

SILVER

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

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

OUT-OF-NETWORK

100% Balance Billing for Amounts Over Allowable Cost

- \$ **4,500** Deductible - Individual
- \$ **9,000** Deductible - Family Maximum
- \$ **14,000** Maximum Out-of-Pocket - Individual
- \$ **28,000** 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**
- \$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 (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
- 25%** up to \$ **80** Preferred Brands
- 40%** up to \$ **120** 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

- \$ **616.90** Member
- \$ **294.72** Child
- \$ **479.78** Children
- \$ **721.28** Spouse
- \$ **1,016.00** Spouse & Child
- \$ **1,201.06** Spouse & Children

LEARN MORE

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

