

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

\$	563.10	Member
\$	269.02	Child
\$	437.96	Children
\$	658.38	Spouse
\$	927.40	Spouse & Child
\$	1,096.34	Spouse & Children

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

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MEDICAL COVERAGE

IN-NETWORK

BluePreferred Network Providers

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

- \$ **5,500** Deductible - Individual
- \$ **11,000** Deductible - Family
- \$ **7,500** Maximum Out-of-Pocket - Individual
- \$ **15,000** 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)