

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 IBRONZE 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

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.