavicular)	$2,000	$ 3,000
Collarbone (Acromioclavicular & Separation)	$1,500	$ 2,000
Shoulder (Glenohumeral)	$1,500	$ 2,000
Rib	$1,500	$ 2,000
Elbow	$1,500	$ 2,000
Wrist	$1,500	$ 2,000
Bone or Bones of the Hand (Other Than Fingers)	$1,500	$ 2,000
Hip	$8,000	$10,000
Knee (Except Patella)	$4,000	$ 5,000
Ankle - Bone or Bones of the Foot (Other Than Toes)	$1,500	$ 2,000
One Toe or Finger	$ 200	$ 400
Partial Dislocation	25%	25%

Concussion

1 time per calendar year

$ 250 | $ 500

Coma

1 time per accident; Unlimited times per calendar year

$7,500 | $10,000

Lacerations

1 time per accident; 3 time(s) per calendar year

	Low Plan	High Plan
Without Repair by Stitches	$ 50	$ 75
Repair by Stitches But Less Than 2 Inches Long	$ 75	$ 125
Repair by Stitches & 2-6 Inches Long	$ 400	$ 700

Broken Teeth

1 time per accident; Unlimited times per calendar year (applies to all procedures)

	Low Plan	High Plan
Crown	$ 200	$ 300
Extraction	$ 100	$ 150
Filling	$ 25	$ 50
Crown	$ 300	$ 400

Medical Treatment & Services Benefits

	Low Plan	High Plan
Ground Ambulance 1 time per accident; Unlimited times per calendar year	$ 300	$ 400
Air Ambulance 1 time per accident; Unlimited times per calendar year	$1,000	$1,250
Emergency Room 1 time per accident (combined with Non-Emergency Initial Care Benefit). Payable within 96 hours after the accident.	$ 150	$ 200
Physician's Office 1 time per accident (combined with Non-Emergency Initial Care Benefit). Payable within 96 hours after the accident.	$ 75	$ 100
Urgent Care 1 time per accident (combined with Non-Emergency Initial Care Benefit). Payable within 96 hours after the accident.	$ 75	$ 100
Non-Emergency Initial Care 1 time per accident (combined with Emergency Care Benefit)	$ 75	$ 100
Medical Testing (X-Rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG) 2 times per accident; Unlimited times per calendar year	$ 150	$ 200
Physician Follow-Up Visit 2 times per accident; 6 time(s) per calendar year	$ 75	$ 100
Transportation 1 time per accident; 2 times per calendar year	$ 300	$ 400
Acupuncture 10 time(s) per accident; Unlimited times per calendar year	$ 35	$ 50
Chiropractic Therapy 10 time(s) per accident; Unlimited times per calendar year	$ 35	$ 50
Cognitive Behavioral Therapy 10 time(s) per accident; Unlimited times per calendar year	$ 35	$ 50
Occupational Therapy 10 time(s) per accident; Unlimited times per calendar year	$ 35	$ 50
Physical Therapy 10 time(s) per accident; Unlimited times per calendar year	$ 35	$ 50
Respiratory Therapy 10 time(s) per accident; Unlimited times per calendar year	$ 35	$ 50
Speech Therapy 10 time(s) per accident; Unlimited times per calendar year	$ 35	$ 50
Vocational Therapy 10 time(s) per accident; Unlimited times per calendar year	$ 35	$ 50
Pain Management (for Epidural Anesthesia) 1 time per accident; Unlimited times per calendar year	$ 75	$ 100
Prosthetic - One Device Only 10 time(s) per accident; Unlimited times per calendar year	$ 750	$1,000
Prosthetic - More Than One Device 10 time(s) per accident; Unlimited times per calendar year	$1,500	$2,000
Brace	$ 75	$ 150
Cane	$ 75	$ 150
Crutches	$ 75	$ 150
Walker (Expected Use Less Than 1 Year)	$ 150	$ 200
Walker (Expected Use Greater Than 1 Year)	$ 300	$ 400
Walking Boot	$ 75	$ 150
Wheelchair or Motorized Scooter (Expected Use Less Than 1 Year)	$ 200	$ 300
Wheelchair or Motorized Scooter (Expected Use Greater Than 1 Year)	$ 750	$1,000
Other Medical Device Used for Mobility	$ 75	$ 100
Medical Appliance Benefit Limit (for All Appliances Combined per Accident)	$ 750	$1,000
Modification 1 time per accident; Unlimited times per calendar year	$1,000	$1,500

Medical Treatment & Services Benefits Continued...

	Low Plan	High Plan
Blood/Plasma/Platelets 1 time per accident; Unlimited times per calendar year	$ 400	$ 500
Surgical Repair - Cranial 1 time per accident; Unlimited times per calendar year	$ 1,500	$ 2,000
Surgical Repair - Hernia 1 time per accident; Unlimited times per calendar year	$ 150	$ 200
Surgical Repair - Ruptured Disc 1 time per accident; Unlimited times per calendar year	$ 750	$ 1,500
Surgical Repair - Skin Graft (% of Burn Benefit) 1 time per accident; Unlimited times per calendar year	50%	50%
Surgical Repair - Torn Cartilage in Knee 1 time per accident; Unlimited times per calendar year	$ 750	$ 1,000
Surgical Repair - Torn Tendon/Ligament/Rotator Cuff - One 1 time per accident; Unlimited times per calendar year	$ 750	$ 1,000
Surgical Repair - Torn Tendon/Ligament/Rotator Cuff - Two or More 1 time per accident; Unlimited times per calendar year	$ 1,500	$ 2,000
Surgical Repair - Thoracic Cavity or Abdominal Pelvic Cavity 1 time per accident; Unlimited times per calendar year	$ 1,500	$ 2,000
Exploratory Surgery (for any Surgery Benefit Procedure) 1 time per accident; Unlimited times per calendar year	$ 150	$ 200
Other Outpatient Surgery Benefit 1 time per accident; Unlimited times per calendar year	$ 300	$ 400

Hospital Benefits

	Low Plan	High Plan
Hospital Admission 1 Time Per Accident; Unlimited Times Per Calendar Year	$ 1,000	$ 1,500
Hospital ICU Supplemental Confinement (Paid in Addition to Admission) 1 Time Per Accident; Unlimited Times Per Calendar Year	$ 1,000	$ 1,500
Hospital Confinement 15 days per accident. Payable after the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 15 of those days.	$ 200	$ 300
ICU Supplemental Confinement (Paid in Addition to Confinement) 15 days per accident. Payable after the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 15 of those days.	$ 200	$ 300
Inpatient Rehabilitation 15 days per accident; 30 days per calendar year.	$ 150	$ 200

Organized Sports Activity Injury Benefit

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident - Medical Treatment and Services, Hospital benefits.

