

COBALT

HEALTH COVERAGE

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



FREE MAJOR MEDICAL CARE

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

**TRANSPLANTS
CARDIAC SURGERIES
SPINAL SURGERIES
HIP & KNEE REPLACEMENTS
MATERNITY
CANCER CARE**

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**

MEDICAL

IN-NETWORK

Blue Preferred Network Providers

- \$ **5,500** Deductible - Individual
- \$ **11,000** Deductible - Family Maximum
- \$ **7,500** Maximum Out-of-Pocket - Individual
- \$ **15,000** Maximum Out-of-Pocket - Family Maximum
- 20%** Co-Insurance

OUT-OF-NETWORK

100% Balance Billing for Amounts Over Allowable Cost

- \$ **5,500** Deductible - Individual
- \$ **11,000** 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**

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

D&C = Subject to Deductible & Co-Insurance

PRESCRIPTION

COVERAGE

- \$ **0** Deductible
- \$ **2,000** Out-of-Pocket Max
- \$ **4,000** Family Max

ENHANCEMENTS

30 Day Supply

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

CO-PAYS

30 Day Supply

- \$ **5** Generics
- \$ **45** Preferred Brands
- \$ **85** Non-Preferred Brands

For **90** Day Supply Multiply by 2.5

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

SPECIALTY CO-PAYS

30 Day Supply

- \$ **5** Generics
- \$ **95** Preferred Brands
- \$ **195** Non-Preferred Brands

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

MONTHLY RATES

- \$ **538.86** Member
- \$ **257.44** Child
- \$ **419.10** Children
- \$ **630.04** Spouse
- \$ **887.48** Spouse & Child
- \$ **1,049.08** Spouse & Children

LEARN MORE

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