

# GOLD

## 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

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

#### OUT-OF-NETWORK

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

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

#### PROFESSIONAL SERVICES

<b>FREE</b> Primary & Pediatric Care Telehealth from <b>MDLIVE</b>	<b>\$25</b> Primary & Pediatric Care In-Person Co-Pay
<b>FREE</b> Counseling & Psychiatry Telehealth from <b>MDLIVE</b>	<b>\$50</b> Specialist In-Person Co-Pay
<b>FREE</b> Urgent Care Telehealth from <b>MDLIVE</b>	<b>\$25</b> Urgent Care In-Person Co-Pay
	<b>\$50</b> Emergency Care Co-Pay (waived if admitted)

### PRESCRIPTION

#### COVERAGE

\$ **100** Deductible (Brand Names Only)  
\$ **2,500** Out-of-Pocket Max  
\$ **5,000** Family Max

#### CO-PAYS

**30** Day Supply  
\$ **10** Generics  
**25%** up to \$ **80** Preferred Brands  
**40%** up to \$ **120** 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

<b>30</b> Day Supply		
\$ <b>5</b> Diabetic Oral Generics	\$ <b>5</b> Antihistamine OTC's	\$ <b>25</b> Insulin (Select Brands)
<b>FREE</b> Contraceptives	<b>FREE</b> Tobacco Cessation	<b>FREE</b> GERD & Acid Reflux OTC's

### MONTHLY RATES

\$ **639.20** Member  
\$ **305.36** Child  
\$ **497.14** Children  
\$ **747.36** Spouse  
\$ **1,052.72** Spouse & Child  
\$ **1,244.50** Spouse & Children

### LEARN MORE

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