Lodging Benefit

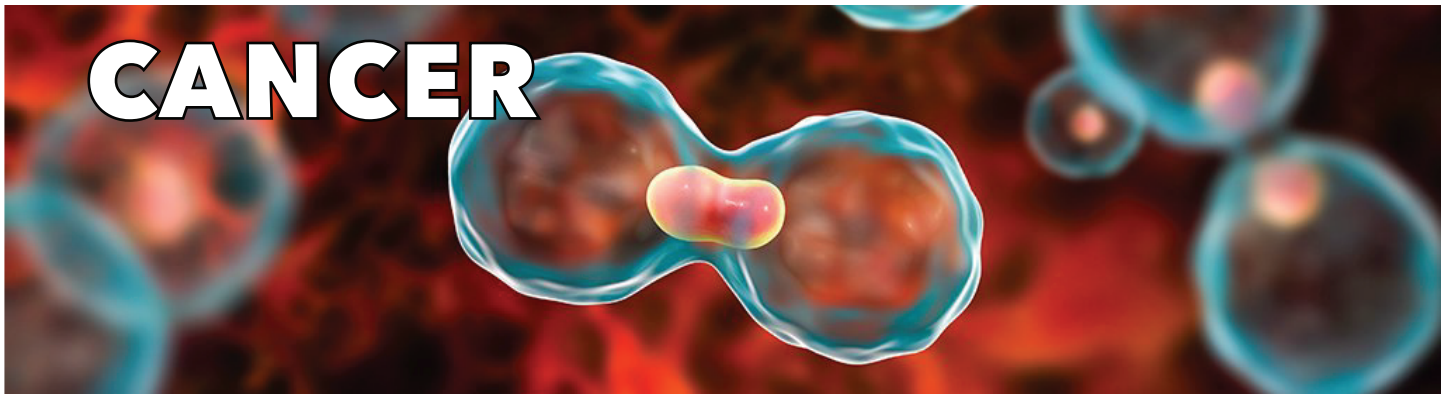
	Low Plan	High Plan
15 Day(s) per Calendar Year	$ 100	$ 200

Health Screening Benefit

$**50** Payable if an eligible covered person takes one of the screening/prevention measures listed below.
1 time per Calendar Year per Covered Person.

Eligible Screening / Prevention Measures:

- Routine Health Check-Up Exam
- Biopsies For Cancer
- Blood Chemistry Panel
- Blood Test to Determine Total Cholesterol
- Blood Test to Determine Triglycerides
- Bone Marrow Testing
- Breast MRI
- Breast Ultrasound
- Breast Sonogram
- Cancer Antigen 15-3 Blood Test for Breast Cancer (CA 15-3)
- Cancer Antigen 125 Blood Test for Ovarian Cancer (CA 125)
- Carcinoembryonic Antigen Blood TestfFor Colon Cancer (CEA)
- Carotid Doppler
- Chest X-Rays
- Clinical Testicular Exam
- Colonoscopy
- Complete Blood Count (CBC)
- Coronavirus Testing
- Dental Exam
- Digital Rectal Exam (DRE)
- Doppler Screening for Cancer
- Doppler Screening for Peripheral Vascular Disease
- Echocardiogram
- Electrocardiogram (EKG)
- Electroencephalogram (EEG)
- Endoscopy
- Eye Exams
- Fasting Blood Glucose Test
- Fasting Plasma Glucose Test
- Flexible Sigmoidoscopy
- Hearing Test
- Hemoccult Stool Specimen
- Hemoglobin A1c
- Human Papillomavirus (HPV) Vaccination
- Immunization
- Lipid Panel
- Mammogram
- Oral Cancer Screening
- PAP Smears or Thin Prep PAP Test
- Prostate-Specific Antigen (PSA) Test
- Serum Cholesterol Test to Determine LDL & HDL Levels
- Serum Protein Electrophoresis
- Skin Cancer Biopsy
- Skin Cancer Screening
- Skin Exam
- Stress Test on Bicycle or Treadmil
- Successful Completion of Smoking Cessation Program
- Tests for Sexually Transmitted Infections (STI's)
- Thermography
- Two-Hour Post-Load Plasma Glucose Test
- Ultrasounds for Cancer Detection
- Ultrasound Screening of the Abdominal Aorta for Abdominal Aortic Aneurysms
- Virtual Colonoscopy



MetLife's Cancer plan supplements existing medical coverage and helps provide financial support to pay for out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose.

Benefit Options

$**15,000** or $**30,000**

Monthly Rate

See website for monthly rate details.

Benefits

Invasive Cancer

Initial Benefit: **100**% of Benefit Amount
Recurrence Benefit: **100**% of Initial Amount

Non-Invasive Cancer

Initial Benefit: **25**% of Benefit Amount
Recurrence Benefit: **100**% of Initial Amount

Skin Cancer

Initial Benefit: **5**% of Benefit Amount (Not less than $250)
Recurrence Benefit: **100**% of Initial Amount (Not less than $250)

Health Screening Benefit

$**50** - 1 Time per Calendar Year per Covered Person
Payable if an eligible covered person takes one of the screening/prevention measures.
(see website for full details)

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Health Screening Benefit:

$**50** Payable if an eligible covered person takes one of the screening/prevention measures listed below.
1 time per Calendar Year per Covered Person.

Eligible Screening / Prevention Measures:

Routine Health Check-Up Exam
Biopsies For Cancer
Blood Chemistry Panel
Blood Test to Determine Total Cholesterol
Blood Test to Determine Triglycerides
Bone Marrow Testing
Breast MRI
Breast Ultrasound
Breast Sonogram
Cancer Antigen 15-3 Blood Test for Breast Cancer (CA 15-3)
Cancer Antigen 125 Blood Test for Ovarian Cancer (CA 125)
Carcinoembryonic Antigen Blood TestfFor Colon Cancer (CEA)
Carotid Doppler
Chest X-Rays
Clinical Testicular Exam
Colonoscopy
Complete Blood Count (CBC)
Coronavirus Testing
Dental Exam
Digital Rectal Exam (DRE)
Doppler Screening for Cancer
Doppler Screening for Peripheral Vascular Disease
Echocardiogram
Electrocardiogram (EKG)
Electroencephalogram (EEG)
Endoscopy
Eye Exams
Fasting Blood Glucose Test
Fasting Plasma Glucose Test
Flexible Sigmoidoscopy
Hearing Test
Hemoccult Stool Specimen
Hemoglobin A1c
Human Papillomavirus (HPV) Vaccination
Immunization
Lipid Panel
Mammogram
Oral Cancer Screening
PAP Smears or Thin Prep PAPTest
Prostate-Specific Antigen (PSA) Test
Serum Cholesterol Test to Determine LDL & HDL Levels
Serum Protein Electrophoresis
Skin Cancer Biopsy
Skin Cancer Screening
Skin Exam
Stress Test on Bicycle or Treadmill
Successful Completion of Smoking Cessation Program
Tests for Sexually Transmitted Infections (STI's)
Thermography
Two-Hour Post-Load Plasma Glucose Test
Ultrasounds for Cancer Detection
Ultrasound Screening of the Abdominal Aorta for Abdominal Aortic Aneurysms
Virtual Colonoscopy



MetLife's Critical Illness plan supplements existing medical coverage and helps provide financial support to pay for out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to covered employees to spend as they choose

Benefit Options

$**15,000** or $**30,000**

Covered Conditions & Benefits

See next page for details.

