

# 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	SILVER	SILVER COPAY	SILVER \$0 DEDUCTIBLE	SILVER HSA	GOLD	GOLD COPAY
Individual Deductible / Family	\$9,100 / \$18,200	\$9,100 / \$18,200	\$9,100 / \$18,200	\$9,100 / \$18,200	\$7,000 / \$14,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$0 / \$0	\$3,000 / \$6,000	\$2,000 / \$4,000	\$2,300 / \$4,600
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	\$8,700 / \$17,400	\$8,700 / \$17,400	\$9,100 / \$18,200	\$7,000 / \$14,000	\$8,250 / \$16,500	\$8,250 / \$16,500
Annual Wellness Visit	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$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	\$0 Copay	\$0 Copay	\$0 Copay	\$0 after Deductible	\$0 Copay	\$0 Copay
Mental Health Visit	\$0 after Deductible	\$0 after Deductible	\$0 Copay	\$0 Copay	\$0 after Deductible	\$0 Copay	\$0 Copay	\$0 Copay	\$0 after Deductible	\$0 Copay	\$0 Copay
Specialist Visit	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$150 Copay	\$0 after Deductible	20% after Deductible	\$80 Copay	\$100 Copay	30% after Deductible	20% after Deductible	\$60 Copay
Teladoc*	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$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	\$75-\$80 Copay	\$100-\$105 Copay	\$100-\$105 Copay	\$75-\$80 after Deductible	\$75 Copay	\$75 Copay
X-ray and Imaging	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	20% after Deductible	\$100 Copay	\$150 Copay	30% after Deductible	20% after Deductible	\$100 Copay
Inpatient Stay	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	20% after Deductible	30% after Deductible	50% after Deductible	30% after Deductible	20% after Deductible	20% after Deductible
Emergency Room	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	50% after Deductible	30% after Deductible	\$500 Copay	50% after Deductible	40% after Deductible	40% after Deductible
Prescriptions/ Medications	CATASTROPHIC (UNDER AGE 30)	BRONZE BASIC	BRONZE PLUS	BRONZE COPAY	BRONZE HSA	SILVER	SILVER COPAY	SILVER \$0 DEDUCTIBLE	SILVER HSA	GOLD	GOLD COPAY
Preventive ACA Drugs	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$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	\$0 Copay	Up to \$30 Copay	Up to \$25 Copay	\$0 after Deductible	\$0 Copay	Up to \$10 Copay
Preferred Brand	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	Up to \$160 Copay	\$0 after Deductible	20% after Deductible	Up to \$80 Copay	Up to \$250 Copay	30% after Deductible	20% after Deductible	Up to \$40 Copay
Non-Preferred Generic / Brand	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	50% after Deductible	Up to \$150 Copay	Up to \$350 Copay	50% after Deductible	50% after Deductible	Up to \$75 Copay
Specialty Drugs	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	50% after Deductible	Up to \$425 Copay	Up to \$725 Copay	50% after Deductible	50% after Deductible	Up to \$300 Copay

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.

# 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%	SILVER COPAY 87%	SILVER \$0 DEDUCTIBLE 87%	SILVER H 87%	SILVER 94%	SILVER COPAY 94%	SILVER \$0 DEDUCTIBLE 94%	SILVER H 94%
Individual Deductible / Family	\$4,250 / \$8,500	\$4,250 / \$8,500	\$0 / \$0	\$2,500 / \$5,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$0 / \$0	\$750 / \$1,500	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
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	\$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
Annual Wellness Visit	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$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	\$0 Copay	\$0 Copay	\$0 Copay after Deductible	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay after Deductible
Mental Health Visit	\$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	\$0 Copay after Deductible
Specialist Visit	20% after Deductible	\$80 Copay	\$100 Copay	20% after Deductible	15% after Deductible	\$40 Copay	\$70 Copay	15% after Deductible	15% after Deductible	\$10 Copay	\$25 Copay	10% after Deductible
Teladoc*	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$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	\$50 Copay	\$70 Copay	\$50 Copay after Deductible	\$25 Copay	\$20 Copay	\$25 Copay	\$25 Copay after Deductible
X-ray and Imaging	20% after Deductible	\$100 Copay	\$150 Copay	20% after Deductible	15% after Deductible	\$50 Copay	\$80 Copay	15% after Deductible	15% after Deductible	\$20 Copay	\$35 Copay	10% after Deductible
Inpatient Stay	20% after Deductible	20% after Deductible	50% after Deductible	20% after Deductible	15% after Deductible	15% after Deductible	30% after Deductible	15% after Deductible	15% after Deductible	10% after Deductible	15% after Deductible	10% after Deductible
Emergency Room	50% after Deductible	20% after Deductible	\$500 Copay	50% after Deductible	30% after Deductible	15% after Deductible	\$300 Copay	30% after Deductible	20% after Deductible	10% after Deductible	\$200 Copay	20% after Deductible
Prescriptions/ Medications	SILVER 73%	SILVER COPAY 73%	SILVER \$0 DEDUCTIBLE 73%	SILVER H 73%	SILVER 87%	SILVER COPAY 87%	SILVER \$0 DEDUCTIBLE 87%	SILVER H 87%	SILVER 94%	SILVER COPAY 94%	SILVER \$0 DEDUCTIBLE 94%	SILVER H 94%
Preventative ACA Drugs	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$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	Up to \$10 Copay	Up to \$10 Copay	\$0 Copay after Deductible	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay after Deductible
Preferred Brand	20% after Deductible	Up to \$80 Copay	Up to \$250 Copay	20% after Deductible	15% after Deductible	Up to \$40 Copay	Up to \$100 Copay	15% after Deductible	10% after Deductible	Up to \$20 Copay	Up to \$20 Copay	10% after Deductible
Non-Preferred Generic / Brand	50% after Deductible	Up to \$150 Copay	Up to \$350 Copay	50% after Deductible	30% 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
Specialty Drugs	50% after Deductible	Up to \$425 Copay	Up to \$600 Copay	50% after Deductible	30% 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

