

Benefit Comparison

OPEH&W – Diamond Plan & EGID HealthChoice High Option

Date Prepared: 9/22/2026

How to Read This Comparison:

- Comparative coverage results on each benefit item are shown in the far-right column headed OPEH&W's IMPACT
- If the text in that column is **GREEN**, then **OPEH&W's Diamond Plan** coverage is superior.
- If the text is **RED** in color, then the **EGID HealthChoice High Option** coverage is superior.
- If the text is **GRAY** in color, then the coverage is neutral or there is no difference.

MEDICAL	OPEH&W DIAMOND	EGID - HealthChoice High	OPEH&W'S IMPACT
FREE MAJOR MEDICAL CARE			
TRANSPLANTS	ZERO-COST	20% COINSURANCE AFTER DEDUCTIBLE	UP TO \$3,300 LESS PER PERSON
HEART & CARDIAC SURGERIES	ZERO-COST	20% COINSURANCE AFTER DEDUCTIBLE	UP TO \$3,300 LESS PER PERSON
BACK & SPINE SURGERIES	ZERO-COST	20% COINSURANCE AFTER DEDUCTIBLE	UP TO \$3,300 LESS PER PERSON
HIP & KNEE REPLACEMENTS	ZERO-COST	20% COINSURANCE AFTER DEDUCTIBLE	UP TO \$3,300 LESS PER PERSON
MATERNITY CARE	ZERO-COST	20% COINSURANCE AFTER DEDUCTIBLE	UP TO \$3,300 LESS PER PERSON
CELLULAR IMMUNOTHERAPY	ZERO-COST	20% COINSURANCE AFTER DEDUCTIBLE	UP TO \$3,300 LESS PER PERSON
MAKING HEALTHY CHEAPER			
HEALTH CHECKUPS FROM SNAPSHOT HEALTH	ZERO-COST + \$250 DEDUCTIBLE CREDIT	NO COVERAGE	ZERO-COST + 250 LESS DEDUCTIBLE
CASH REWARDS FROM MEMBER REWARDS	ZERO-COST	NO COVERAGE	CASH REWARDS
SELECT MEDICATIONS FROM SCRIPT SOURCING	ZERO-COST	UP TO \$200	UP TO \$200 LESS PER MEDICATION
TYPE II DIABETES REVERSAL FROM VIRTA	ZERO-COST	NO COVERAGE	ZERO-COST PROGRAM
NEURO PATHWAY REMAPPING FROM BRAIN CODE	ZERO-COST	NO COVERAGE	ZERO-COST PROGRAM
MEDICAL EQUIPMENT & SUPPLIES FROM CONNECTDME	ZERO-COST	20% COINSURANCE AFTER DEDUCTIBLE	UP TO \$3,300 LESS PER PERSON
MEDICAL IMAGING FROM GREEN IMAGING	ZERO-COST	20% COINSURANCE AFTER DEDUCTIBLE	UP TO \$3,300 LESS PER PERSON
