

OKLAHOMA
2022

Individual & Family Health Plans


BENEFITS SUMMARY



friday[®]
health plans

Friday Health Plans of Oklahoma, Inc.

Friday Health Plans commissioned original artwork by Moe Gram, a Colorado artist, to express the vitality of its local communities.



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 own 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 Oklahoma, 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 **Oklahoma Counties**

- + Canadian
- + Cleveland
- + Oklahoma
- + Okmulgee
- + Osage
- + Rogers
- + Tulsa
- + Wagoner

Friday Oklahoma Provider Networks

Your benefits are covered when you use in-network doctors, hospitals or facilities, except in a medical emergency.



Visit the medical provider lookup at
carenavigator.fridayhealthplans.com

for a full list of in-network doctors and facilities near you.



No referrals for most doctors, services and specialists in the Friday network.

Friday Provider Network

Hospital Networks

- + Integris Health
- + Norman Regional Hospital
- + Hillcrest HealthCare System

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 per Visit	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	30% after Deductible	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 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Urgent Care Visit	\$75 Copay	\$100 Copay	\$50 Copay	\$50 Copay	\$25 Copay	\$25 Copay
X-ray and Imaging	20% after Deductible	20% after Deductible	15% after Deductible	15% after Deductible	10% after Deductible	10% after Deductible
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.



Friday Health Plans of Oklahoma, Inc.



Friday Health Plans of Oklahoma, Inc.

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

844-817-1600

questions@fridayhealthplans.com

Atención: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844-817-1600 (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 **844-817-1600** or visit fridayhealthplans.com.

All products, services and policies are issued by or Friday Health Plans of Oklahoma, 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

Moe Gram is a multidisciplinary artist from Denver, Colorado who works on canvas, installations and murals. She is known for her signature color pallet, messaging and use of juxtaposition to encourage the viewer to absorb and reflect for the betterment of oneself and collectively for us all. Instagram: @mi-moegram