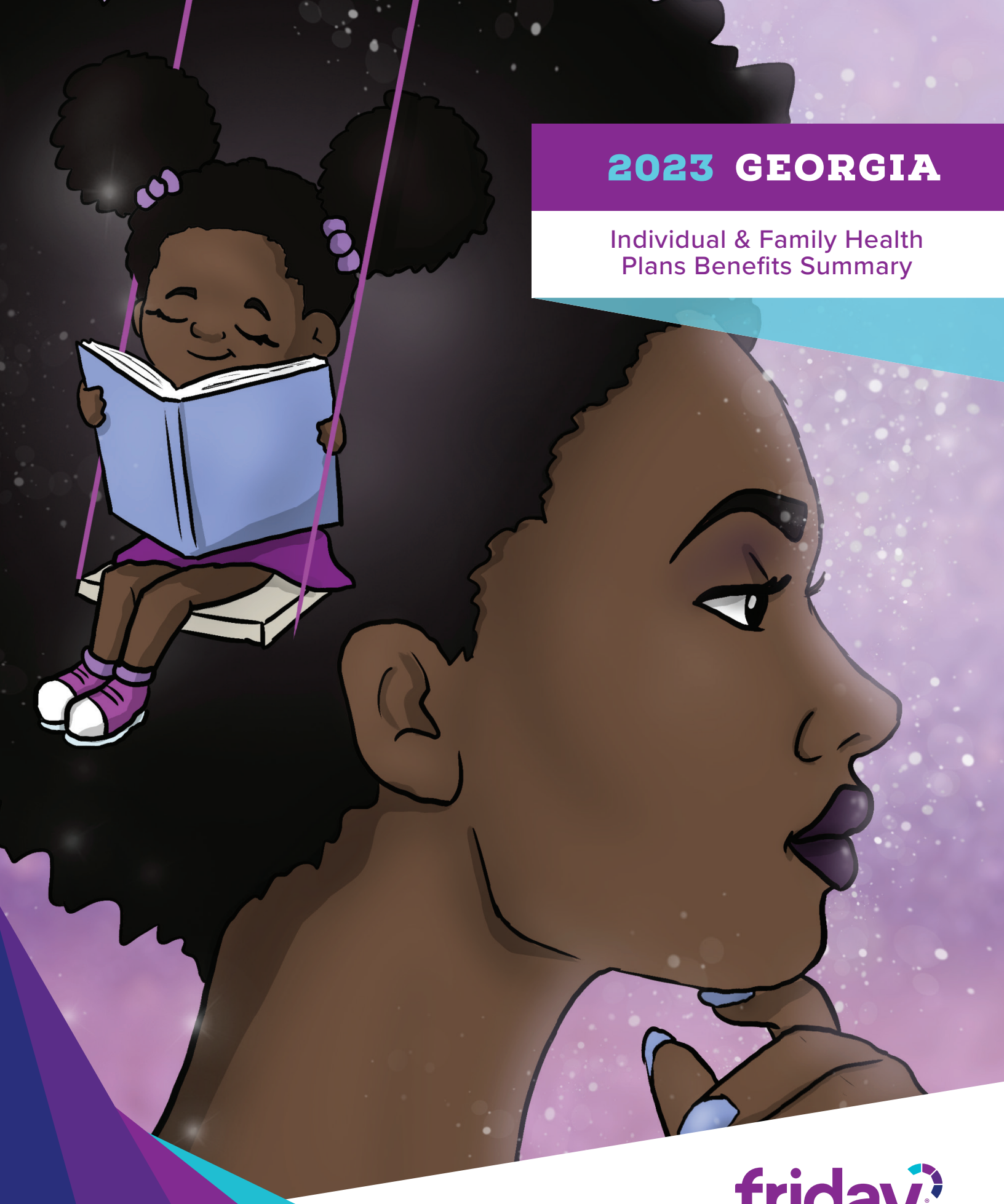
2023 GEORGIA

Individual & Family Health Plans Benefits Summary



friday health plans

Friday's health plan benefits help you take a holistic approach to your health by keeping your mind and body covered.

No Cost?
Yes Please.

