

# 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 RX COPAY 73%	SILVER \$0 DEDUCTIBLE 73%	SILVER H 73%	SILVER 87%	SILVER COPAY 87%	SILVER RX COPAY 87%	SILVER \$0 DEDUCTIBLE 87%	SILVER H 87%	SILVER 94%	SILVER COPAY 94%	SILVER RX COPAY 94%	SILVER \$0 DEDUCTIBLE 94%	SILVER H 94%
Individual Deductible / Family	\$4,250 / \$8,500	\$4,250 / \$8,500	\$3,750 / \$7,500	\$0 / \$0	\$2,500 / \$5,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$850 / \$1,700	\$0 / \$0	\$750 / \$1,500	\$0 / \$0	\$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	\$7,250 / \$14,500	\$6,500 / \$13,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$3,000 / \$6,000	\$1,900 / \$3,800	\$1,900 / \$3,800	\$2,000 / \$4,000	\$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	\$0 Copay	\$0 Copay	\$0 Copay
Primary Care Visit	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay after Deductible	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay after Deductible	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay after Deductible
Mental Health Visit	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay after Deductible	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay after Deductible	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay after Deductible
Specialist Visit	20% after Deductible	\$80 Copay	20% after Deductible	\$100 Copay	20% after Deductible	15% after Deductible	\$40 Copay	15% after Deductible	\$70 Copay	15% after Deductible	15% after Deductible	\$10 Copay	10% after Deductible	\$25 Copay	10% 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	\$0 per Visit	\$0 per Visit
Urgent Care Visit	\$75 Copay	\$100 Copay	\$75 Copay	\$100 Copay	\$75 Copay after Deductible	\$50 Copay	\$50 Copay	\$50 Copay	\$70 Copay	\$50 Copay after Deductible	\$25 Copay	\$20 Copay	\$25 Copay	\$25 Copay	\$25 Copay after Deductible
X-ray and Imaging	20% after Deductible	\$100 Copay	20% after Deductible	\$150 Copay	20% after Deductible	15% after Deductible	\$50 Copay	15% after Deductible	\$80 Copay	15% after Deductible	15% after Deductible	\$25 Copay	10% after Deductible	\$35 Copay	10% after Deductible
Inpatient Stay	20% after Deductible	20% after Deductible	20% after Deductible	50% after Deductible	20% after Deductible	15% after Deductible	15% after Deductible	15% after Deductible	30% after Deductible	15% after Deductible	15% after Deductible	10% after Deductible	10% after Deductible	15% after Deductible	10% after Deductible
Emergency Room	50% after Deductible	20% after Deductible	50% after Deductible	\$500 Copay	50% after Deductible	30% after Deductible	15% after Deductible	30% after Deductible	\$300 Copay	30% after Deductible	20% after Deductible	10% after Deductible	20% after Deductible	\$200 Copay	20% after Deductible
Prescriptions/ Medications	SILVER 73%	SILVER COPAY 73%	SILVER RX COPAY 73%	SILVER \$0 DEDUCTIBLE 73%	SILVER H 73%	SILVER 87%	SILVER COPAY 87%	SILVER RX COPAY 87%	SILVER \$0 DEDUCTIBLE 87%	SILVER H 87%	SILVER 94%	SILVER COPAY 94%	SILVER RX COPAY 94%	SILVER \$0 DEDUCTIBLE 94%	SILVER H 94%
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	\$0 Copay	\$0 Copay
Preferred Generic Drugs	\$0 Copay	Up to \$30 Copay	\$0 Copay	Up to \$25 Copay	\$0 Copay after Deductible	\$0 Copay	Up to \$10 Copay	\$0 Copay	Up to \$10 Copay	\$0 Copay after Deductible	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay after Deductible
Preferred Brand Drugs	20% after Deductible	Up to \$80 Copay	Up to \$225 Copay	Up to \$250 Copay	20% after Deductible	15% after Deductible	Up to \$40 Copay	Up to \$100 Copay	Up to \$100 Copay	15% after Deductible	10% after Deductible	Up to \$20 Copay	Up to \$30 Copay	Up to \$20 Copay	10% after Deductible
Non-Preferred Generic / Brand Drugs	50% after Deductible	Up to \$150 Copay	Up to \$350 Copay	Up to \$350 Copay	50% after Deductible	30% after Deductible	Up to \$75 Copay	Up to \$215 Copay	Up to \$175 Copay	30% after Deductible	20% after Deductible	Up to \$75 Copay	Up to \$140 Copay	Up to \$75 Copay	20% after Deductible
Specialty Drugs	50% after Deductible	Up to \$425 Copay	Up to \$600 Copay	Up to \$600 Copay	50% after Deductible	30% after Deductible	Up to \$240 Copay	Up to \$250 Copay	Up to \$250 Copay	30% after Deductible	20% after Deductible	Up to \$155 Copay	Up to \$165 Copay	Up to \$100 Copay	20% after Deductible

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.