

## FRIDAY Gold Copay: Unlimited \$0 Primary Care Visits, up to \$10 Preferred Generic Rx, \$0 Mental Health Counseling, \$0 Vision Exam - HMO



### Plan costs

Click the down arrow to learn more about each of these.

Monthly premium	\$0.65 per month <small>was \$539.74</small>	▼
Deductible (Health + Rx)	\$2,300 per person	▼
Out-of-pocket max	\$8,250 per person	▼
Network type	HMO	▼
Metal tier	Gold	▼
Overall rating	Not Rated	▼
Official documents	<a href="#">Summary of benefits and coverages (PDF)</a> <a href="#">Drug formulary</a> <a href="#">Provider list</a> <a href="#">Plan brochure</a>	



### Doctor visits

This applies to doctor visits when you have a condition or symptom. For preventive care visits, such as annual checkups, visits are free.

#### Tier Selector

In network

Before deductible is met

After deductible is met

Primary care visit	No charge	No charge
--------------------	-----------	-----------

Specialist visit	\$60	\$60
------------------	------	------

Preventive care visit	No charge	No charge
-----------------------	-----------	-----------





## Prescription drugs

Prescription coverage is based on which category a drug falls into. To see how this plan categorizes prescriptions, browse its [drug formulary](#). Note that prior authorization may be required for some prescriptions. Some plans may have a separate Rx deductible. Please confirm details in the [Summary of Benefits and Coverages](#).

### Tier Selector

In network

Before deductible is met

After deductible is met

Generic	\$10	\$10
Brand	\$40	\$40
Non-preferred Brand	\$75	\$75
Specialty	\$300	\$300



## Labs & imaging

These are tests your doctor may run when diagnosing a condition.

### Tier Selector

In network

Before deductible is met

After deductible is met

X-rays	\$100	\$100
Imaging (CT/PET/MRI)	Full price	20%
Blood work	Full price	20%



## Hospital & emergency

To see which hospitals, ERs, and Urgent Care centers are part of this plan's network, browse the [provider list](#).

### Tier Selector

In network

Before deductible is met

After deductible is met

Urgent care	\$75	\$75
-------------	------	------

<b>Emergency room</b>	Full price	50%
<b>Ambulance</b>	Full price	20%
<b>Hospital stay (facility)</b>	Full price	20%
<b>Hospital stay (physician)</b>	Full price	20%
<b>Outpatient procedure (facility)</b>	Full price	20%
<b>Outpatient procedure (physician)</b>	Full price	20%
<b>Physical rehabilitation</b>	\$60	\$60



## Mental health & substance abuse

All plans cover behavioral health treatment (such as psychotherapy or counseling), mental and behavioral health inpatient services, and substance use treatment.

### Tier Selector

In network



	Before deductible is met	After deductible is met
<b>Outpatient services</b>	No charge	No charge
<b>Psychiatric hospital stay</b>	Full price	20%



## Pregnancy & birth

Every plan covers services provided before and after your child is born.

### Tier Selector

In network



	Before deductible is met	After deductible is met
<b>Well baby care</b>	No charge	No charge



## Free preventive care

Every plan includes over 74 preventive care services that are completely free on day one. These services keep you healthy before you become sick, including routine check-ups, counseling, screenings, and immunizations.

Adults

Women

Children

**Abdominal aortic aneurysm one-time screening****Alcohol misuse screening and counseling****Aspirin use****Blood pressure screening****Cholesterol screening****Colorectal cancer screening****Depression screening****Diabetes screening****Diet counseling****Falls prevention****Hepatitis B screening****Hepatitis C screening****HIV screening****Immunization vaccines****Lung cancer screening****Obesity screening and counseling****Sexually transmitted infection (STI) prevention counseling****Statin preventive medication****Syphilis screening****Tobacco Use counseling****Tuberculosis screening**

## Estimated all-in costs

We estimate that your total annual out-of-pocket costs will be \$1,258, based on:

- This plan's monthly premium costs x 12 months
- Your healthcare usage estimate of **Medium** applied to this plan's deductible and copayments.



This plan has the **3rd lowest** annual out-of-pocket estimate of all 35 plans available to you.

#### Estimate breakdown

This **does not limit** what you can use — it's just an estimate of what you might use.

12	Monthly premiums	\$8
2	Doctor visits	\$60
1	Labs or tests	\$1,120
7	Prescriptions	\$70
	<b>Annual estimate</b>	<b>\$1,258</b>
	Monthly estimate (on average)	\$105 per month