Unlimited $0 Primary Care Visits on Many Plans

Easily take care of yourself and your family when you're sick or hurt with $0 doctor visits.*

Unlimited $0 Mental Health Visits

Because we believe that mental health is as important as physical health, Friday offers many plans with $0 mental health visits.**

$0 Annual Wellness Exam

Say your yearly "hello" to your annual wellness exam, be proactive with a flu shot, and check out other preventive services that help you stay healthy.*

$0 Preferred Generic Drugs

Thousands of $0 preferred generic drugs on many plans.***

$0 for Virtual Medical or Mental Health Visits

Reach a doctor 24/7 from your phone or computer, wherever you are with Teladoc.**,†

For a full list of benefits, provisions, exclusions and limitations, and to see everything included in Friday's plans and networks, please contact Friday Health Plans.

** Per ACA guidelines, if your doctor does additional tests or provides treatments, you may have additional costs.*
*** Covers counseling visits only.*
**** Based on Friday Health Plans formulary, which is subject to change.*
† Teladoc.com is a value-added service that allows you to chat with a doctor 24/7 by phone or online.

One easy-to-use medical network

Friday's medical network gives you access to medical professionals and facilities in all regions Friday serves in Georgia. Your benefits are covered when you use in-network doctors, hospitals or facilities. In cases of a true medical emergency, emergency room visits are covered in or out of network.

No need to designate a primary care doctor

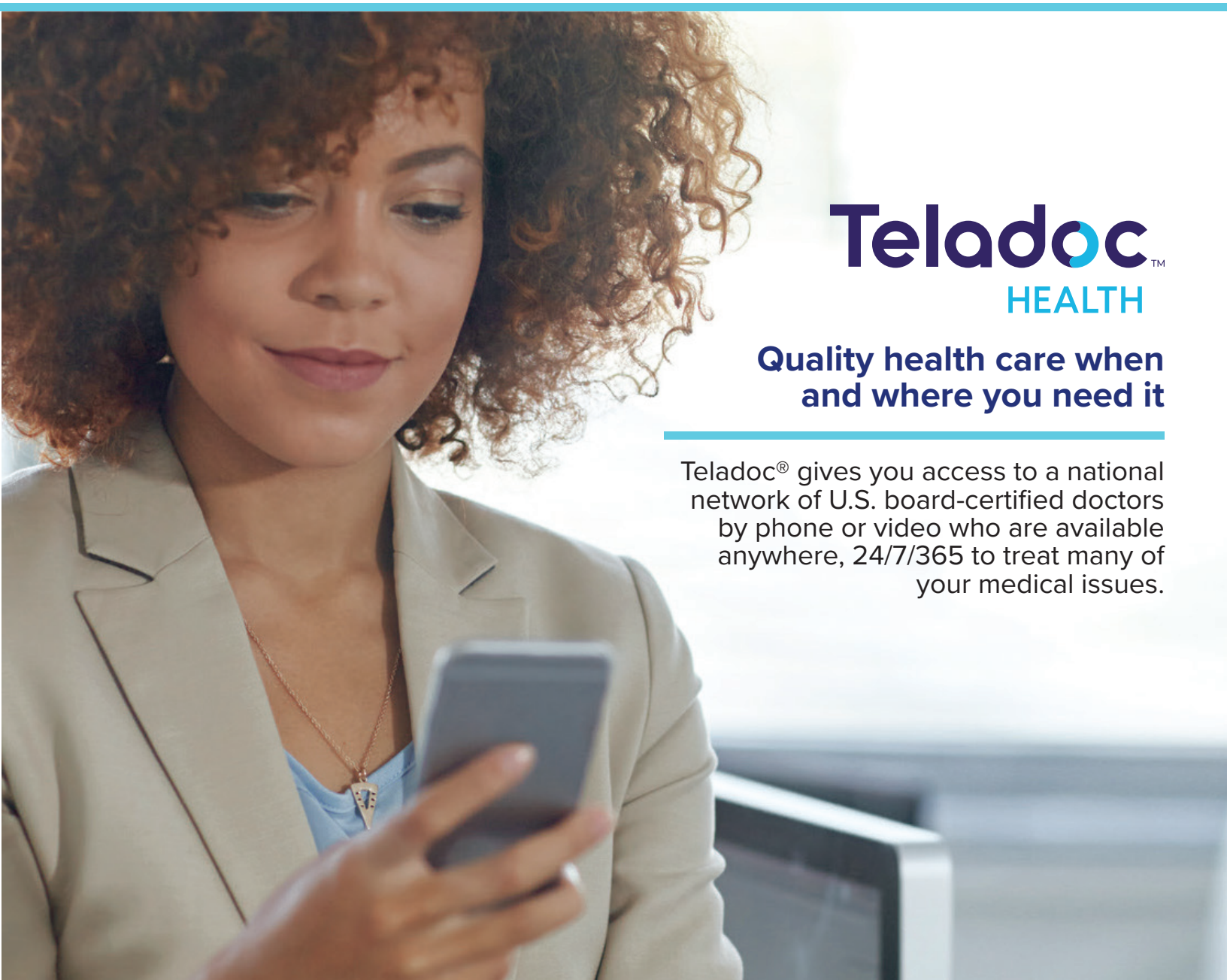
See a medical provider that fits you the best, make changes whenever you like.