Monthly Rates (per $1,000)

Attained Age	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
Younger than 25	$0.44	$ 0.73	$0.74	$ 1.03
25 - 29	$0.50	$ 0.82	$0.80	$ 1.12
30 - 34	$0.60	$ 0.96	$0.90	$ 1.27
35 - 39	$0.80	$ 1.29	$1.10	$ 1.59
40 - 44	$1.09	$ 1.72	$1.39	$ 2.02
45 - 49	$1.50	$ 2.33	$1.80	$ 2.64
50 - 54	$2.10	$ 3.20	$2.41	$ 3.50
55 - 59	$2.96	$ 4.43	$3.26	$ 4.73
60 - 64	$3.93	$ 5.83	$4.23	$ 6.13
65 - 69	$4.98	$ 7.37	$5.29	$ 7.67
70 - 74	$6.51	$ 9.62	$6.82	$ 9.92
Older than 74	$8.86	$13.14	$9.16	$13.45

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Covered Conditions & Benefits

Covered Conditions	Initial Benefit	Recurrence Benefit
Autism Spectrum Disorder Diagnosis	**25**% of Benefit Amount	NONE
Benign Brain Tumor	**100**% of Benefit Amount	**100**% of Initial Benefit
Invasive Cancer	**100**% of Benefit Amount	**100**% of Initial Benefit
Non-Invasive Cancer	**25**% of Benefit Amount	**100**% of Initial Benefit
Skin Cancer	**5**% of Benefit Amount (Not less than $250)	**100**% of Initial Benefit (Not less than $250)
Coronary Artery Bypass Graft (CABG) Where surgery involving either a median sternotomy or minimally invasive procedure is performed.	**50**% of Benefit Amount	**100**% of Initial Benefit
Childhood Cerebral Palsy	**100**% of Benefit Amount	None
Childhood Cleft Lip or Cleft Palate	**100**% of Benefit Amount	None
Childhood Cystic Fibrosis	**100**% of Benefit Amount	None
Childhood Diabetes (Type 1)	**100**% of Benefit Amount	None
Childhood Down Syndrome	**100**% of Benefit Amount	None
Childhood Sickle Cell Anemia	**100**% of Benefit Amount	None
Childhood Spina Bifida	**100**% of Benefit Amount	None
Coma	**100**% of Benefit Amount	**100**% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	**100**% of Benefit Amount	None
Paralysis of 2 or more limbs	**100**% of Benefit Amount	**100**% of Initial Benefit
Heart Attack	**100**% of Benefit Amount	**100**% of Initial Benefit
Sudden Cardiac Arrest	**50**% of Benefit Amount	None
Bacterial Cerebrospinal Meningitis *	**25**% of Benefit Amount	**100**% of Initial Benefit
COVID-19 *	**25**% of Benefit Amount	**100**% of Initial Benefit
Diphtheria *	**25**% of Benefit Amount	**100**% of Initial Benefit
Encephalitis *	**25**% of Benefit Amount	**100**% of Initial Benefit
Legionnaire's Disease *	**25**% of Benefit Amount	**100**% of Initial Benefit
Malaria *	**25**% of Benefit Amount	**100**% of Initial Benefit
Necrotizing Fasciitis *	**25**% of Benefit Amount	**100**% of Initial Benefit
Osteomyelitis *	**25**% of Benefit Amount	**100**% of Initial Benefit
Rabies *	**25**% of Benefit Amount	None
Tetanus *	**25**% of Benefit Amount	**100**% of Initial Benefit
Tuberculosis *	**25**% of Benefit Amount	**100**% of Initial Benefit
Kidney Failure	**100**% of Benefit Amount	**100**% of Initial Benefit
Major Organ Transplant For bone marrow, heart, lung, pancreas, and liver	**100**% of Benefit Amount	**100**% of Initial Benefit
ALS	**100**% of Benefit Amount	None
Alzheimer's Disease	**100**% of Benefit Amount	None
Multiple Sclerosis	**100**% of Benefit Amount	None
Muscular Dystrophy	**100**% of Benefit Amount	None
Parkinson's Disease (Advanced)	**100**% of Benefit Amount	None
Systemic Lupus Erythematosus (SLE)	**100**% of Benefit Amount	None
Severe Burn	**100**% of Benefit Amount	**100**% of Initial Benefit
Stroke	**100**% of Benefit Amount	**100**% of Initial Benefit
Transient Ischemic Attack	**10**% of Benefit Amount	**100**% of Initial Benefit

* Payable after 3 consecutive days of hospitalization.

Health Screening Benefit:
$**50** Payable if an eligible covered person takes one of the screening/prevention measures listed below. **1** time per Calendar Year per Covered Person.

Eligible Screening / Prevention Measures:

Routine Health Check-Up Exam
Biopsies For Cancer
Blood Chemistry Panel
Blood Test to Determine Total Cholesterol
Blood Test to Determine Triglycerides
Bone Marrow Testing
Breast MRI
Breast Ultrasound
Breast Sonogram
Cancer Antigen 15-3 Blood Test for Breast Cancer (CA 15-3)
Cancer Antigen 125 Blood Test for Ovarian Cancer (CA 125)
Carcinoembryonic Antigen Blood TestfFor Colon Cancer (CEA)
Carotid Doppler
Chest X-Rays
Clinical Testicular Exam
Colonoscopy
Complete Blood Count (CBC)
Coronavirus Testing
Dental Exam
Digital Rectal Exam (DRE)
Doppler Screening for Cancer
Doppler Screening for Peripheral Vascular Disease
Echocardiogram
Electrocardiogram (EKG)
Electroencephalogram (EEG)
Endoscopy
Eye Exams
Fasting Blood Glucose Test
Fasting Plasma Glucose Test
Flexible Sigmoidoscopy
Hearing Test
Hemoccult Stool Specimen
Hemoglobin A1c
Human Papillomavirus (HPV) Vaccination
Immunization
Lipid Panel
Mammogram
Oral Cancer Screening
PAP Smears or Thin Prep PAPTest
Prostate-Specific Antigen (PSA) Test
Serum Cholesterol Test to Determine LDL & HDL Levels
Serum Protein Electrophoresis
Skin Cancer Biopsy
Skin Cancer Screening
Skin Exam
Stress Test on Bicycle or Treadmill
Successful Completion of Smoking Cessation Program
Tests for Sexually Transmitted Infections (STI's)
Thermography
Two-Hour Post-Load Plasma Glucose Test
Ultrasounds for Cancer Detection
Ultrasound Screening of the Abdominal Aorta for Abdominal Aortic Aneurysms
Virtual Colonoscopy



LONG TERM DISABILITY (LTD)

MetLife's Long-Term Disability plan provides wage replacement for up to 24-months, of 60% of an individual's earnings before a non-work-related injury or illness that impacts their ability to work, once a 180-day elimination period has been satisfied.

Benefits

Weekly Benefit Amount	**60**%
Maximum Weekly Benefit	$**6,000**
Minimum Benefit Weekly	Monthly $**100**
Elimination Period	**180** Days or until STD Ends
Benefit Duration	**24** Months or Normal Social Security Retirement Age
Rehabilitation Incentives	Work Incentive Rehabilitation Program Family Care Moving Expense

Monthly Rate (Age Rate per $100 of Coverage)

Group Paid	**0.399**		
Employee Paid			
Younger than 25	**0.113**	25 to 29	**0.140**
30 to 34	**0.246**	35 to 39	**0.411**
40 to 44	**0.649**	45 to 49	**0.954**
50 to 54	**1.331**	55 to 59	**1.585**
60 to 64	**1.235**	65 to 70	**0.681**
Older than 70	**0.492**		

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MetLife's Short-Term Disability plan provides wage replacement for up to 24-weeks, of 60% of an individual's earnings before a non-work-related injury or illness that impacts their ability to work, once a 14-day elimination period has been satisfied.

