

COBALT PREFERRED HEALTH COVERAGE



FREE MEDICAL CARE

Zero Out-of-Pocket for:

- » **Transplant***
- » **Heart & Cardiac Surgeries***
- » **Hip & Knee Replacements***
- » **Cellular Immunotherapy***
- » **Cancer Care**
- » **Back & Spine Surgeries***
- » **Maternity Care**

» Coverage **Only** Available from **BlueDistinction+** Providers

» * No Out-of-Network Coverage Available

MAKING HEALTHY CHEAPER

Free Member Rewards with **Zelis**

Free Virtual Check-Ups with **Catapult Health** get **\$250** Deductible Reduction

Free Psychiatry, Counseling, Primary & Pediatric Care with **MDLIVE**

Free Medical Equipment & Supplies with **Connect DME**

Free X-Rays, Ultrasounds, MRI, CT, & PET Scans with **Green Imaging**

Free Diabetes, Blood Pressure, Cholesterol & Weight Programs with **Omada**

Free Joint, Muscle Pain & Pelvic Floor Pain Programs with **Hinge Health**

Free Tobacco, Vaping, Alcohol & Opioid Addiction Programs with **Pelago**

Free Mental Health Programs with **SilverCloud, Inmynd & LearnToLive**

Free Women's & Family Health Programs with **Ovia**

Free Wellness Programs with **Well onTarget**

Free Weight-Loss Program with **Wondr Health**

Free Sleep Studies with **Connect DME**

Free \$500 Child Accident Reimbursement

50% Child Deductible Reimbursement

MONTHLY RATES

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

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2025-2026 PLAN YEAR
JULY 1, 2025 TO JUNE 30, 2026

 **OPEH&W Health Plan**
Making Healthy Cheaper

MEDICAL COVERAGE

IN-NETWORK

BluePreferred Network Providers

- \$15,500** Deductible - Individual
- \$31,000** Deductible - Family
- \$17,500** Maximum Out-of-Pocket - Individual
- \$35,000** Maximum Out-of-Pocket - Family
- 20%** Co-Insurance

PROFESSIONAL SERVICES

- Free** Primary & Pediatric Care from **MDLIVE**
- Free** Counseling & Psychiatry from **MDLIVE**
- Free** Urgent Care 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)

OUT-OF-NETWORK

100% Balance Billing for Amounts Over Allowable Cost

- \$15,500** Deductible - Individual
- \$31,000** Deductible - Family
- \$17,500** Maximum Out-of-Pocket - Individual
- \$35,000** Maximum Out-of-Pocket - Family
- 50%** Co-Insurance

PRESCRIPTION COVERAGE

COVERAGE

- \$ 0** Brand Name Deductible
Deductible is Per Person, Not Per Drug`
- \$2,000** Maximum Out-of-Pocket - Individual
- \$4,000** Maximum Out-of-Pocket - Family

CO-PAYS

| | 30 Day Supply | 90 Day Supply | Specialty |
|----------------------|---------------|---------------|--------------|
| Generics | \$ 5 | \$ 25 | \$ 5 |
| Preferred Brands | \$45 | \$112 | \$ 95 |
| Non-Preferred Brands | \$85 | \$212 | \$195 |

ENHANCEMENT CO-PAYS

30 Day Supply

- \$ 5** Diabetic Oral Generics
- \$ 5** Antihistamine (Over-The-Counter Versions)
- \$25** Insulin (Select Brands)
- Free** Tobacco Cessation
- Free** GERD & Acid Reflux (Over-The-Counter Versions)