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# North Carolina 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 BRONZE	FRIDAY STANDARD SILVER	FRIDAY STANDARD SILVER 73%	FRIDAY STANDARD SILVER 87%	FRIDAY STANDARD SILVER 94%	FRIDAY STANDARD GOLD
Individual Deductible / Family	\$9,100 / \$18,200	\$7,500 / \$15,000	\$5,800 / \$11,600	\$5,700 / \$11,400	\$800 / \$1,600	\$0 / \$0	\$2,000 / \$4,000
Individual Max Out-of-Pocket / Family	\$9,100 / \$18,200	\$9,000 / \$18,000	\$8,900 / \$17,800	\$7,200 / \$14,400	\$3,000 / \$6,000	\$1,700 / \$3,400	\$8,700 / \$17,400
Annual Wellness Visit	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Primary Care Visit	\$0 after Deductible	\$50 Copay	\$40 Copay	\$30 Copay	\$20 Copay	\$0 Copay	\$30 Copay
Mental Health Visit	\$0 after Deductible	\$50 Copay	\$40 Copay	\$30 Copay	\$20 Copay	\$0 Copay	\$30 Copay
Specialist Visit	\$0 after Deductible	\$100 Copay	\$80 Copay	\$60 Copay	\$40 Copay	\$10 Copay	\$60 Copay
Teladoc*	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit
Urgent Care Visit	\$0 after Deductible	\$75 Copay	\$60 Copay	\$45 Copay	\$30 Copay	\$5 Copay	\$45 Copay
X-ray and Imaging	\$0 after Deductible	50% after Deductible	40% after Deductible	40% after Deductible	30% after Deductible	25%	25% after Deductible
Inpatient Stay	\$0 after Deductible	50% after Deductible	40% after Deductible	40% after Deductible	30% after Deductible	25%	25% after Deductible
Emergency Room	\$0 after Deductible	50% after Deductible	40% after Deductible	40% after Deductible	30% after Deductible	25%	25% after Deductible
Prescriptions/Medications	FRIDAY STANDARD BRONZE BASIC	FRIDAY STANDARD EXPANDED BRONZE	FRIDAY STANDARD EXPANDED SILVER	FRIDAY STANDARD EXPANDED SILVER 73%	FRIDAY STANDARD EXPANDED SILVER 87%	FRIDAY STANDARD EXPANDED SILVER 94%	FRIDAY STANDARD GOLD
Preventative ACA Drugs	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Preferred Generic	\$0 after Deductible	Up to \$25 Copay	Up to \$20 Copay	Up to \$20 Copay	Up to \$10 Copay	\$0 Copay	Up to \$15 Copay
Preferred Brand	\$0 after Deductible	Up to \$50 Copay after Deductible	Up to \$40 Copay	Up to \$40 Copay	Up to \$20 Copay	Up to \$15 Copay	Up to \$30 Copay
Non-Preferred Generic / Brand	\$0 after Deductible	Up to \$100 Copay after Deductible	Up to \$80 Copay after Deductible	Up to \$80 Copay after Deductible	Up to \$60 Copay after Deductible	Up to \$50 Copay	Up to \$60 Copay
Specialty Drugs	\$0 after Deductible	Up to \$500 Copay after Deductible	Up to \$350 Copay after Deductible	Up to \$350 Copay after Deductible	Up to \$250 Copay after Deductible	Up to \$150 Copay	Up to \$250 Copay

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