Benefits

Weekly Benefit Amount	**60**%
Maximum Weekly Benefit	$**1,000**
Minimum Benefit Weekly	Weekly Greater of $**25** & **10**%
Elimination Period	**14** Days
Benefit Duration	**24** Weeks
Rehabilitation Incentives	Work Incentive Rehabilitation Program Family Care Moving Expense

Monthly Rate (Age Rate per $100 of Coverage)

Group Paid	**0.636**

Employee Paid			
Younger than 25	**0.987**	25 to 29	**1.038**
30 to 34	**1.063**	35 to 39	**1.040**
40 to 44	**1.038**	45 to 49	**1.265**
50 to 54	**1.569**	55 to 59	**1.923**
60 to 64	**2.278**	65 to 70	**2.733**
Older than 70	**2.733**		

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MetLife offers access to a discounted auto and home insurance program through Farmers GroupSelect®. Employees can customize their insurance based on their needs and budget and those who chose the insurance have access to 24/7 professional support in case the unexpected happens. Insure what's important while enjoying savings and value-added benefits.

Insurance for What's Important

The Program offers a wide range of products and services – providing flexibility for your employees to choose what is right for them, including:

- Auto
- Home
- Renter's
- Condo
- Boat
- Rv
- Flood
- Personal Excess Liability
- Landlord's Rental Dwelling
- Bundled Packages
- & More

Industry-Leading Features that Give Employees Confidence

- Replacement Cost for Total Loss
- Replacement Cost Coverage on Home
- Claim-Free Driving Rewards
- Multi-Policy Advantage

Value-Added Services

- Five-Year Handiwork Warranty
- Identity Protection Services
- Farmers Concierge Auto Repair Experience® (Farmers CARE®)
- Choice of Contractor
- Roadside Assistance
- Car Rental
- Towing Coverage
- & Much More

Service Employees Can Count On

- Convenience of One Place for All Coverage
- Quick & Easy Quotes
- Claim Professionals Available at Any Time

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HOSPITAL INDEMNITY

If you're admitted to the hospital for a planned or unexpected visit, MetLife's Hospital Indemnity Insurance provides a lump-sum payment to use however you see fit. Benefits are paid regardless of what is covered by medical insurance, reducing the financial burden of a hospital stay. Payments are made directly to covered employees to spend as they choose.

Admission Benefit 4 Times per Calendar Year	Low Plan	High Plan
Admission	$**500**	$**1,000**
ICU Supplemental Admission	$**500**	$**1,000**

ICU Supplemental Admission Benefit is paid concurrently with the Admission Benefit when a covered person is admitted to ICU

Confinement Benefit 31-Days per Confinement	Low Plan	High Plan
ICU Supplemental Confinement will pay an Additional Benefit for each of those 31-Days		
Confinement	$**100**	$**200**
ICU Supplemental Confinement	$**100**	$**200**

ICU Supplement Confinement Benefit is paid concurrently with the Confinement benefit when a covered person is admitted to ICU

Inpatient Rehabilitation Benefit 15-Days per Calendar Year	Low Plan	High Plan
Inpatient Rehabilitation (For Injury or Sickness)	$**100**	$**200**

Confinement Benefit for Newborn Nursery Care, 3-Days per Confinement	Low Plan	High Plan
Confinement	$**100**	$**200**

Monthly Rates	Low Plan	High Plan
Employee Only	**9.91**	**19.43**
Employee & Spouse	**21.60**	**42.34**
Employee & Child(ren)	**15.27**	**29.93**
Employee, Spouse & Child(ren)	**26.96**	**52.85**

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We live in a world where our everyday lives - both personal and professional – are increasingly online. Our ability to conveniently shop, bank, work and socialize online is rife with both opportunity and risk. Unfortunately, it's easier than ever for fraudsters to get their hands on our personal information. Cybercriminals can target individuals with phishing scams, take over online accounts, or simply buy our personal data on the Dark Web after a data breach for just a few bucks.

While employees and their families are searching, streaming, and scrolling, digital crime continues to soar – putting the things they care about most at risk. Even the most vigilant individuals can become identity theft victims. That's why MetLife and Aura have combined forces to offer the top-rated all-in-one digital security solution as an ancillary benefit.

Coverage Details

See Reverse

Monthly Rates

	Protection		ProtectionPlus	
	Individual	Family	Individual	Family
Employee Paid	**5.85**	**10.30**	**8.15**	**13.30**
Group Paid	**3.25**	**5.00**	**6.25**	**8.50**
Buy-Up Options from Group Paid - Protection - Individual:				
		7.05	**4.90**	**10.50**

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Financial Fraud Protection	Protection	ProtectionPlus
Credit Monitoring & Alerts	**1 Bureau**	**3 Bureaus**
Credit Reports	**1 Bureau**	**3 Bureaus**
Credit Score Tracker	**Yes**	**Yes**
In-Platform Credit Dispute	**Yes**	**Yes**
Credit, Bank & Account Freeze Assistance	**Yes**	**Yes**
Home Title Monitoring	**Yes**	**Yes**
Vehicle Title Monitoring	**Yes**	**Yes**
Financial Account Opening & Takeover Monitoring	**Yes**	**Yes**
AI-Powered Financial Transaction Monitoring	**Yes**	**Yes**
Tax Fraud Prevention Assistance	**Yes**	**Yes**
High-Risk Transaction Alerts	**Yes**	**Yes**
Utility Account Monitoring	**Yes**	**Yes**
Payday/Specialty Loans Block	**No**	**Yes**
Credit Lock	**No**	**Yes**
Credit Score Simulator	**No**	**Yes**

Identity Theft Protection	Protection	ProtectionPlus
Privacy Assitant (Automated Data Broker Removal)	**Yes**	**Yes**
Dark Web Monitoring	**Yes**	**Yes**
Digital Vault	**Yes**	**Yes**
SSN & Identity Authentication Alerts	**Yes**	**Yes**
Criminal, Court & Public Record Monitoring	**Yes**	**Yes**
USPS Address Monitoring	**Yes**	**Yes**
Social Media Monitoring	**Yes**	**Yes**
Social Media Privacy Checkup	**No**	**Yes**
Gamertag Monitoring	**No**	**Yes**

Privacy & Device Protection	Protection	ProtectionPlus
Password Manager	**Yes**	**Yes**
Automated Password Change	**Yes**	**Yes**
Email Alias	**Yes**	**Yes**
Safe Web Browsing	**Yes**	**Yes**
IP Address Monitoring	**Yes**	**Yes**
USPS Address Monitoring	**Yes**	**Yes**
WiFi Security (VPN)	**2 Devices**	**Unlimited**
USPS Address Monitoring	**2 Devices**	**Unlimited**
AI-Powered Call Assistant	**No**	**Yes**
AI-Powered Text Assistant	**No**	**Yes**
Mobile Phone Takeover Protection	**No**	**Yes**

Family Safety (included with Family Plans)	Protection	ProtectionPlus
Parental Controls	**Yes**	**Yes**
Child Cyberbullying Protection	**Yes**	**Yes**
3-Bureau Child Credit Freeze Wizard	**Yes**	**Yes**
Child SSN Monitoring & Alerts	**Yes**	**Yes**
Sex Offender Geo Alerts	**Yes**	**Yes**
Family Sharing	**Yes**	**Yes**
Safe Gaming	**Yes**	**Yes**

Services & Support	Protection	ProtectionPlus
$5M Insurance Policy per Enrolled Adult	**Yes**	**Yes**
Lost Wallet Protection with $500 Emergency Cash	**Yes**	**Yes**
100% US-Based 24/7 Customer Support	**Yes**	**Yes**
White-Glove Fraud Resolution Services	**Yes**	**Yes**
Restoration Services for Pre-Existing Fraud Events	**Yes**	**Yes**
Unemployment & Tax Fraud Resolution	**Yes**	**Yes**
All-In-One Mobile App (iOS & Android)	**Yes**	**Yes**
Online Resolution Tracker	**Yes**	**Yes**
Aura Account Security	**Yes**	**Yes**



A Legal Plan provides the cost-effective legal help members can use to proactively handle expensive legal matters. We know personal finances are a top stressor for working adults. Financial concerns can encompass everything from healthcare costs to saving for retirement or dealing with expensive legal issues like identity theft or debt.

