

# TUNGSTEN ADVANTAGE HEALTH COVERAGE



## **FREE MAJOR MEDICAL CARE**

**Zero Cost Benefits:**

- » **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 Select Brand Medications** with **ScriptSourcing**

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

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

**Free Type 2 Diabetes Reversal Program** with **Virta**

**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 **Inmynd, LearnToLive & Braincode**

**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**

\*Deductible Reduction applied at start of next plan year

## **MONTHLY RATES**

These rates represent the full cost of coverage, not necessarily what you will pay. Please contact your HR representative for more information.

|                 |                   |
|-----------------|-------------------|
| <b>754.58</b>   | Member            |
| <b>360.50</b>   | Child             |
| <b>586.86</b>   | Children          |
| <b>882.26</b>   | Spouse            |
| <b>1,242.76</b> | Spouse & Child    |
| <b>1,469.12</b> | Spouse & Children |

## **LEARN MORE**

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**2026-2027 PLAN YEAR**  
**JULY 1, 2026 TO JUNE 30, 2027**

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



# MEDICAL COVERAGE

## IN-NETWORK

BlueAdvantage Network Providers

|       |                                    |
|-------|------------------------------------|
| 750   | Deductible – Individual            |
| 1,500 | Deductible – Family                |
| 3,250 | Maximum Out-of-Pocket – Individual |
| 6,500 | 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

|        |                                    |
|--------|------------------------------------|
| 1,500  | Deductible – Individual            |
| 3,000  | Deductible – Family                |
| 6,500  | Maximum Out-of-Pocket – Individual |
| 13,000 | Maximum Out-of-Pocket – Family     |
| 30%    | Co-Insurance                       |



# PRESCRIPTION COVERAGE

## COVERAGE

|       |  |
|-------|--|
| 75    | 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 |
|----------------------|---------------|---------------|-----------|
| Select Brands        | 0             | 0             | 0         |
| Generics             | 10            | 25            | 10        |
| Preferred Brands     | 45            | 112           | 60        |
| Non-Preferred Brands | 60            | 150           | 120       |

## 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) |