

NORTH CAROLINA

2022


# Individual & Family Health Plans

BENEFITS SUMMARY



Friday Health Plans commissioned original artwork by Claire Shadomy, a North Carolina artist, to express the vitality of its local communities.

**friday**  
health plans  
of North Carolina, inc.



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.

### **\$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.\*

### **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 Preferred Generic Drugs**

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

### **\$0 Annual Eye Exam**

Get your vision checked for \$0 through VSP.

### **\$0 for Teladoc Services**

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

### **\$0 for Teladoc Mental Health**

Talk to a mental health counselor from the comfort of your own home by phone or video for \$0. Services are for members aged 18+. \*\*, \*\*\*\*

**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 of North Carolina, Inc.**

\*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. Members are not required to qualify for CSR to purchase plans that have zero cost services" \$0 visits and services available on most plans, not all.

Provider network  
and provider  
participation may  
change.

## Friday is Available in the Following **North Carolina Counties**

- |             |             |                |
|-------------|-------------|----------------|
| + Alamance  | + Duplin    | + Nash         |
| + Alexander | + Edgecombe | + Person       |
| + Avery     | + Graham    | + Pitt         |
| + Beaufort  | + Greene    | + Polk         |
| + Buncombe  | + Guilford  | + Randolph     |
| + Burke     | + Haywood   | + Rockingham   |
| + Caldwell  | + Henderson | + Rutherford   |
| + Caswell   | + Iredell   | + Swain        |
| + Catawba   | + Jackson   | + Transylvania |
| + Chatham   | + Lee       | + Watauga      |
| + Cherokee  | + Macon     | + Wayne        |
| + Clay      | + Madison   | + Wilson       |
| + Cleveland | + McDowell  | + Yancey       |
| + Dare      | + Mitchell  |                |



**Visit the medical provider lookup at**  
**[carenavigator.fridayhealthplans.com](https://carenavigator.fridayhealthplans.com)**

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

## Friday North Carolina Provider Networks

Your benefits are covered when you use in-network doctors,  
hospitals or facilities, except in a medical emergency.



**No referrals** for most doctors, services and  
specialists in the Friday network.



# Friday Health Plans

## Benefits Overview

Friday Health Plans 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). Copays do not count toward your deductible.

**Deductible:** The amount you pay for all your covered health services in a year before your insurance begins to pay for your health care.

Plans/Visits	CATASTROPHIC	BRONZE BASIC	BRONZE PLUS	BRONZE PLUS COPAY	BRONZE HSA	SILVER	SILVER COPAY	GOLD	GOLD COPAY
Individual Deductible/Family	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400	\$7,000 / \$14,000	\$5,500 / \$11,000	\$5,500 / \$11,000	\$2,300 / \$4,600	\$2,300 / \$4,600
Individual Max Out of Pocket/Family	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700/\$17,400	\$8,700 / \$17,400	\$7,000 / \$14,000	\$8,700 / \$17,400	\$8,700 / \$17,400	\$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
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 Copay
Mental Health Visit	\$0 after Deductible	\$0 after Deductible	\$0 Copay	\$0 Copay	\$0 after Deductible	\$0 Copay	\$0 Copay	\$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	20% after Deductible	\$60 Copay
Annual Vision Exam	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 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
Urgent Care Visit	\$0 after Deductible	\$0 after Deductible	\$75 Copay	\$175 Copay	\$0 after Deductible	\$75 Copay	\$100 Copay	\$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	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	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	50% after Deductible	50% after Deductible
Drugs	CATASTROPHIC	BRONZE BASIC	BRONZE PLUS	BRONZE PLUS COPAY	BRONZE HSA	SILVER	SILVER COPAY	GOLD	GOLD COPAY
Preventive ACA Drugs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred Generic	\$0 after Deductible	\$0 after Deductible	Up to \$25 Copay	Up to \$30 Copay	\$0 after Deductible	\$0	Up to \$30 Copay	\$0	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	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	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	50% after Deductible	Up to \$300 Copay

Covered benefits apply only within the Friday provider network, except in medical emergencies

Members are not required to qualify for CSR to purchase plans that have zero cost services.

\$0 visits and services available on most plans, not all.

\*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.

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 **844-465-5500** or visit **fridayhealthplans.com**.

All products, services and policies are issued by or through Friday Health Plans of North Carolina, 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.

# Friday Health Plans

## Individual and Family Silver Cost-Share Reduction Plans

Plans / Visits	SILVER 73%	SILVER COPAY 73%	SILVER 87%	SILVER COPAY 87%	SILVER 94%	SILVER COPAY 94%
Individual Deductible / Family	\$4,000 / \$8,000	\$4,000 / \$8,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$0	\$0
Individual Max Out of Pocket / Family	\$6,950 / \$13,900	\$6,950 / \$13,900	\$2,900 / \$5,800	\$2,900 / \$5,800	\$2,900 / \$5,800	\$2,900 / \$5,800
Annual Wellness Visit	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Primary Care Visit	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Mental Health Visit	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Specialist Visit	20% after Deductible	\$80 Copay	15% after Deductible	\$40 Copay	10% after Deductible	\$20 Copay
Annual Vision Exam	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Teladoc*	\$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	\$50 Copay	\$50 Copay	\$25 Copay	\$25 Copay
X-ray and Imaging	20% after Deductible	\$100 Copay	15% after Deductible	\$50 Copay	10% after Deductible	\$25 Copay
Inpatient Stay	20% after Deductible	20% after Deductible	15% after Deductible	15% after Deductible	10% after Deductible	10% after Deductible
Emergency Room	50% after Deductible	20% after Deductible	30% after Deductible	15% after Deductible	20% after Deductible	10% after Deductible
Drugs	SILVER 73%	SILVER COPAY 73%	SILVER 87%	SILVER COPAY 87%	SILVER 94%	SILVER COPAY 94%
Preventive ACA Drugs	\$0	\$0	\$0	\$0	\$0	\$0
Preferred Generic	\$0	Up to \$20 Copay	\$0	Up to \$10 Copay	\$0	\$0
Preferred Brand	20% after Deductible	Up to \$80 Copay	15% after Deductible	Up to \$40 Copay	10% after Deductible	Up to \$20 Copay
Non-Preferred Generic / Brand	50% after Deductible	Up to \$150 Copay	30% after Deductible	Up to \$75 Copay	20% after Deductible	Up to \$75 Copay
Specialty Drugs	50% after Deductible	Up to \$425 Copay	30% after Deductible	Up to \$240 Copay	20% after Deductible	Up to \$240 Copay

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## Access Your Health Plan Anywhere

Download the Friday Mobile App

- + Display ID cards
- + Find a doctor
- + Make a payment
- + View claims



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Follow Friday Health Plans for tips on how to get the most out of your health plan, member perks and more!



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WE'RE HERE TO HELP

844-465-5500

[questions@fridayhealthplans.com](mailto:questions@fridayhealthplans.com)

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ABOUT  
THE  
ARTIST

Claire Shadomy is an illustrator and graphic designer from Ashville, North Carolina (now living in Seattle). He is known for bold, colorful, and simple designs with lots of personality. Instagram: @claireshadomy