MetLife's legal plan provides the mental and emotional security that comes with knowing an attorney is helping with your legal matters.

- **No copays, deductibles or claim forms** when using a network attorney for a covered matter.
- **Unlimited Consultations**, even for matters not covered under your plan.
- **Web Services**, to find a network attorney as well as use of a self-help document library.

Coverage

Turn over for coverage details.

Monthly Rate

$**18.75** (Covers Employee, Spouse & Dependents)

Attorney Network

- **22** Years Average Experience
- **40** Oklahoma Attorneys & Law Firms

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Coverage

Money Matters

- Debt Collection Defense
- Creditor Negotiations
- Tax Audit Representation
- Financial Wellness Programs
- Personal Bankruptcy
- Tax Collection Defense
- Identity Theft Defense
- Promissory Notes

Home & Real Estate

- Boundary & Title Disputes
- Foreclosure
- Refinancing & Home Loan
- Tenant Negotiations
- Deeds
- Mortgages
- Home Sale or Purchase
- Zoning Applications
- Eviction Defense
- Property Tax Assessments
- Security Deposit Assistance

Estate Planning

- Codicils
- Living Wills
- Revocable & Irrevocable Trusts
- Complex Wills
- Powers of Attorney
- Healthcare Proxies
- Simple Wills

Family & Personal

- Adoption Affidavits
- Divorce (20 hours)
- Immigration Assistance
- Parental Responsibility
- Prenuptial Agreement
- Conservatorship
- Garnishment Defense
- Juvenile Court Defense
- School Hearings
- Domestic Violence Protection
- Demand Letters
- Guardianship
- Name Change
- Personal Properties Issues
- Legal Document Review

Civil Lawsuits

- Administrative Hearings
- Incompetency Defense
- Consumer Services Disputes
- Civil Litigation Defense
- Small Claims Assistance
- Pet Liabilities
- Consumer Goods Disputes

Elder-Care Issues

Consultation & Document Review for Issues Related to Parents:

- Deeds Leases
- Notes
- Prescription Plans
- Medicaid
- Nursing Home Agreements
- Wills
- Medicare
- Powers of Attorney

Traffic & Other Matters

- Defense of Traffic Tickets
- Repossession
- Driving Privileges Restoration
- Habeas Corpus



The MASA Medical Transportation plan ensures employees and their family members have no out-of-pocket costs, by covering both ground and air medical transportation no matter which provider completes the ambulance transport within the continental United States, Alaska, Hawaii, and while traveling in Canada.

Coverage

Coverage	**Plus**Plan	**Premier**Plan
Emergency Ground Ambulance Coverage	Yes	Yes
Emergency Air Ambulance Coverage	Yes	Yes
Hospital to Hospital Ambulance Coverage	Yes	Yes
Repatriation to Hospital Near Home Coverage	Yes	Yes
Post Admission Continued Care Transportation Coverage	No	Yes
Sick While Away from Home Expense Protection	No	Yes
Minor Return Transportation Coverage	No	Yes
Pet Return Transportation Coverage	No	Yes

Monthly Rates

	Employee	Family
PlusPlan	**7.00**	**15.00**
PremierPlan	**9.00**	**20.50**

masa

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PET INSURANCE



MetLife Pet Insurance is committed to helping pet parents experience the joys of parenthood by helping them cover the cost of care for a sick or injured pet. Pet insurance helps to reimburse pet parents for covered unexpected veterinary expenses for their furry family members, helping to give members confidence that they can care for their pets like family.

More Coverage & Value

- Competitive rates with discounts, and the only provider offering family (multi-pet) plans.
- Healthy pet incentive where employee's deductible decreases for each year without a claim.
- Covers all vet-recommended medications, surgeries and treatments.

More Choice & Flexibility

- No breed exclusions or upper age limits.
- A wider range of deductible and reimbursement options than other carriers, giving pet parents maximum flexibility to choose the right plan.
- Optional wellness coverage (preventive care) included in annual limit to cover flea and tick medications, teeth cleaning, blood work and more.

Simple & Delightful Experience

- MetLife Pet mobile app with market leading features to help employees manage their pet's health and wellness and submit and track claims with most claims processed within five days.
- Team of pet advocates to assist with enrollment and access to 24/7 live vet chat.
- No waiting period for orthopedic coverage and among the industry's shortest wait period for accident and illness coverage.

Top-Quality Service & Simplified Enrollment

- Caring and knowledgeable pet advocates to assist with enrollment and service.
- An easy-to-use, personalized mobile app to submit and track claims.
- Hassle-free claims experience with most claims processed within 5 days.

MetLife

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Coverage

Enrollment Experience

Covers All Breeds & Ages	**Yes**
No Initial Exam/Past Vet Notes Required	**Yes**
No Cancellation Fee	**Yes**
Accident Coverage Starts at Midnight	**Yes**
No Annual Care Requirements to Keep Coverage	**Yes**
No Neuter/Spay Requirement	**Yes**

Benefits & Limits

No Schedule of Benefits	**Yes**
No Lifetime Limit	**Yes**
No Per-Incident Limit	**Yes**
Optional Wellness Coverage (Preventive Care)	**Included in Annual Limit**
No Diagnostic Test Limit	**Yes**
No Customary Charge Restrictions	**Yes**
Healthy Pet Incentive	$**50**
Automatic Annual Limit Increase	**Yes**

Core Coverage

Exam Fee Coverage	**Yes**
Telemedicine Visit Coverage	**Yes**
Prescription Food Coverage	**Yes**
Hereditary Conditions	**Yes**
Congenital Conditions	**Yes**
Chronic Conditions	**Yes**
No Waiting Period for Orthopedic Conditions	**Yes**
Physical Therapy	**Yes**
Crucial Repair	**Yes**
Bi-Lateral Conditions	**Yes**
Holistic/Alternative Therapy	**Yes**
Periodontal Diseases	**Yes**
Vaccinatable Diseases	**Yes**
Dermatological Conditions	**Yes**
Injuries Caused by Housemates	**Yes**
Aging Pet Ear & Eye Conditions	**Yes**

Added Value Coverage

Telehealth Concierge Service	**Yes**
Boarding Fees While You're Hospitalized	**Yes**
Loss Due to Theft or Straying	**Yes**
Cremation Benefits	**Yes**
Burial Benefits	**Yes**
Mortality Benefit	**Yes**
Grief Counseling Upon Death of Pet	**Yes**



A Flexible Spending Account (FSA) allows employees to set-aside money from each paycheck, before payroll taxes are calculated, to help pay for eligible medical expenses for themselves and their dependents.

