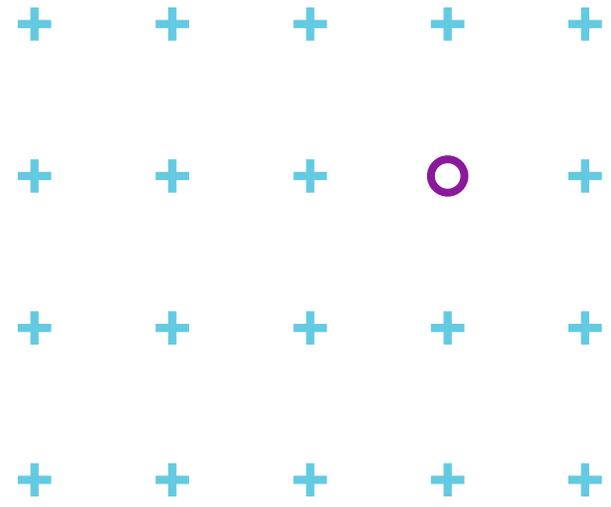




fridayTM
health plans



Agenda

- About Friday
- Service Areas
- 2022 Benefits: Individual & Small Group
- Technology Enhancements
- Quoting and Enrollment
- Broker and Member Support





About Us

We keep it simple.

- Operationally efficient
- Top-notch customer service
- Dedicated broker support
- Smart technology
- Consumer-centric approach

Friday Health Plans is a simpler, friendlier health insurance company, better designed for individuals choosing their own health plan.





