

# BRONZE

## HEALTH COVERAGE

2024-2025 Plan Year  
July 1st, 2024 through June 30th, 2025



OPEH&W Health Plan  
Making Healthy Cheaper

### FREE MAJOR MEDICAL CARE

MEMBERS PAY **ZERO** OUT-OF-POCKET FOR

**TRANSPLANTS**  
**CARDIAC SURGERIES**  
**SPINAL SURGERIES**  
**HIP & KNEE SURGERIES**  
**MATERNITY CARE**  
**CANCER CARE**  
(Coming Soon)

FROM BlueDistinction+ PROVIDERS **ONLY**

### MAKING HEALTHY CHEAPER

**FREE** Cash Rewards for Members from **Member Rewards**  
**FREE** Primary & Pediatric Care Telehealth from **MDLIVE**  
**FREE** Psychiatry & Counseling Care Telehealth from **MDLIVE**  
**FREE** Medical Equipment & Supplies from **ConnectDME**  
**FREE** Diabetes & High Blood Pressure Programs from **Omada**  
**FREE** High Cholesterol & Weight Programs from **Omada**  
**FREE** Muscle & Joint Pain Programs from **Hinge Health**  
**FREE** Asthma & COPD Programs from **Propeller**  
**FREE** Tobacco & Vaping Addiction Program from **Pelago**  
**FREE** Opioid Addiction Program from **Pelago**  
**FREE** Alcohol Addiction Program from **Pelago**  
**FREE** Mental Health Program from **SilverCloud**  
**FREE** Mental Health Program from **inMynd**  
**FREE** Mental Health Program from **LearntoLive**  
**FREE** Women's & Family Health Programs from **Ovia Health**  
**FREE** Health & Wellness Programs from **Well onTarget**  
**FREE** Weight-Loss Program from **Wondr Health**  
**FREE** In-Home Sleep Studies from **ConnectDME**  
**FREE** \$500 towards **Dependent Accident Claims**  
**50%** **Dependent Deductible Reimbursement**

### MEDICAL

#### IN-NETWORK

**Blue Preferred** Network Providers

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

#### PROFESSIONAL SERVICES

**FREE** Primary & Pediatric Care Telehealth from **MDLIVE**  
**FREE** Counseling & Psychiatry Telehealth from **MDLIVE**  
**FREE** Urgent Care Telehealth from **MDLIVE**

#### OUT-OF-NETWORK

**100%** Balance Billing for Amounts Over Allowable Cost

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

\$ **25** Primary & Pediatric Care In-Person Co-Pay  
\$ **50** Specialist In-Person Co-Pay  
\$ **25** Urgent Care In-Person Co-Pay  
\$ **50** Emergency Care Co-Pay (waived if admitted)

### PRESCRIPTION

#### COVERAGE

\$ **500** Deductible (Generics & Brands)  
\$ **2,500** Out-of-Pocket Max  
\$ **5,000** Family Max

#### ENHANCEMENTS

**30** Day Supply

\$ **5** Diabetic Oral Generics  
**FREE** Contraceptives

#### CO-PAYS

**30** Day Supply

**50%** up to \$ **20** Generics  
**30%** up to \$ **100** Preferred Brands  
**50%** up to \$ **150** Non-Preferred Brands

For **90** Day Supply Multiply by 2.5

\$ **5** Antihistamine OTC's  
**FREE** Tobacco Cessation

#### SPECIALTY CO-PAYS

**30** Day Supply

**20%** up to \$ **50** Generics  
**30%** up to \$ **80** Preferred Brands  
**50%** up to \$ **120** Non-Preferred Brands

\$ **25** Insulin (Select Brands)  
**FREE** GERD & Acid Reflux OTC's

### MONTHLY RATES

\$ **594.60** Member  
\$ **284.06** Child  
\$ **462.44** Children  
\$ **695.22** Spouse  
\$ **979.28** Spouse & Child  
\$ **1,157.66** Spouse & Children

### LEARN MORE

Scan **QR CODE**  
Visit **OPEHW.COM**  
Call **800.468.5744**