- Includes Debit Card for Participant (MasterCard)
- No Charge for Lost Card Replacement
- Free Additional Spouse/Dependent Cards
- Online Portal Access
- Smartphone Mobile App for iPhone & Android
- Online FSA Store Account with Integrated Access & Discounts
- Oklahoma Based Customer Service Team

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FSA Contribution Limits

- Per year, participants may elect to set aside a maximum of $**3,300**.

Tax Savings

- The average FSA participant saves between **30-40**% on the amount set aside pre-tax. (including Federal, State, and Local income taxes and Social Security/Medicare deductions).

Flexibility for End of Plan Year

- $**660 Carryover** – Any unused funds, up to a maximum of $**660** can be carried over from one plan year to the next.

Uniform Coverage Rule

- FSA participants can access the full amount of their annual contribution from the first day of the plan year. For example, if you elect $1,300, and soon after the plan year begins you incur a $1,300 medical bill, you can use all of your elected FSA funds to cover the expense, even though you haven't paid in your total annual contribution amount yet. Throughout the rest of the plan year, deductions will be taken at the same rate from each paycheck. However, your available FSA balance will be zero once all the funds are spent.

Eligible Expenses

- Visit www.flexplanadmin.com for an interactive list resource. Eligible expenses include medical, dental, vision, prescription, over-the-counter medications and other related expenses.

Dependent Care Assistance Program (DCAP) Plan

An employer-sponsored benefit that helps employees pay for the care of a qualified dependent. Each pay period, the employee makes a pre-tax contribution to the DCAP account. After paying for care and filing a claim, the employee receives reimbursement from the DCAP.

Qualified Dependents:

- A Dependent 12 Years Old or Younger, Living with the Employee
- A Spouse or Other IRS-Recognized Dependent Who is Physically or Mentally Unable to Provide Self-Care

Use DCAP to Pay for:

(not all eligible items are listed)

- Daycare, Pre-School or Pre-Kindergarten
- Before & After School Care (Extended Day)
- Summer Day Camps (Overnight Camp Does Not Qualify)
- Adult/Elderly Care Programs
- Babysitting During Work and/or College Hours
- Sick Child Care
- Deposits for Child Care

Annual Contribution Limits:

- $5,000 for Employees Filing Single / Head of Household or Married Joint
- $2,500 for Employees Filing Married Separate

OPERATIONS OVERVIEW



ABOUT

OPEH&W Health Plan
Making Healthy Cheaper

30+ Years & Counting

The OPEH&W Health Plan was formed in 1992 by 15 Oklahoma Counties, primarily to offer better, lower cost coverage to Oklahoma Public Employees and their families. This is a mandate which continues to be its focus.

The OPEH&W Health Plan is not an insurance company, it is a public trust formed under the provisions of Oklahoma State Statutes Titles 51 & 74. These statutes allow Oklahoma local government Employers to enter pooled agreements. In this case, an agreement to offer healthcare benefits. This means the OPEH&W Health Plan falls under the oversight of the Attorney General of Oklahoma, and not the Oklahoma Insurance Department.

Participating Employer Groups enter into a Local Government Agreement and a Group Application Form. There is no contract period, simply a minimum commitment to an initial 12-months of participation, after-which any participating employer group may leave the OPEH&W Health Plan at any time with 60-day notice.

A Board of Trustees oversees the OPEH&W Health Plan. This is comprised of a representative from each participating employer group. With an Executive Voting Board of 15 members making the final decisions. The Board meets a minimum of 4 times a year under the Open Meeting Act at the ACCO building in Oklahoma City. The Board is responsible for setting premium rates and benefits, making financial decisions, entering contracts with vendors, and approving new Employer Groups to the OPEH&W Health Plan. This means every Employer Group has a voice and the potential to influence the OPEH&W Health Plan.





ADMIN SERVICES

Day-to-Day operations of the OPEH&W Health Plan are performed by the OPEH&W Health Plan's Administration Office. Due to the OPEH&W Health Plan being a public trust, the administration of the OPEH&W Health Plan is contracted to McElroy & Associates. When you call the OPEH&W Health Plan's toll-free phone number this is who you are talking to.

McElroy & Associates has been the OPEH&W Health Plan's Administrator for over 25-years. During this time, it has overseen and introduced many changes and improvements. Today, the administration of the OPEH&W Health Plan is more complex than at any other time in its history, with more than 5-times as many participating Employer Groups than when it took over in 1996.

Activities

The Health Plan Administrators Office is primarily focused with securing the best vendor contracts available. This allows the OPEH&W Health Plan to continue to offer rich benefits at affordable rates, while also providing expert advice to the OPEH&W Health Plan's Board of Trustees as they make the tough decisions on the future direction of the OPEH&W Health Plan.

The OPEH&W Health Plan's Administration Office prides itself on its professionalism, passion, and expertise, and is the cornerstone for the success of the OPEH&W Health Plan. It's ability to provide a wide range of services at industry low rates with a small but dedicated team is impressive. This is backed up by the OPEH&W Health Plan's track record as it continues to offer benefit rich plan designs at some of the lowest rates available.

Services

- Cloud Admin & Enrollment Platform
- Vendor Contract Negotiation
- Financial & Investment Management
- Financial Audits
- Actuarial Assessments
- Member Education & Communication
- Group Education & Communication
- Education & Communication
- Eligibility, Billing, Customer Service
- Day-to-Day Administrative Tasks
- Federal Regulation Compliance
- Data Security
- Member Support Functions
- Creation of Communication Materials
- Group Marketing & Acquisition





18 Years - Rate History

Plan Year	Increase	Trend
2025-26	**4.5%**	**8.0%**
2024-25	**5.0%**	**9.0%**
2023-24	**5.0%**	**12.0%**
2022-23	**9.5%**	**22.5%**
2021-22	**2.0%**	**5.9%**
2020-21	**3.0%**	**7.9%**
2019-20	**4.0%**	**6.9%**
2018-19	**2.5%**	**7.5%**
2017-18	**7.4%**	**8.5%**
2016-17	**7.5%**	**7.8%**
2015-16	**0%**	**3.9%**
2014-15	**1.5%**	**5.3%**
2013-14	**0%**	**4.1%**
2012-13	**5.0%**	**6.1%**
2011-12	**8.5%**	**8.5%**
2010-11	**6.0%**	**6.9%**
2009-10	**5.0%**	**6.3%**

Coverage History

2025-2026 Plan Year - 4.5% Increase

- Added DIAMONDAdvantage Health Option.
- Added PLATINUMAdvantage Health Option.
- Added McElroy EDGE Program.
- Added Coverage for Midwives to All Health Options.
- Discontinued HAS Program.
- Added ANCILLARY Products.
- Added FSA Plan.