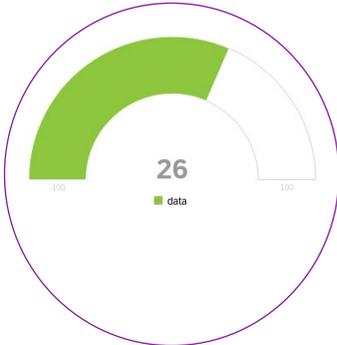
Fun Facts



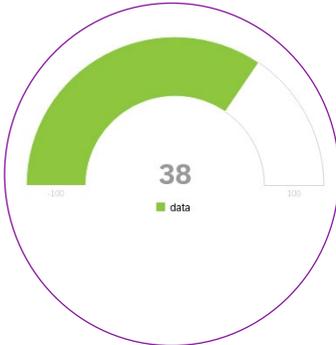
Funding secured for expansion



Membership growth OE 2021



2021 Net Promoter Score*

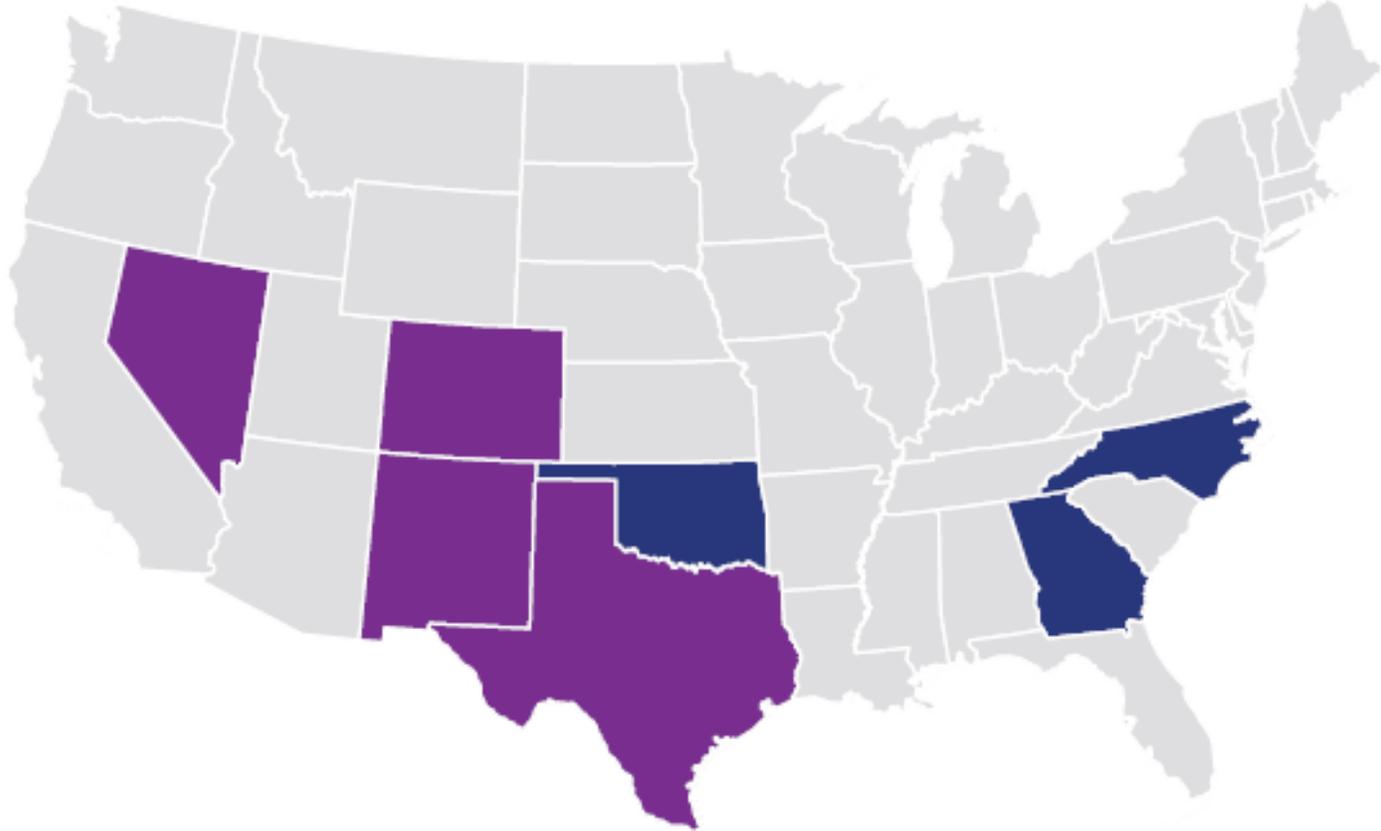


NPS Score among Brokered Members*

*Ranked on a scale of 0-10, where 0 = Definitely not likely to recommend, and 10 = definitely likely to recommend



Friday Markets



States Friday Health Plans Operates In
Colorado
Nevada
New Mexico
Texas

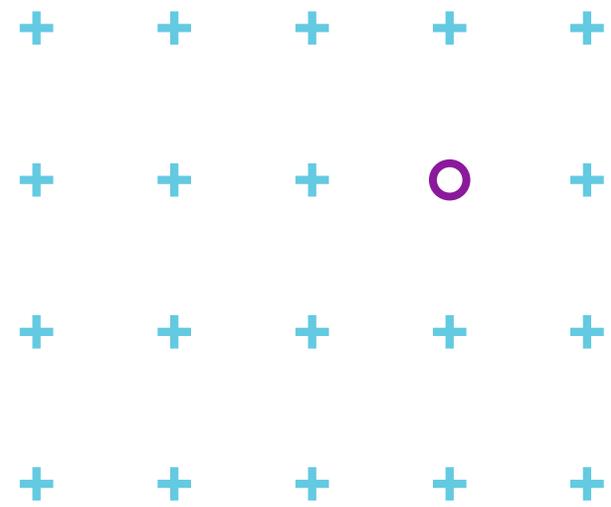
States Friday Health Plans will start operating in 2022.*
Georgia
North Carolina
Oklahoma

* License approval pending for North Carolina



\$0 Benefits

No cost? Yes please!



