

# PLATINUM 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**

\$	<b>699.04</b>	Member
\$	<b>333.96</b>	Child
\$	<b>543.68</b>	Children
\$	<b>817.30</b>	Spouse
\$	<b>1,151.26</b>	Spouse & Child
\$	<b>1,360.98</b>	Spouse & Children

## **LEARN MORE**

Scan **QR Code**  
or Visit **opehw.com**



## **OPEH&W APP**

Scan **QR Code** to get  
the OPEH&W App



**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

- \$ **1,500** Deductible - Individual
- \$ **3,000** Deductible - Family
- \$ **5,000** Maximum Out-of-Pocket - Individual
- \$ **10,000** 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

- \$ **3,000** Deductible - Individual
- \$ **6,000** Deductible - Family
- \$ **10,000** Maximum Out-of-Pocket - Individual
- \$ **20,000** Maximum Out-of-Pocket - Family
- 30%** Co-Insurance

# PRESCRIPTION COVERAGE

## COVERAGE

- \$ **100** 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	\$ <b>10</b>	\$ <b>25</b>	\$ <b>10</b>
Preferred Brands	\$ <b>55</b>	\$ <b>137</b>	\$ <b>60</b>
Non-Preferred Brands	\$ <b>70</b>	\$ <b>175</b>	\$ <b>120</b>

## 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)