MUSCLE & JOINT PAIN PROGRAMS FROM HINGE HEALTH	ZERO-COST	NO COVERAGE	ZERO-COST PROGRAM
DIABETES, BLOOD PRESSURE & CHOLESTEROL PROGRAMS FROM OMADA	ZERO-COST	NO COVERAGE	ZERO-COST PROGRAM
ALCOHOL ADDICTION PROGRAM FROM PELAGO	ZERO-COST	20% COINSURANCE AFTER DEDUCTIBLE	UP TO \$3,300 LESS PER PERSON
TOBACCO & VAPING ADDICTION PROGRAM FROM PELAGO	ZERO-COST	20% COINSURANCE AFTER DEDUCTIBLE	UP TO \$3,300 LESS PER PERSON
OPIOID ADDICTION PROGRAM FROM PELAGO	ZERO-COST	20% COINSURANCE AFTER DEDUCTIBLE	UP TO \$3,300 LESS PER PERSON
WEIGHT-LOSS PROGRAM FROM WONDR HEALTH	ZERO-COST	NO COVERAGE	ZERO-COST PROGRAM
SLEEP STUDIES FROM CONNECTDME	ZERO-COST	20% COINSURANCE AFTER DEDUCTIBLE	UP TO \$3,300 LESS PER PERSON
MENTAL HEALTH PROGRAM FROM SILVERCLOUD	ZERO-COST	NO COVERAGE	ZERO-COST PROGRAM
MENTAL HEALTH PROGRAM FROM INMYND	ZERO-COST	NO COVERAGE	ZERO-COST PROGRAM
MENTAL HEALTH PROGRAM FROM LEARNTOLIVE	ZERO-COST	NO COVERAGE	ZERO-COST PROGRAM
WOMEN'S & FAMILY SUPPORT PROGRAMS FROM OVIA	ZERO-COST	NO COVERAGE	ZERO-COST PROGRAM
WELLNESS PROGRAMS FROM WELL ONTARGET	ZERO-COST	UNKNOWN	ZERO-COST PROGRAM
IN-NETWORK			
NETWORK	BCBS ADVANTAGE	HEALTHCHOICE	NEUTRAL
DEDUCTIBLE - PER INDIVIDUAL	\$1,000 (\$750 after SnapShot Health checkup)	\$750	\$250 MORE OR NEUTRAL
DEDUCTIBLE - FAMILY MAXIMUM	\$2,000 (\$1,750 after SnapShot Health checkup)	\$2,000	\$250 LESS OR NEUTRAL
50% CHILD DEDUCTIBLE REIMBURSEMENT	YES	NO	UP TO \$500 LESS PER CHILD
MAXIMUM OUT-OF-POCKET - PER INDIVIDUAL	\$5,000	\$3,300	\$1,700 MORE
MAXIMUM OUT-OF-POCKET - FAMILY	\$10,000	\$8,400	\$1,600 MORE
CO-INSURANCE	20%	20%	NEUTRAL
\$500 CHILD ACCIDENT REIMBURSEMENT	YES	NO	\$500 PER CHILD PER PLAN YEAR
HOSPITALIZATION			
INPATIENT PER OCCURRENCE	20% COINSURANCE AFTER DEDUCTIBLE	20% COINSURANCE AFTER DEDUCTIBLE	NEUTRAL
OUTPATIENT PER OCCURRENCE	20% COINSURANCE AFTER DEDUCTIBLE	20% COINSURANCE AFTER DEDUCTIBLE	NEUTRAL