\$0 Unlimited Primary Care



\$0 Generic Drugs



\$0 Unlimited Mental Health



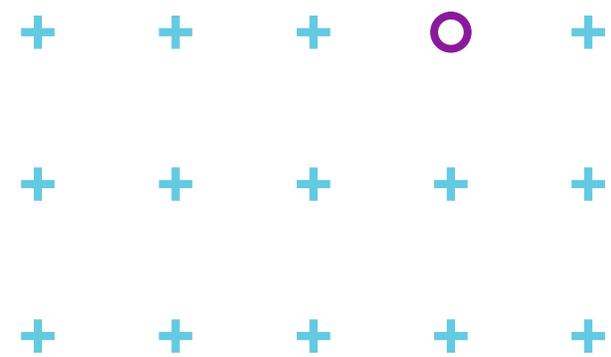
\$0 Annual Eye Exam



\$0 Unlimited Teladoc



\$0 Annual Wellness Exam



Individual & Family: What's New

- ✓ 9 plans to offer
- ✓ Three new plans with additional **Copays**
- ✓ Expanded **Network**
- ✓ Expanded **Technology**



2022 Individual Plans

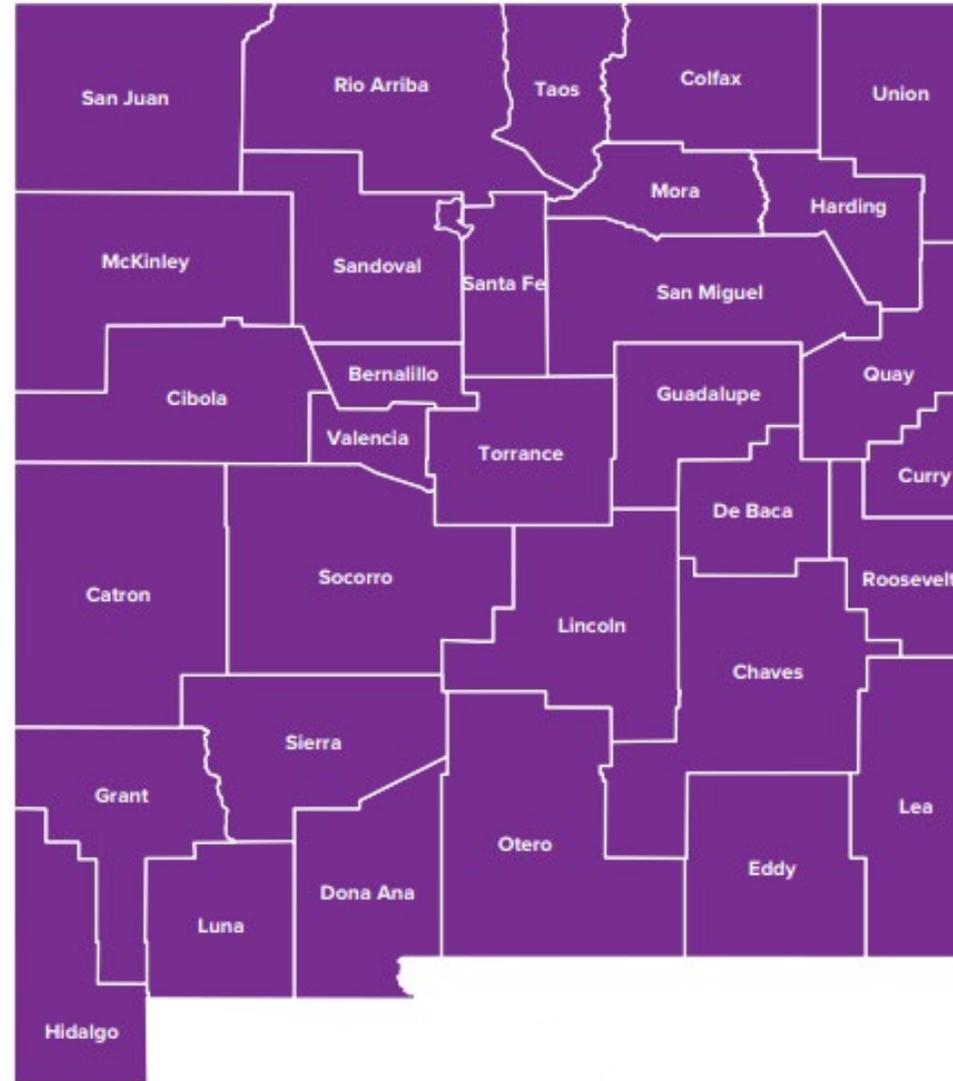
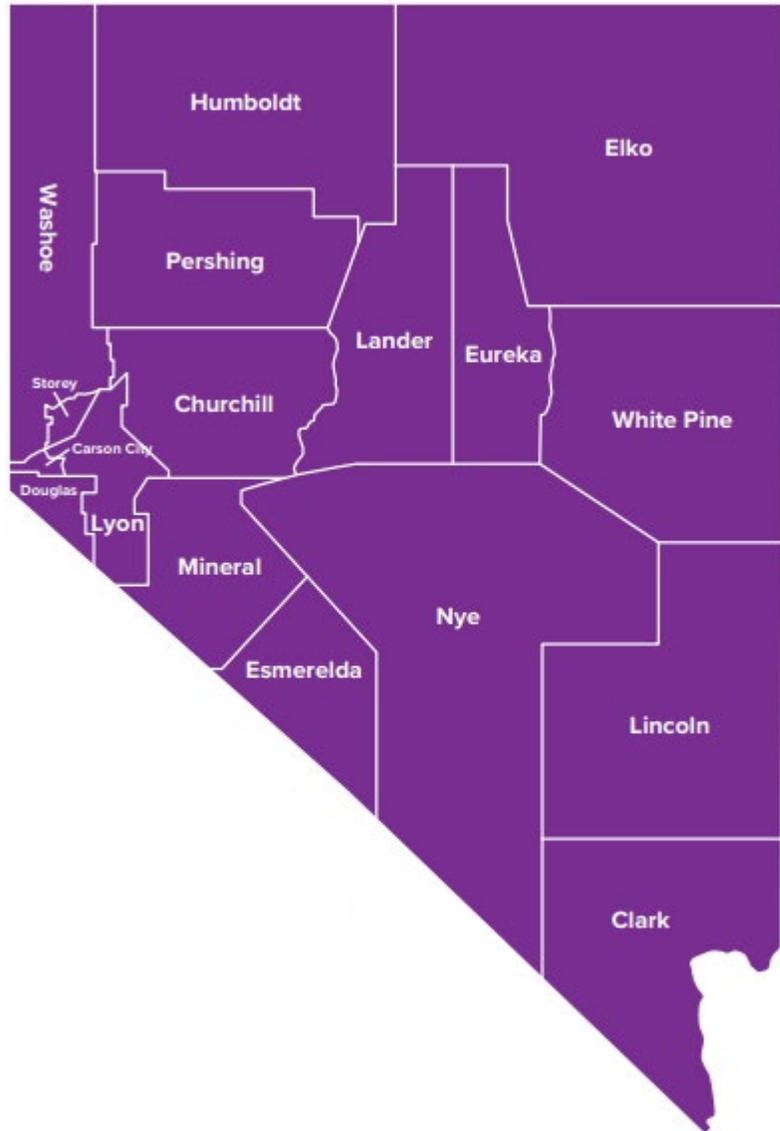
Plans/Visits	CATASTROPHIC	BRONZE BASIC	BRONZE PLUS	BRONZE PLUS COPAY	BRONZE HSA	SILVER	SILVER COPAY	GOLD	GOLD COPAY
Individual Deductible/Family	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400	\$7,000 / \$14,000	\$5,500 / \$11,000	\$5,500 / \$11,000	\$2,300 / \$4,600	\$2,300 / \$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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visit	3 Visits at \$0, then \$0 after Deductible	\$0 after Deductible	\$0 per Visit	\$0 per Visit	\$0 after Deductible	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit
Mental Health Visit	\$0 after Deductible	\$0 after Deductible	\$0 per Visit	\$0 per Visit	\$0 after Deductible	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit
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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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	\$50 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

