

GEORGIA  
2022

# Individual & Family Health Plans

BENEFITS SUMMARY




Friday Health Plans commissioned original artwork by Davian Chester, a Georgia artist, to express the vitality of its local communities.

**friday**<sup>®</sup>  
health plans

Friday Health Plans of Georgia, Inc.

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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 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 Georgia, 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.

Provider network and provider participation may change.

## Friday is Available in the Following Georgia Counties

- + Barrow
- + Bibb
- + Chatham
- + Cherokee
- + Clarke
- + Clayton
- + Cobb
- + Dekalb
- + Forsyth
- + Fulton
- + Gwinnett
- + Henry
- + Jackson
- + Muscogee
- + Newton
- + Oconee
- + Richmond
- + Rockdale
- + Walton

### Friday Georgia 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.



**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 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.

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

# 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    |

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



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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



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



WE'RE HERE TO HELP

844-521-7999

questions@fridayhealthplans.com

**Atención:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844-521-7999 (TTY: 800-659-2656).

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 **844-521-7999** or visit **fridayhealthplans.com**.

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

### ABOUT THE ARTIST

Davian Chester, from Columbus, Georgia, is best known as the "Juneteeth Guy" after calling out Google over their lack of a Juneteenth Google Doodle. Davian has made a major social statement with his art by illustrating the Black Experience. His work has brought awareness and initiated multiple discussions in the African American community. Instagram: 2real\_toons