

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.

Plans/Visits	CATASTROPHIC (BELOW AGE 30)	BRONZE	BRONZE HSA	BRONZE PLUS	SILVER	GOLD
Individual Deductible / Family	\$8,550 / \$17,100	\$8,550 / \$17,100	\$6,900 / \$13,800	\$8,550 / \$17,100	\$5,500 / \$11,000	\$2,300 / \$4,600
Individual Max Out of Pocket / Family	\$8,550 / \$17,100	\$8,550 / \$17,100	\$6,900 / \$13,800	\$8,550 / \$17,100	\$8,550 / \$17,100	\$8,250 / \$16,500
Annual Wellness Visit	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visit	3 visits at \$0, then \$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$20 per Visit	\$0 per Visit	\$0 per Visit
Mental Health Visit	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$20 per Visit	\$0 per Visit	\$0 per Visit
Teladoc*	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit
Specialist Visit	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	20% after Deductible	20% after Deductible
Urgent Care Visit	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$75 per Visit	\$75 per Visit	\$75 per Visit
X-ray and Imaging	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	20% after Deductible	20% after Deductible
Inpatient Stay	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	20% after Deductible	20% after Deductible
Emergency Room	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	50% after Deductible	50% after Deductible
Drugs	CATASTROPHIC (BELOW AGE 30)	BRONZE	BRONZE HSA	BRONZE PLUS	SILVER	GOLD
Preventive ACA Drugs	\$0	\$0	\$0	\$0	\$0	\$0
Preferred Generic	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	Up to \$25 Copay	\$0	\$0
Preferred Brand	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	20% after Deductible	20% after Deductible
Non-Preferred Generic / Brand	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	50% after Deductible	50% after Deductible
Specialty Drugs	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	50% after Deductible	50% after Deductible

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

*Teladoc is a value-added service, does not apply toward deductible or max out-of-pocket.