

# GOLD 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>667.96</b>   | Member            |
| \$ | <b>319.12</b>   | Child             |
| \$ | <b>519.50</b>   | Children          |
| \$ | <b>780.98</b>   | Spouse            |
| \$ | <b>1,100.10</b> | Spouse & Child    |
| \$ | <b>1,300.48</b> | Spouse & Children |

## LEARN MORE

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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

- \$ **3,250** Deductible - Individual
- \$ **6,500** Deductible - Family
- \$ **7,000** Maximum Out-of-Pocket - Individual
- \$ **14,000** 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

- \$ **6,500** Deductible - Individual
- \$ **13,000** Deductible - Family
- \$ **14,000** Maximum Out-of-Pocket - Individual
- \$ **28,000** 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>25%</b> up to \$ <b>80</b>  | <b>25%</b> up to \$ <b>200</b> | \$ <b>60</b>  |
| Non-Preferred Brands | <b>40%</b> up to \$ <b>120</b> | <b>40%</b> up to \$ <b>300</b> | \$ <b>100</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)