No referrals

Most specialists do not require a referral from your doctor.

Visit the medical provider lookup at carenavigator.fridayhealthplans.com

for a full list of in-network doctors and facilities near you.



Teladoc™ HEALTH

Quality health care when and where you need it

Teladoc® gives you access to a national network of U.S. board-certified doctors by phone or video who are available anywhere, 24/7/365 to treat many of your medical issues.

Benefits Overview

Friday Health Plans' offerings are ACA-compliant—we include all essential health benefits and do not exclude anyone for pre-existing conditions.

Copay: A copay is a fixed dollar amount you pay for certain covered health expenses, usually at the time you receive services (for example, a $25 copay for an office visit).
Deductible: The amount you pay for all your covered health services in a year before your insurance begins to pay for your health care. Copays do not count toward your deductible.

Plans/Visits	CATASTROPHIC (UNDER AGE 30)	BRONZE BASIC	BRONZE PLUS	BRONZE COPAY	BRONZE HSA
Individual Deductible / Family	$9,100 / $18,200	$9,100 / $18,200	$9,100 / $18,200	$9,100 / $18,200	$7,000 / $14,000
Individual Max Out-of-Pocket / Family	$9,100 / $18,200	$9,100 / $18,200	$9,100 / $18,200	$9,100 / $18,200	$7,000 / $14,000
Annual Wellness Visit	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay
Primary Care Visit	3 Visits at $0, then $0 after Deductible	$0 after Deductible	$0 Copay	$0 Copay	$0 after Deductible
Mental Health Visit	$0 after Deductible	$0 after Deductible	$0 Copay	$0 Copay	$0 after Deductible
Specialist Visit	$0 after Deductible	$0 after Deductible	$0 after Deductible	$150 Copay	$0 after Deductible
Teladoc*	$0 per Visit	$0 per Visit	$0 per Visit	$0 per Visit	$0 per Visit
Urgent Care Visit	$0 after Deductible	$0 after Deductible	$75 Copay	$175 Copay	$0 after Deductible
X-ray and Imaging	$0 after Deductible	$0 after Deductible	$0 after Deductible	$0 after Deductible	$0 after Deductible
Inpatient Stay	$0 after Deductible	$0 after Deductible	$0 after Deductible	$0 after Deductible	$0 after Deductible
Emergency Room	$0 after Deductible	$0 after Deductible	$0 after Deductible	$0 after Deductible	$0 after Deductible
Prescriptions/Medications	**CATASTROPHIC (UNDER AGE 30)**	**BRONZE BASIC**	**BRONZE PLUS**	**BRONZE COPAY**	**BRONZE HSA**
Preventive ACA Drugs	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay
Preferred Generic	$0 after Deductible	$0 after Deductible	Up to $25 Copay	Up to $30 Copay	$0 after Deductible
Preferred Brand	$0 after Deductible	$0 after Deductible	$0 after Deductible	Up to $160 Copay	$0 after Deductible
Non-Preferred Generic / Brand	$0 after Deductible	$0 after Deductible	$0 after Deductible	$0 after Deductible	$0 after Deductible
Specialty Drugs	$0 after Deductible	$0 after Deductible	$0 after Deductible	$0 after Deductible	$0 after Deductible