PROFESSIONAL SERVICES			
PRIMARY & PEDIATRIC CARE - TELEHEALTH	MDLIVE - ZERO-COST	ZERO-COST	NEUTRAL
PSYCHIATRY & COUNSELING - TELEHEALTH	MDLIVE - ZERO-COST	NO COVERAGE	ZERO-COST & UNLIMITED
PRIMARY CARE - IN-PERSON	\$25 CO-PAY OR ZERO-COST WITH REMEDY HEALTH	\$30 CO-PAY	ZERO-COST OR \$5 LESS
SPECIALIST - IN-PERSON	\$50 CO-PAY	\$50 CO-PAY	NEUTRAL
LABS & X-RAYS	LABS & X-RAYS - ZERO-COST WITH REMEDY HEALTH OR X-RAYS - GREEN IMAGING - ZERO-COST OR 20% COINSURANCE AFTER DEDUCTIBLE	20% COINSURANCE AFTER DEDUCTIBLE	ZERO-COST OR NEUTRAL
DIAGNOSTIC IMAGING (CAT & MRI SCANS)	GREEN IMAGING - ZERO-COST OR 20% COINSURANCE AFTER DEDUCTIBLE	20% COINSURANCE AFTER DEDUCTIBLE	ZERO-COST OR NEUTRAL
ALLERGY TESTING & TREATMENT	ZERO-COST WITH REMEDY HEALTH OR \$25/\$50 CO-PAY + 20% COINSURANCE AFTER DEDUCTIBLE	20% COINSURANCE AFTER DEDUCTIBLE 60 TESTS LIMITS EVERY 24 MONTHS	ZERO-COST OR NEUTRAL
PREVENTIVE SERVICES & WELL-CHILD CARE	ZERO-COST	ZERO-COST	NEUTRAL
IMMUNIZATIONS	ZERO-COST	ZERO-COST	NEUTRAL
HEARING SCREENING & HEARING AIDS	VSP - ZERO-COST SCREENING AND 60% DISCOUNT ON HEARING AIDS	\$30/\$50 CO-PAY UNLESS PREVENTIVE	NEUTRAL
MATERNITY - PRENATAL & POSTNATAL	OVIA HEALTH - ZERO-COST OR BLUE DISTINCTION PROVIDERS - ZERO-COST OR 20% COINSURANCE AFTER DEDUCTIBLE	20% COINSURANCE AFTER DEDUCTIBLE	ZERO-COST OR NEUTRAL
DURABLE MEDICAL EQUIPMENT	CONNECTDME - ZERO-COST OR 20% COINSURANCE AFTER DEDUCTIBLE	20% COINSURANCE AFTER DEDUCTIBLE	ZERO-COST OR NEUTRAL
MENTAL HEALTH - INPATIENT	20% COINSURANCE AFTER DEDUCTIBLE	20% COINSURANCE AFTER DEDUCTIBLE	NEUTRAL
MENTAL HEALTH - OUTPATIENT	MDLIVE OR INMYND OR LEARNTO LIVE - ZERO-COST OR \$25/\$50 CO-PAY PRE-AUTHORIZATION AFTER 10 VISITS	20% COINSURANCE AFTER DEDUCTIBLE 20 OCCUPATIONAL THERAPY VISIT MAXIMUM PER PLAN YEAR	ZERO-COST OR CHEAPER
SUBSTANCE USE DISORDER - INPATIENT	20% COINSURANCE AFTER DEDUCTIBLE	20% COINSURANCE AFTER DEDUCTIBLE	NEUTRAL
SUBSTANCE USE DISORDER - OUTPATIENT	PELAGO - ZERO-COST OR \$25/\$50 CO-PAY + 20% COINSURANCE AFTER DEDUCTIBLE PRE-AUTHORIZATION AFTER 10 VISITS	20% COINSURANCE AFTER DEDUCTIBLE 20 OCCUPATIONAL THERAPY VISIT MAXIMUM PER PLAN YEAR	ZERO-COST OR CHEAPER
OCCUPATIONAL, SPEECH, PHYSICAL THERAPY, OR PHYSICAL MEDICINE VISITS	HINGE HEALTH - ZERO-COST OR 20% COINSURANCE AFTER DEDUCTIBLE 60 VISIT COMBINED MAXIMUM PER PLAN YEAR	20% COINSURANCE AFTER DEDUCTIBLE 20 OCCUPATIONAL & 20 PHYSICAL THERAPY VISIT MAX (60 IF CERTIFIED)	ZERO-COST OR NEUTRAL
CHIROPRACTIC & MANIPULATIVE THERAPY VISITS	HINGE HEALTH - ZERO-COST OR 20% COINSURANCE AFTER DEDUCTIBLE 10 VISIT MAXIMUM PER PLAN YEAR \$500 MAXIMUM FOR MANIPULATIVE SERVICES	20% COINSURANCE AFTER DEDUCTIBLE 20 PHYSICAL THERAPY VISIT MAXIMUM PER PLAN YEAR (60 IF CERTIFIED)	ZERO-COST OR NEUTRAL
BARIATRIC SURGERY	20% COINSURANCE AFTER DEDUCTIBLE	20% COINSURANCE AFTER DEDUCTIBLE	NEUTRAL
DIABETES PREVENTION PROGRAM	OMADA HEALTH - ZERO-COST OR ZERO-COST PREVENTIVE SERVICE	ZERO-COST	NEUTRAL
URGENT & EMERGENCY CARE			
URGENT CARE - IN-PERSON PER OCCURRENCE	\$25 CO-PAY	\$30 CO-PAY + 20% COINSURANCE AFTER DEDUCTIBLE	\$5 LESS
EMERGENCY ROOM - IN-PERSON PER OCCURRENCE	\$50 CO-PAY + 20% COINSURANCE AFTER DEDUCTIBLE (CO-PAY WAIVED IF ADMITTED)	\$200 CO-PAY + 20% COINSURANCE AFTER DEDUCTIBLE (CO-PAY WAIVED IF ADMITTED)	\$150 LESS

