

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 COPAY	BRONZE RX COPAY	BRONZE HSA	SILVER	SILVER COPAY	SILVER RX COPAY	SILVER \$0 DEDUCTIBLE	SILVER HSA	GOLD	GOLD COPAY	GOLD RX 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	\$4,000 / \$8,000	\$0 / \$0	\$3,000 / \$6,000	\$2,000 / \$4,000	\$2,300 / \$4,600	\$950 / \$1,900
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	\$8,700 / \$17,400	\$9,100 / \$18,200	\$7,000 / \$14,000	\$8,250 / \$16,500	\$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	\$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	\$0 Copay after Deductible	\$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	\$0 Copay after Deductible	\$0 Copay	\$0 Copay	\$0 Copay
Specialist Visit	\$0 after Deductible	\$0 after Deductible	\$150 Copay	\$0 after Deductible	\$0 after Deductible	20% after Deductible	\$80 Copay	20% after Deductible	\$100 Copay	30% after Deductible	20% after Deductible	\$60 Copay	20% after Deductible
Teladoc* 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	\$0 per Visit	\$0 per Visit
Urgent Care Visit	\$0 after Deductible	\$0 after Deductible	\$175 Copay	\$75 Copay	\$0 after Deductible	\$75-\$80 Copay	\$100-\$105 Copay	\$75-\$80 Copay	\$100-\$105 Copay	\$75-\$80 Copay after Deductible	\$75 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	\$150 Copay	30% after Deductible	20% after Deductible	\$100 Copay	20% after Deductible
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	50% after Deductible	30% after Deductible	20% 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	\$500 Copay	50% after Deductible	50% after Deductible	50% after Deductible	50% after Deductible
Prescriptions/ Medications	CATASTROPHIC (UNDER AGE 30)	BRONZE BASIC	BRONZE COPAY	BRONZE RX COPAY	BRONZE HSA	SILVER	SILVER COPAY	SILVER RX COPAY	SILVER \$0 DEDUCTIBLE	SILVER HSA	GOLD	GOLD COPAY	GOLD RX 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	\$0 Copay	\$0 Copay
Preferred Generic Drugs	\$0 after Deductible	\$0 after Deductible	Up to a \$30 Copay	Up to \$25 Copay	\$0 after Deductible	\$0 Copay	Up to \$30 Copay	\$0 Copay	Up to \$25 Copay	\$0 after Deductible	\$0 Copay	Up to \$10 Copay	\$0 Copay
Preferred Brand Drugs	\$0 after Deductible	\$0 after Deductible	Up to a \$160 Copay	Up to \$250 Copay	\$0 after Deductible	20% after Deductible	Up to \$80 Copay	Up to \$250 Copay	Up to \$250 Copay	30% after Deductible	20% after Deductible	Up to \$40 Copay	Up to \$250 Copay
Non-Preferred Generic / Brand Drugs	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	Up to \$350 Copay	\$0 after Deductible	50% after Deductible	Up to \$150 Copay	Up to \$350 Copay	Up to \$350 Copay	50% after Deductible	50% after Deductible	Up to \$75 Copay	Up to \$350 Copay
Specialty Drugs	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	Up to \$750 Copay	\$0 after Deductible	50% after Deductible	Up to \$425 Copay	Up to \$725 Copay	Up to \$725 Copay	50% after Deductible	50% after Deductible	Up to \$300 Copay	Up to \$685 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.