Covered benefits apply only within the Friday provider network, visit the nearest emergency room in case of medical emergency, and you will be covered.
**Teladoc is a value-added service, does not apply toward deductible or max-out-of-pocket.*
***Catastrophic, Bronze HSA, Silver $0 Deductible, and Silver HSA do not have: "+ Vision" options.*

Vision Plan Options

Most plans have two options:

"With Vision"
includes one $0 annual eye exam per member

"Without Vision"
does not include any eye exam or vision benefit

SILVER	SILVER COPAY	SILVER $0 DEDUCTIBLE	SILVER HSA	GOLD	GOLD COPAY
$5,000 / $10,000	$5,000 / $10,000	$0 / $0	$3,000 / $6,000	$2,000 / $4,000	$2,300 / $4,600
$8,700 / $17,400	$8,700 / $17,400	$9,100 / $18,200	$7,000 / $14,000	$8,250 / $16,500	$8,250 / $16,500
$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay
$0 Copay	$0 Copay	$0 Copay	$0 after Deductible	$0 Copay	$0 Copay
$0 Copay	$0 Copay	$0 Copay	$0 after Deductible	$0 Copay	$0 Copay
20% after Deductible	$80 Copay	$100 Copay	30% after Deductible	20% after Deductible	$60 Copay
$0 per Visit	$0 per Visit	$0 per Visit	$0 per Visit	$0 per Visit	$0 per Visit
$75-$80 Copay	$100-$105 Copay	$100-$105 Copay	$75-$80 after Deductible	$75-$80 Copay	$75 Copay
20% after Deductible	$100 Copay	$150 Copay	30% after Deductible	20% after Deductible	$100 Copay
20% after Deductible	30% after Deductible	50% after Deductible	30% after Deductible	20% after Deductible	20% after Deductible
50% after Deductible	30% after Deductible	$500 Copay	50% after Deductible	45% after Deductible	45% after Deductible
SILVER	**SILVER COPAY**	**SILVER $0 DEDUCTIBLE**	**SILVER HSA**	**GOLD**	**GOLD COPAY**
$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay
$0 Copay	Up to $30 Copay	Up to $25 Copay	$0 after Deductible	$0 Copay	Up to $10 Copay
20% after Deductible	Up to $80 Copay	Up to $250 Copay	30% after Deductible	20% after Deductible	Up to $40 Copay
50% after Deductible	Up to $150 Copay	Up to $350 Copay	50% after Deductible	50% after Deductible	Up to $75 Copay
50% after Deductible	Up to $425 Copay	Up to $725 Copay	50% after Deductible	50% after Deductible	Up to $300 Copay

Cost Share Reduction Plans

Friday Health Plans' offerings are ACA-compliant—we include all essential health benefits and do not exclude anyone for pre-existing conditions.

Copay: A copay is a fixed dollar amount you pay for certain covered health expenses, usually at the time you receive services (for example, a $25 copay for an office visit).
Deductible: The amount you pay for all your covered health services in a year before your insurance begins to pay for your health care. Copays do not count toward your deductible.

Plans/Visits	SILVER 73%	SILVER COPAY 73%	SILVER $0 DEDUCTIBLE 73%	SILVER H 73%	SILVER 87%
Individual Deductible / Family	$4,250 / $8,500	$4,250 / $8,500	$0 / $0	$2,500 / $5,000	$1,000 / $2,000
Individual Max Out-of-Pocket / Family	$7,000 / $14,000	$7,000 / $14,000	$7,250 / $14,500	$6,500 / $13,000	$3,000 / $6,000
Annual Wellness Visit	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay
Primary Care Visit	$0 Copay	$0 Copay	$0 Copay	$0 Copay after Deductible	$0 Copay
Mental Health Visit	$0 Copay	$0 Copay	$0 Copay	$0 Copay after Deductible	$0 Copay
Specialist Visit	20% after Deductible	$80 Copay	$100 Copay	20% after Deductible	15% after Deductible
Teladoc*	$0 per Visit	$0 per Visit	$0 per Visit	$0 per Visit	$0 per Visit
Urgent Care Visit	$75 Copay	$100 Copay	$100 Copay	$75 Copay after Deductible	$50 Copay
X-ray and Imaging	20% after Deductible	$100 Copay	$150 Copay	20% after Deductible	15% after Deductible
Inpatient Stay	20% after Deductible	20% after Deductible	50% after Deductible	20% after Deductible	15% after Deductible
Emergency Room	50% after Deductible	20% after Deductible	$500 Copay	50% after Deductible	30% after Deductible
Prescriptions/Medications	**SILVER 73%**	**SILVER COPAY 73%**	**SILVER $0 DEDUCTIBLE 73%**	**SILVER H 73%**	**SILVER 87%**
Preventive ACA Drugs	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay
Preferred Generic	$0 Copay	Up to $30 Copay	Up to $25 Copay	$0 Copay after Deductible	$0 Copay
Preferred Brand	20% after Deductible	$80 Copay	Up to $250 Copay	20% after Deductible	15% after Deductible
Non-Preferred Generic / Brand	50% after Deductible	Up to $150 Copay	Up to $350 Copay	50% after Deductible	30% after Deductible
Specialty Drugs	50% after Deductible	Up to $425 Copay	Up to $600 Copay	50% after Deductible	30% after Deductible