PRESCRIPTION DRUGS		OPEH&W DIAMOND	EGID - HealthChoice High	OPEH&W'S IMPACT
COVERAGE				
DEDUCTIBLE	\$75 BRAND NAMES ONLY PER PERSON		\$100 INDIVIDUAL OR \$300 FAMILY	\$25 LESS AND BRANDS ONLY
MAXIMUM OUT-OF-POCKET - PER INDIVIDUAL	\$2,000		\$5,000	\$3,000 LESS
MAXIMUM OUT-OF-POCKET - FAMILY MAXIMUM	\$4,000		\$10,000	\$6,000 LESS
30 DAY SUPPLY CO-PAYS - RETAIL OR MAIL				
PREFERRED GENERICS	UP TO \$10 CO-PAY OR ZERO-COST		UP TO \$10 CO-PAY	UP TO \$10 LESS OR NEUTRAL
NON-PREFERRED GENERICS	UP TO \$10 CO-PAY OR ZERO-COST		UP TO \$10 CO-PAY	UP TO \$10 LESS OR NEUTRAL
PREFERRED BRANDS	UP TO \$45 CO-PAY OR ZERO-COST		UP TO \$45 CO-PAY	UP TO \$45 LESS OR NEUTRAL
NON-PREFERRED BRANDS	UP TO \$60 CO-PAY OR ZERO-COST		UP TO \$75 CO-PAY	UP TO \$75 LESS OR \$15 LESS
SPECIALTY GENERICS	UP TO \$10 CO-PAY OR ZERO-COST		UP TO \$10 CO-PAY	UP TO \$10 LESS OR NEUTRAL
SPECIALTY PREFERRED BRANDS	UP TO \$60 CO-PAY (+ SaveOn Rx) OR ZERO-COST		30% COINSURANCE	ZERO-COST OR A LOT LESS
SPECIALTY NON-PREFERRED BRANDS	UP TO \$100 CO-PAY (+ SaveOn Rx) OR ZERO-COST		30% COINSURANCE	ZERO-COST OR A LOT LESS
31-60 DAY SUPPLY CO-PAYS - RETAIL OR MAIL				
PREFERRED GENERICS	UP TO \$20 CO-PAY OR ZERO-COST		UP TO \$25 CO-PAY	UP TO \$25 LESS OR \$5 LESS
NON-PREFERRED GENERICS	UP TO \$20 CO-PAY OR ZERO-COST		UP TO \$25 CO-PAY	UP TO \$25 LESS OR \$5 LESS
PREFERRED BRANDS	UP TO \$90 CO-PAY OR ZERO-COST		UP TO \$90 CO-PAY	UP TO \$90 LESS OR NEUTRAL
NON-PREFERRED BRANDS	UP TO \$120 CO-PAY OR ZERO-COST		UP TO \$150 CO-PAY	UP TO \$150 LESS OR \$30 LESS
SPECIALTY GENERICS	UP TO \$20 CO-PAY OR ZERO-COST		UP TO \$25 CO-PAY	UP TO \$25 LESS OR \$5 LESS
SPECIALTY PREFERRED BRANDS	UP TO \$120 CO-PAY (+ SaveOn Rx) OR ZERO-COST		30% COINSURANCE	ZERO-COST OR A LOT LESS
SPECIALTY NON-PREFERRED BRANDS	UP TO \$200 CO-PAY (+ SaveOn Rx) OR ZERO-COST		30% COINSURANCE	ZERO-COST OR A LOT LESS
61-90 DAY SUPPLY CO-PAYS - RETAIL OR MAIL				
PREFERRED GENERICS	UP TO \$25 CO-PAY OR ZERO-COST		UP TO \$25 CO-PAY	UP TO \$25 LESS OR NEUTRAL
NON-PREFERRED GENERICS	UP TO \$25 CO-PAY OR ZERO-COST		UP TO \$25 CO-PAY	UP TO \$25 LESS OR NEUTRAL
PREFERRED BRANDS	UP TO \$90 CO-PAY OR ZERO-COST		UP TO \$90 CO-PAY	UP TO \$90 LESS OR NEUTRAL
NON-PREFERRED BRANDS	UP TO \$150 CO-PAY OR ZERO-COST		UP TO \$150 CO-PAY	UP TO \$150 LESS OR NEUTRAL
SPECIALTY GENERICS	UP TO \$25 CO-PAY OR ZERO-COST		UP TO \$25 CO-PAY	UP TO \$25 LESS OR NEUTRAL
SPECIALTY PREFERRED BRANDS	UP TO \$150 CO-PAY (+ SaveOn Rx) OR ZERO-COST		30% COINSURANCE	ZERO-COST OR A LOT LESS
SPECIALTY NON-PREFERRED BRANDS	UP TO \$250 CO-PAY (+ SaveOn Rx) OR ZERO-COST		30% COINSURANCE	ZERO-COST OR A LOT LESS
ENHANCEMENT CO-PAYS - RETAIL OR MAIL - 30 DAY SUPPLY				
ACID REFLUX & GERD OVER THE COUNTER (OTC) MEDICATIONS	ZERO-COST		NO COVERAGE	MINIMUM \$10 LESS
CONTRACEPTIVES & CONTRACEPTIVE DEVICES	ZERO-COST		UNKNOWN	NEUTRAL
TOBACCO & SMOKING CESSATION MEDICATIONS	ZERO-COST		ZERO-COST	NEUTRAL
DIABETIC GENERIC MEDICATIONS	UP TO \$5 CO-PAY		UP TO \$10 CO-PAY	UP TO \$5 LESS
ANTIHISTAMINE OVER THE COUNTER (OTC) MEDICATIONS	UP TO \$5 CO-PAY		NO COVERAGE	MINIMUM \$10 LESS
INSULIN - SELECT PREFERRED BRANDS	UP TO \$25 CO-PAY OR ZERO-COST		UP TO \$30 CO-PAY	UP TO \$30 LESS OR \$5 LESS