2024-2025 Plan Year - 5.0% Increase for Dental and Diamond Health

(Other health options were lower)

- Launched Free OPEH&W APP powered by Medefy.
- Added Free X-RAYS, ULTRASOUNDS, CT, MRI & PET Scans with Green Imaging.
- Added Free VIRTUAL CHECKUPS with Catapult Health.
- Added Coverage for Bariatric Surgeries
- Only for Members and Spouses.
- No Coverage for Dependent Children.
- Individual Must Be Enrolled for Health Coverage through Employer for 2 Consecutive Years.
- Only available at BlueDistinction & BlueDistinction+ Providers.
- Currently in Oklahoma, these are Bailey, Integris & Norman.
- Only for Lap Bands & Gastric Sleeves under the following procedure codes:
- Gastric Sleeve: 43775
- Lap Band: 43770, 43771, 43772, 43773, 43774, 43886, 43887, 43888 & S2083.
- Eligibility Subject to Blue Cross's Medical Policy Criteria SUR 716.003 & SUR 716.006.
- Coverage Subject to Deductible & Co-Insurance.
- Require only the use of Blue Distinction Centers for Major Medical Surgeries, this applies to:
- Transplants
- Hip & Knee Surgeries
- Cardiac Surgeries
- Spinal Surgeries
- Only Applies to Scheduled Surgeries
- Does Not Apply to Emergencies
- No Out-of-Network Coverage Available
- Changes to the Platinum Health Option Plan Design as follows:
- Changed In-Network Individual Deductible from $1,750 to $1,500
- Changed In-Network Family Max Deductible from $3,500 to $3,000
- Changed In-Network Individual Max Out-of-Pocket from $6,000 to $5,000
- Changed In-Network Family Max Out-of-Pocket from $12,000 to $10,000
- Changed Out-of-Network Individual Deductible from $3,500 to $3,000
- Changed Out-of-Network Family Max Deductible from $7,000 to $6,000
- Changed Out-of-Network Individual Max Out-of-Pocket from $12,000 to $10,000
- Changed Out-of-Network Family Max Out-of-Pocket from $24,000 to $20,000
- Changed Pharmacy Preferred Brands from 25% up to $80 Max to $55
- Changed Pharmacy Non-Preferred Brands from 40% up to $120 Max to $70

2023-2024 Plan Year - 5.0% Increase

- Added Propeller Asthma & COPD Program.
- Added Quit Genius Alcohol, Opioid, Tobacco & Vaping Addiction Program.
- Added coverage for Implants as a Major Service to both Dental Plans.

2022-2023 Plan Year - 9.5% Increase

- Added Essential Medical Eye Care to Vision Coverage.
- Adjusted health coverage as follows:

	DIAMOND	PLATINUM	GOLD	SILVER	BRONZE
Medical Deductible Increased to	1,000	1,750	3,250	2,250	4,250
Medical Max Out-of-Pocket Increased to	5,000	6,000	7,000	7,000	7,500
Urgent Care Co-Pay Increased to	25	25	25	25	25
Primary Care Co-Pay Increased to	25	25	25	25	25
Rx Deductible Increased to	75	No Change	No Change	No Change	No Change
Rx Max Out-of-Pocket Increased to	2,500	2,500	2,500	No Change	No Change

2021-2022 Plan Year - 2.0% Increase - Employee Tier Only

- No Benefit Changes.

2020-2021 Plan Year - 3.0% Increase

- Added Health Advocacy Solutions from BlueCross.
- Added Connect 360 from Express Scripts.
- Added Zero Out-of-Pocket Medical Procedures.
- Added Member Rewards Program.
- Added Omada Pre-Diabetes, Hypertension & High Cholesterol Program.
- Added Livongo Diabetes Program.
- Added Hinge Health Physical Therapy Program.
- Added Well onTarget Wellness Program.
- Added Ovia Fertility Program.
- Added Wondr Health Weight Loss Program.
- Removed CAT/MRI BVA Call-In Penalty of $100.
- Added Enhanced Dental Plan.

2019-2020 Plan Year - 4.0% Increase

- Added 4 new Health Plan Design options: Platinum, Gold, Silver & Bronze.
- Renamed current Health plan design as Diamond.
- Added Diamond Non-Preferred Brand Rx Tier.
- Reduced Diamond & Platinum In-Network Medical Maximum Out of Pocket to $3,000.

2018-2019 Plan Year - 2.5% Increase

- Added Orthodontic Dental Coverage for Dependent Children Only.

2017-2018 Plan Year - 7.4% Increase

- Reduced Family Multiplier from 3x to 2x.
- Set In-Network Deductible as $750.
- Set In-Network Maximum Out-of-Pocket as $5,000.
- Set Out-of-Network Deductible as $1,500.
- Set Out-of-Network Maximum Out-of-Pocket as $10,000.
- Set Rx Maximum Out-of-Pocket as $2,000.

2016-2017 Plan Year - 7.5% Increase
- Set In-Network Individual Deductible as $750.
- Set Out-of-Network Individual Deductible as $750.
- Switched to BluePreferred Medical Network.
- Added ConnectDME, MDLIVE & BCBSOK BVA Customer Service Model.

2015-2016 Plan Year - No Increase
- Created $1,900 Rx In-Network Out-of-Pocket Limit.
- Split Specialty Rx into 3 tiers:
- Generic's $10.
- Preferred Brands $60.
- Non-Preferred Brands $100.

2014-2015 Plan Year - 1.5% Increase - Employee Tier Only
- Increased In-Network Medical Out-of-Pocket Limit to $2,500.
- Separated Medical In-Network & Out-of-Network Cost-Sharing.
- Increased Specialty Rx Co-Pay from $40 to $60.
- Added OTC Nexium at $0 Co-Pay with a prescription.
- Added OTC Nasacort at $5 Co-Pay with a prescription.

2013-2014 Plan Year - No Increase
- Reduced Contraception Rx Co-Pay from $10 to $0.
- Added Smoking Cessation Rx Coverage of 6-months each plan year at a $0 Co-Pay.

2012-2013 Plan Year - 5.0% Increase
- Reduced Office Visit Co-Pay from $25 to $20.
- Reduced Member Co-Share from 30% / $3,000 to 20% / $2,000.
- Dependent Child Deductible Added Reimbursement of Amounts Paid Over $250.

2011-2012 Plan Year - 8.5% Increase
- Added Rx Brand Name Deductible at $50.
- Added Out-of-Network Deductible at $1,000.
- Added Office Visit Co-Pay at $25, or $50 for Specialists.
- Increased Member Co-Share from 20% / $2,000 to 30% / $3,000.
- Removed Lifetime & Plan Year Maximums.

2010-2011 Plan Year - 6.0% Increase
- Increased Deductible from $400 to $500.
- Increased Generic Rx Co-Pay from $5 to $10.



Self-Funding

Self-Funding means that the OPEH&W Health Plan directly pays the cost of claims for healthcare services received by its members, instead of paying a premium to an insurance company, who would then underwrite and pay from their own financial sources (Fully-Funding). The OPEH&W Health Plan pays for claims received from its own financial means. For large groups or pools this is a cheaper way to cover costs.

Stop Loss Reinsurance

The OPEH&W Health Plan self-funds its Medical, Prescription and Dental claims, while all other coverages are fully funded. To prevent excessive risk exposure, the OPEH&W Health Plan maintains a Stop-Loss Re-Insurance Policy; limiting the potential monetary loss from medical claims to $475,000 per individual per plan year. This means, should an individual have total claims exceeding this amount, they will be covered. Additionally, the Stop Loss coverage includes an Aggregate component preventing excessive financial risk once the Health Plan's total exposure during each plan year exceeds 115% of expected claims.