Covered benefits apply only within the Friday provider network, visit the nearest emergency room in case of medical emergency, and you will be covered.
**Teladoc is a value-added service, does not apply toward deductible or max-out-of-pocket.*
***Catastrophic, Bronze HSA, Silver $0 Deductible, and Silver HSA do not have: "+ Vision" options.*

Vision Plan Options

Most plans have two options:

"With Vision"
includes one $0 annual eye exam per member

"Without Vision"
does not include any eye exam or vision benefit

SILVER COPAY 87%	SILVER $0 DEDUCTIBLE 87%	SILVER H 87%	SILVER 94%	SILVER COPAY 94%	SILVER $0 DEDUCTIBLE 94%	SILVER H 94%
$1,000 / $2,000	$0 / $0	$750 / $1,500	$0 / $0	$0 / $0	$0 / $0	$0 / $0
$3,000 / $6,000	$3,000 / $6,000	$3,000 / $6,000	$1,900 / $3,800	$1,900 / $3,800	$1,200 / $2,400	$2,750 / $5,500
$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay
$0 Copay	$0 Copay	$0 Copay after Deductible	$0 Copay	$0 Copay	$0 Copay	$0 Copay after Deductible
$0 Copay	$0 Copay	$0 Copay after Deductible	$0 Copay	$0 Copay	$0 Copay	$0 Copay after Deductible
$40 Copay	$70 Copay	15% after Deductible	15% after Deductible	$10 Copay	$25 Copay	10% after Deductible
$0 per Visit	$0 per Visit	$0 per Visit	$0 per Visit	$0 per Visit	$0 per Visit	$0 per Visit
$50 Copay	$70 Copay	$50 Copay after Deductible	$25 Copay	$20 Copay	$25 Copay	$25 Copay after Deductible
$50 Copay	$80 Copay	15% after Deductible	15% after Deductible	$20 Copay	$35 Copay	10% after Deductible
15% after Deductible	30% after Deductible	15% after Deductible	15% after Deductible	10% after Deductible	15% after Deductible	10% after Deductible
15% after Deductible	$300 Copay	30% after Deductible	20% after Deductible	10% after Deductible	$200 Copay	20% after Deductible
SILVER COPAY 87%	**SILVER $0 DEDUCTIBLE 87%**	**SILVER H 87%**	**SILVER 94%**	**SILVER COPAY 94%**	**SILVER $0 DEDUCTIBLE 94%**	**SILVER H 94%**
$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay	$0 Copay
Up to $10 Copay	Up to $10 Copay	$0 Copay after Deductible	$0 Copay	$0 Copay	$0 Copay	$0 Copay after Deductible
Up to $40 Copay	Up to $100 Copay	15% after Deductible	10% after Deductible	$20 Copay	Up to $20 Copay	10% after Deductible
Up to $75 Copay	Up to $175 Copay	30% after Deductible	20% after Deductible	Up to $75 Copay	Up to $75 Copay	20% after Deductible
Up to $240 Copay	Up to $250 Copay	30% after Deductible	20% after Deductible	Up to $155 Copay	Up to $100 Copay	20% after Deductible

Georgia Standard Plans

Friday Health Plans' offerings are ACA-compliant—we include all essential health benefits and do not exclude anyone for pre-existing conditions.

