

PLATINUM 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

\$ **1,500** Deductible - Individual
\$ **3,000** 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

\$ **3,000** Deductible - Individual
\$ **6,000** 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

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

CO-PAYS

30 Day Supply
\$**10** Generics
\$**55** Preferred Brands
\$**70** 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

\$ **668.94** Member
\$ **319.58** Child
\$ **520.26** Children
\$ **782.12** Spouse
\$ **1,101.70** Spouse & Child
\$ **1,302.38** Spouse & Children

LEARN MORE

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