Pooling

There is safety in numbers; this is the main principle surrounding the pooling method. With many small Employer Groups acting as one large group, pooling their resources together, the whole is greater than the sum of its parts. Pooling has many advantages for individual Employer Groups:

- **Size is Everything**, with healthcare, the larger the number of participants, the greater the ability to spread risk and reduce overhead.
- **Shared Expenses**, one large group pays less than the expenses for small individual standalone groups.
- **Purchasing Power**, almost without exception, contracts can be negotiated at a lower cost for larger groups than smaller groups.
- **Risk**, the amount of risk the pool is exposed to, this is mostly driven by the cost of claims paid for healthcare services.
- **No-One is Immune**, every employer will experience cycles of high and low claims.
- **Taking the Good with the Bad**, pooling several Employer Groups together allows for the absorption of bad risk. This means, should a single employer experience a bad year with high claims, other Employer Groups in the pool help to absorb the risk and vice versa.
- **All-for-One & One-For-All**, risk is measured across the entire pool, by doing this, no individual Employer Groups is treated differently or unfairly, with every Employer Groups paying the same rates per Employee into the pool regardless of h ow bad their claims history has been and for how long.

WHY IT WORKS



Services
The OPEH&W Health Plan's long record of success and prosperity in a time of medical cost inflation and ever-changing federal regulations, allows its participating Employer Groups to have trust in the OPEH&W Health Plan's continued success.

Safety In Numbers
With size comes safety. Small Employer Groups on their own are prone to large increases in premium and/or high out-of-pocket plan designs. That's where a pool consisting of multiple Employer Groups is so beneficial, spreading the risk and reward across the whole population.

Stable Environment
Having a safe and reliable health benefits home for your Employees and their families is invaluable. Shopping and changing carriers regularly or experiencing large premium rate increases or drastic cuts to benefits is very stressful for Employees. Stability solves this and more, providing Employer Groups with a strong recruitment benefit.

Ownership
With those Employer Groups who are participating in the OPEH&W Health Plan having an ownership stake, OPEH&W Health Plan Participating Employer Groups are more likely not to leave. Also, every participating Employer Group has a say in how the OPEH&W Health Plan is run, managed and what the benefits and premium rates are.

Porfessional Management
The OPEH&W Health Plan Administrators handles the day-to-day operations of running the OPEH&W Health Plan, dealing with all federal regulations, including the management and risk assessment of the OPEH&W Health Plan. The participating Employer Groups can rest assured that their Employees and their families are in the best, professional and highly competent hands with a track record which is beyond reproach.



HOW TO JOIN

Initial Presentation

The OPEH&W Health Plan has developed a presentation designed for decision makers of an employer group. About an hour long, it covers all aspects of the OPEH&W Health Plan. No decision about joining the OPEH&W Health Plan is made immediately, only a decision on whether a group of **more than 100 employees** wish to proceed with a free, non-binding underwriting study.

Groups of **less than 100 employees** are not required to complete the underwriting process.

To Learn More, or Schedule a Presentation

Email **healthplan@opehw1.com**
Call **800.468.5744**

Underwriting Study

- Performed on prospective groups of more than 100 employees.
- Helps ensure the security and continued prosperity of the Health Plan.
- Free and performed by an independent 3rd party.
- Not used to determine a group's premium rates.
- Every group pays the same rates.
- Used to assess the potential risk a group poses.
- Risk is the difference between expected premiums and expected claims.
- Results may indicate some risk.
- Groups with an indicated risk of less than 5% are automatically approved.
- If a risk greater than 5% is indicated, board approval is required.

Underwriting Data

Failure to provide data might result in a group being denied the opportunity to enroll

Claims

- Excel Spreadsheet
- Minimum of 24-Months of Data
- Separate Monthly Totals for Medical, Pharmacy & Dental
- Indicate if Pharmacy Claims Include Rebates

High-Cost Claimants

- Excel Spreadsheet
- Minimum of 24-Months of Data
- List Individuals with Aggregate Plan Year Claims Greater than $10,000
- Include:
    - Diagnosis
    - Status (Active, COBRA, Retiree, Terminated, Deceased)
    - Member Type (Member, Spouse or Dependent)
    - Medical & Pharmacy Claims Total

Census

- Excel Spreadsheet
- Include all Active Employees, COBRA's & Retirees
- No Names, SSN, or other identifiable information
- Include the following data columns only:
- Age
- Birth Gender
- ZIP Code
- Employment Date
- Health Coverage Tier
- Dental Coverage Tier
- Vision Coverage Tier

Current & Proposed Coverage Details

- Benefit/Plan Coverage Details (Current & Proposed)
- Rates (Current & Proposed)
- Eligibility Rules
- Premium Contribution Details

After Approval

- Group signs 2 copies of the Inter-Local Government Agreement:
- This makes the group a part of the public trust.
- It is made possible by Oklahoma State Statutes 51 & 74.
- Group completes the Group Application Form PDF.
- Group Contact Information.
- Benefits to be Offered.
- Groups commit to an initial period of 12-months only.
- After which, participation continues without recommittal.
- Mail to the Plan Administration Office.
- One countersigned original will be returned to the group.

Change

At the OPEH&W Health Plan, we understand that change is difficult, and never more so than with health benefits. That is why we make becoming a participating employer group not only as simple as possible, but transparent, ensuring that all decision makers are comfortable before beginning the transition.

Enrollment

Enrollments of a new group's employees and newly hired employees thereafter use the OPEH&W Health Plan's online platform named.

Transition

- Groups can start on any month
- Coverage starts on the first day of a month
- Every effort will be made to make the transition as smooth as possible





The OPEH&W Health Plan knows how to be frugal. Premium dollars go further when handled by a professional team with years of experience:

- With 89% of every Dollar is used to pay Medical, Prescription and Dental claims, the OPEH&W Health Plan continues to be significantly better than the new federally mandated 84%.
- Stop-Loss Re-Insurance coverage is an essential component of any well-run health plan, and at 2% the OPEH&W Health Plan is leveraging coverage at half the industry average.
- Without a good network of providers with excellent discounts the OPEH&W Health Plan would simply not work. The medical network is a major component of the OPEH&W Health Plan's success and with discounts averaging over 60% it is one of the main reasons the Health Plan's rates are so low and the benefits so rich. The OPEH&W Health Plan is lucky, most self-funded plans have double or triple this cost.
- Making the OPEH&W Health Plan tick daily is key; this is the job of the OPEH&W Health Plan's Administration Office, which offers a wide range of services with decades of expertise. At a cost of just 0.5%, the Administration Office runs roughly 75% lower than industry average.

There is simply no other health plan like the OPEH&W Health Plan. Many have tried to find another plan which can offer the strength and quality of benefits at anywhere approaching a similar price.

OPEH&W HealthPlan
Making Healthy Cheaper

POWERED BY:

BlueCross BlueShield
EXPRESS SCRIPTS®
vsp™
MetLife
CONNECT DME
MDLIVE
Hinge Health
Catapult HEALTH
zelis
medefy
wondr™
inMynd
Green Imaging
Easy, affordable medical imaging.
masa
omada
Pelago
WellonTarget®
flexplan ADMINISTRATORS, INC
oviahealth™
learntolive