Copay: A copay is a fixed dollar amount you pay for certain covered health expenses, usually at the time you receive services (for example, a $25 copay for an office visit).
Deductible: The amount you pay for all your covered health services in a year before your insurance begins to pay for your health care. Copays do not count toward your deductible.

Plans/Visits	FRIDAY STANDARD BRONZE BASIC	FRIDAY STANDARD EXPANDED BRONZE	FRIDAY STANDARD SILVER
Individual Deductible / Family	$9,100 / $18,200	$7,500 / $15,000	$5,800 / $11,600
Individual Max Out-of-Pocket / Family	$9,100 / $18,200	$9,000 / $18,000	$8,900 / $17,800
Annual Wellness Visit	$0 Copay	$0 Copay	$0 Copay
Primary Care Visit	$0 after Deductible	$50 Copay	$40 Copay
Mental Health Visit	$0 after Deductible	$50 Copay	$40 Copay
Specialist Visit	$0 after Deductible	$100 Copay	$80 Copay
Teladoc*	$0 per Visit	$0 per Visit	$0 per Visit
Urgent Care Visit	$0 after Deductible	$75 Copay	$60 Copay
X-ray and Imaging	$0 after Deductible	50% after Deductible	40% after Deductible
Inpatient Stay	$0 after Deductible	50% after Deductible	40% after Deductible
Emergency Room	$0 after Deductible	50% after Deductible	40% after Deductible
Prescriptions/Medications	**FRIDAY STANDARD BRONZE BASIC**	**FRIDAY STANDARD EXPANDED BRONZE**	**FRIDAY STANDARD SILVER**
Preventive ACA Drugs	$0 Copay	$0 Copay	$0 Copay
Preferred Generic	$0 after Deductible	Up to $25 Copay	Up to $20 Copay
Preferred Brand	$0 after Deductible	Up to $50 Copay after Deductible	Up to $40 Copay
Non-Preferred Generic / Brand	$0 after Deductible	Up to $100 Copay after Deductible	Up to $80 Copay after Deductible
Specialty Drugs	$0 after Deductible	Up to $500 Copay after Deductible	Up to $350 Copay after Deductible

Covered benefits apply only within the Friday provider network, visit the nearest emergency room in case of medical emergency, and you will be covered.
**Teladoc is a value-added service, does not apply toward deductible or max-out-of-pocket.*

