

# DIAMOND

## 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

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

#### OUT-OF-NETWORK

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

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

#### PROFESSIONAL SERVICES

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

- \$ **75** Deductible (Brand Names Only)
- \$ **2,500** Out-of-Pocket Max
- \$ **5,000** Family Max

#### CO-PAYS

- 30** Day Supply
- \$ **10** Generics
- \$ **45** Preferred Brands
- \$ **60** Non-Preferred Brands

For **90** Day Supply Multiply by 2.5

#### SPECIALTY CO-PAYS

- 30** Day Supply
- \$ **10** Generics
- \$ **60** Preferred Brands
- \$ **100** Non-Preferred Brands

#### ENHANCEMENTS

**30** Day Supply

- \$ **5** Diabetic Oral Generics
- FREE** Contraceptives
- \$ **5** Antihistamine OTC's
- FREE** Tobacco Cessation
- \$ **25** Insulin (Select Brands)
- FREE** GERD & Acid Reflux OTC's

### MONTHLY RATES

- \$ **743.26** Member
- \$ **355.08** Child
- \$ **578.06** Children
- \$ **869.02** Spouse
- \$ **1,224.10** Spouse & Child
- \$ **1,447.08** Spouse & Children

### LEARN MORE

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

