

# Friday Health Plans

## Individual and Family Silver Cost-Share Reduction Plans

Plans/Visits	SILVER 73%	SILVER RX COPAY 73%	SILVER COPAY 73%	SILVER 87%	SILVER RX COPAY 87%	SILVER COPAY 87%	SILVER 94%	SILVER RX COPAY 94%	SILVER COPAY 94%
Individual Deductible/Family	\$4,000 / \$8,000	\$3,350 / \$6,700	\$4,000 / \$8,000	\$1,000 / \$2,000	\$850 / \$1,700	\$1,000 / \$2,000	\$0	\$0	\$0
Individual Max Out of Pocket/Family	\$6,950 / \$13,900	\$6,950 / \$13,900	\$6,950 / \$13,900	\$2,900 / \$5,800	\$2,900 / \$5,600	\$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	\$0 Copay	\$0 Copay	\$0 Copay
Primary Care Visit	\$0 Copay	\$0 Copay	\$0 Copay	\$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	\$0 Copay	\$0 Copay	\$0 Copay
Specialist Visit	20% after Deductible	20% after Deductible	\$80 Copay	15% after Deductible	15% after Deductible	\$40 Copay	10% after Deductible	10% after Deductible	\$20 Copay
Annual Vision Exam	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Teladoc*	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Urgent Care Visit	\$75 Copay	\$75 Copay	\$100 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$25 Copay	\$25 Copay	\$25 Copay
X-ray and Imaging	20% after Deductible	20% after Deductible	\$100 Copay	15% after Deductible	15% after Deductible	\$50 Copay	10% after Deductible	10% after Deductible	\$25 Copay
Inpatient Stay	20% after Deductible	20% after Deductible	20% after Deductible	15% after Deductible	15% after Deductible	15% after Deductible	10% after Deductible	10% after Deductible	10% after Deductible
Emergency Room	50% after Deductible	50% after Deductible	20% after Deductible	30% after Deductible	30% after Deductible	15% after Deductible	20% after Deductible	20% after Deductible	10% after Deductible
Drugs	SILVER 73%	SILVER RX COPAY 73%	SILVER COPAY 73%	SILVER 87%	SILVER RX COPAY 87%	SILVER COPAY 87%	SILVER 94%	SILVER RX COPAY 94%	SILVER COPAY 94%
Preventive ACA Drugs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred Generic	\$0	\$0	Up to \$20 Copay	\$0	\$0	Up to \$10 Copay	\$0	\$0	\$0
Preferred Brand	20% after Deductible	Up to \$225 Copay	Up to \$80 Copay	15% after Deductible	Up to \$100 Copay	Up to \$40 Copay	10% after Deductible	Up to \$30 Copay	Up to \$20 Copay
Non-Preferred Generic/Brand	50% after Deductible	Up to \$350 Copay	Up to \$150 Copay	30% after Deductible	Up to \$215 Copay	Up to \$75 Copay	20% after Deductible	Up to \$215 Copay	Up to \$75 Copay
Specialty Drugs	50% after Deductible	Up to \$575 Copay	Up to \$425 Copay	30% after Deductible	Up to \$240 Copay	Up to \$240 Copay	20% after Deductible	Up to \$240 Copay	Up to \$240 Copay

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