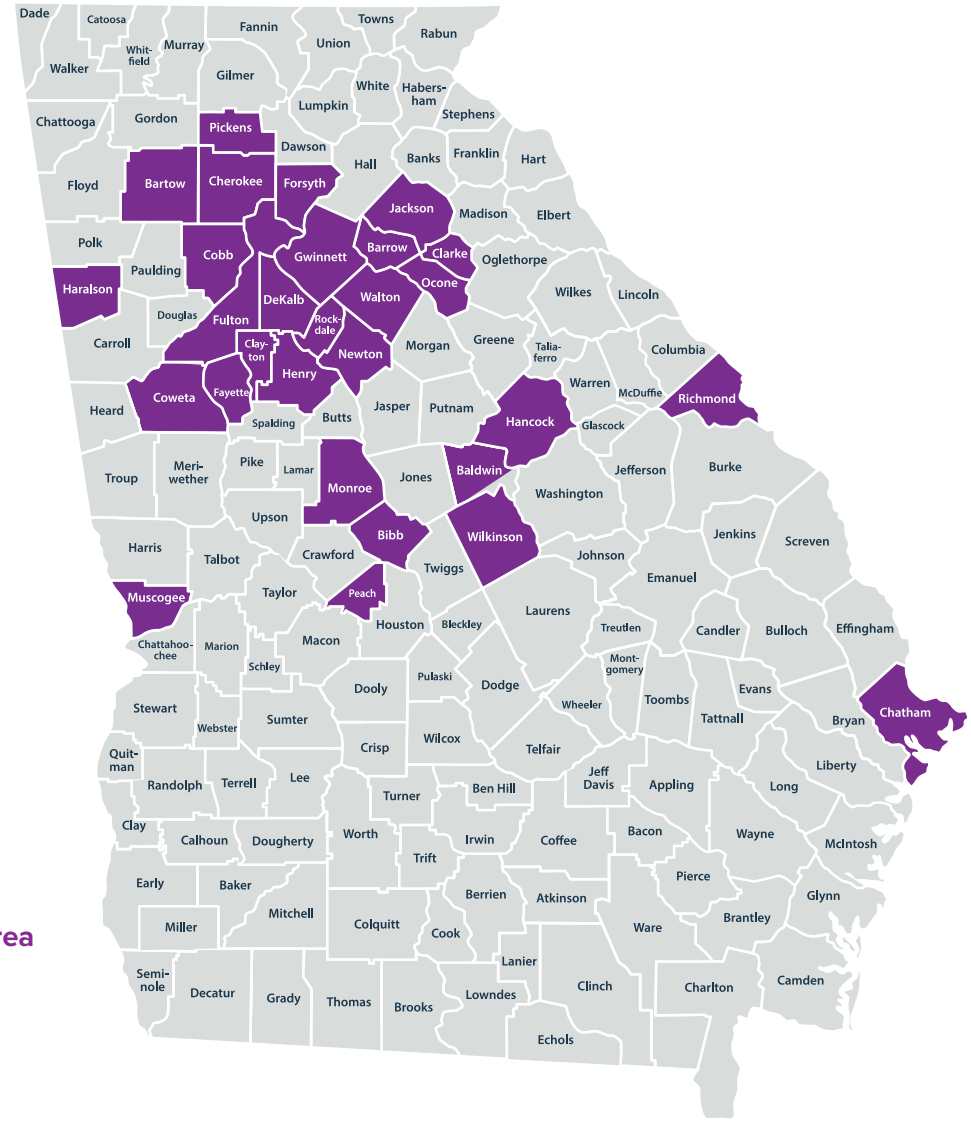
FRIDAY STANDARD SILVER 73%	FRIDAY STANDARD SILVER 87%	FRIDAY STANDARD SILVER 94%	FRIDAY STANDARD GOLD
$5,700 / $11,400	$800 / $1,600	$0 / $0	$2,000 / $4,000
$7,200 / $14,400	$3,000 / $6,000	$1,700 / $3,400	$8,700 / $17,400
$0 Copay	$0 Copay	$0 Copay	$0 Copay
$30 Copay	$20 Copay	$0 Copay	$30 Copay
$30 Copay	$20 Copay	$0 Copay	$30 Copay
$60 Copay	$40 Copay	$10 Copay	$60 Copay
$0 per Visit	$0 per Visit	$0 per Visit	$0 per Visit
$45 Copay	$30 Copay	$5 Copay	$45 Copay
40% after Deductible	30% after Deductible	25%	25% after Deductible
40% after Deductible	30% after Deductible	25%	25% after Deductible
40% after Deductible	30% after Deductible	25%	25% after Deductible
FRIDAY STANDARD SILVER 73%	**FRIDAY STANDARD SILVER 87%**	**FRIDAY STANDARD SILVER 94%**	**FRIDAY STANDARD GOLD**
$0 Copay	$0 Copay	$0 Copay	$0 Copay
Up to $20 Copay	Up to $10 Copay	$0 Copay	Up to $15 Copay
Up to $40 Copay	Up to $20 Copay	Up to $15 Copay	Up to $30 Copay
Up to $80 Copay after Deductible	Up to $60 Copay after Deductible	Up to $50 Copay	Up to $60 Copay
Up to $350 Copay after Deductible	Up to $250 Copay after Deductible	Up to $150 Copay	Up to $250 Copay

Friday Health Plans is sold in the following counties:

- Baldwin
- Barrow
- Bartow
- Bibb
- Chatham
- Cherokee
- Clarke
- Clayton
- Cobb
- Coweta
- Dekalb
- Fayette
- Forsyth
- Fulton
- Gwinnett
- Hancock
- Haralson
- Henry
- Jackson
- Monroe
- Muscogee
- Newton
- Oconee
- Peach
- Pickens
- Richmond
- Rockdale
- Walton
- Wilkinson

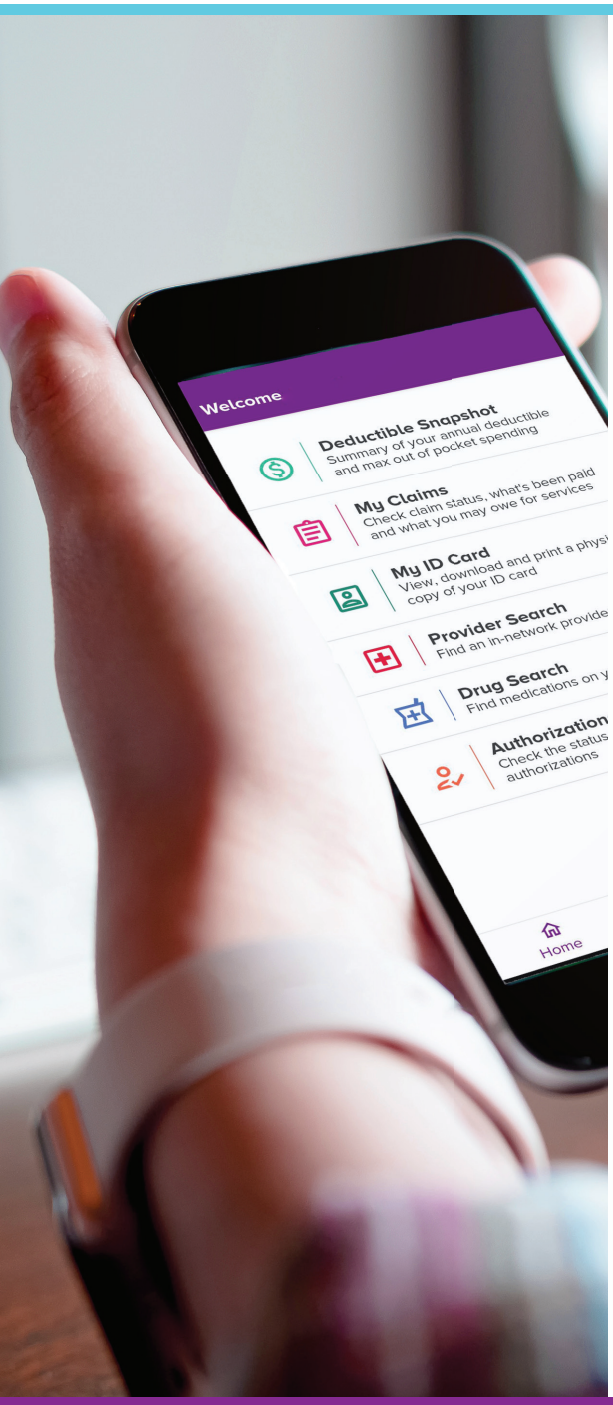
Medical care is offered at Friday Health Plans in-network doctors facilities, which are available throughout the state. For a full list of providers and facilities, visit **carenavigator.fridayhealthplans.com.**

Friday Health Plans Service Area



Notes

Get everything you need, all in one place with the Friday Mobile App.



Easily access your member ID and plan benefits.

Find doctors and hospitals in network.

Manage your plan and payments.

View claims, progress toward your deductible and more.

Available on the App Store

GET IT ON Google Play

Follow Friday Health Plans

For tips on how to get the most out of your health plan, member perks and more!

We're Here To Help

844-521-7999 | questions@fridayhealthplans.com

Atención

Si habla español, tiene a su disposición servios gratuitos de asistencia lingüística. Llame al 844-521-7999 (TTY: 800-659-2656)

Cover Artwork

Friday Health Plans commissioned original artwork by Davian Chester, a Georgia artist, to express the vitality of its local communities.

Cover theme: Mind, Body and Soul. At Friday Health Plans, we recognize that complete health embodies balance, fulfillment, and connection within the human being.

Instagram: @2real_toons

This document provides a brief overview of the benefits and services offered for certain plans. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. To request a copy of the Evidence of Coverage, call **844-521-7999** or visit **fridayhealthplans.com**.

All products, services and policies are issued by or through Friday Health Plans of Georgia, Inc, and administered by Friday Health Plans Management Services Company, Inc. The Friday name, logo and other Friday marks are owned by Friday Health Plans, Inc. For a full list of benefits, provisions, exclusions and limitations, and to see everything included in Friday's plans and networks, please contact Friday Health Plans.

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