2022 Individual CSR Plans

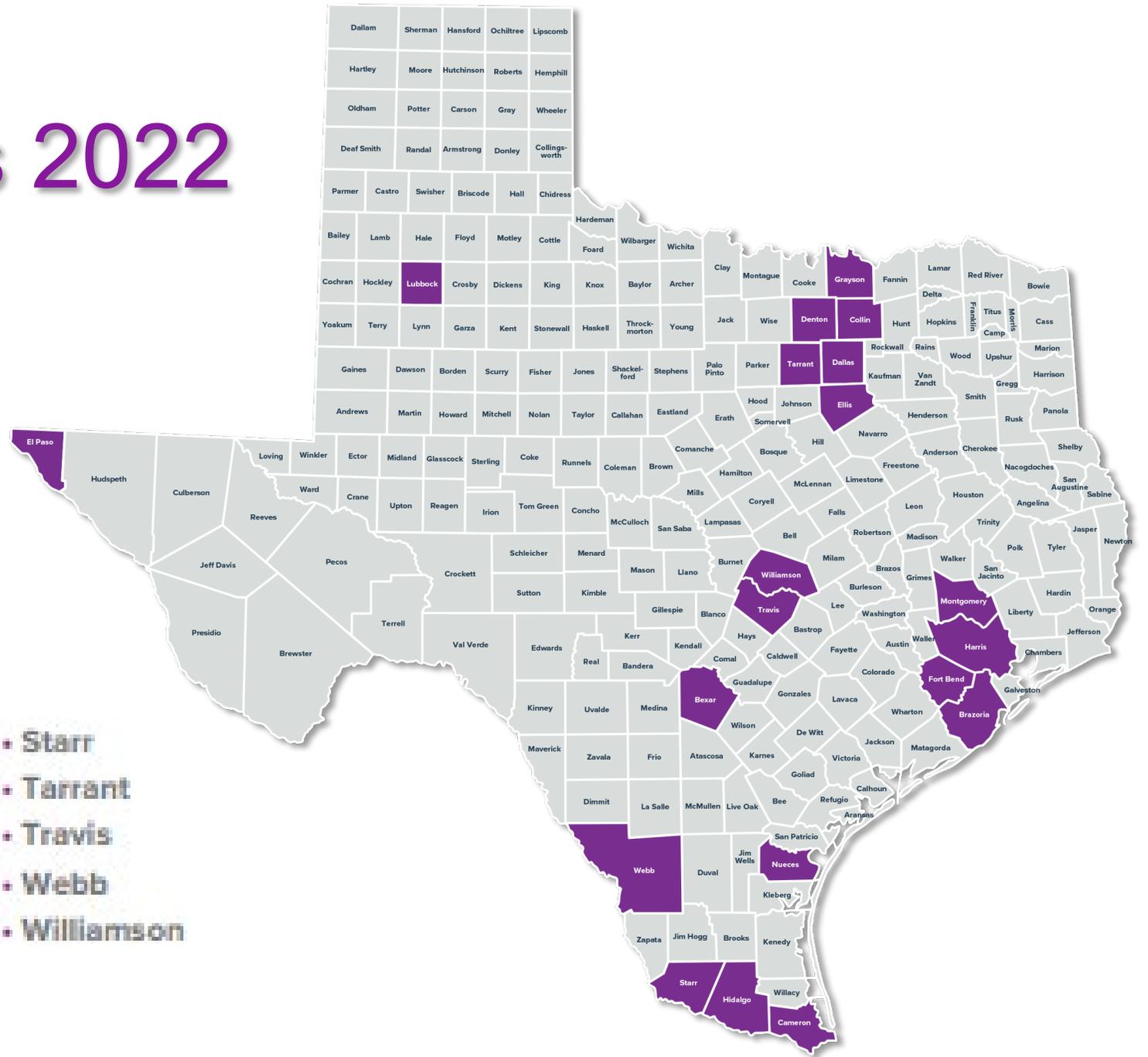


Plans / Visits	SILVER 73%	SILVER COPAY 73%	SILVER 87%	SILVER COPAY 87%	SILVER 94%	SILVER COPAY 94%
Individual Deductible / Family	\$4,000 / \$8,000	\$4,000 / \$8,000	\$1,000 / \$2,000	\$1,000 / \$2,000	\$0	\$0
Individual Max Out of Pocket / Family	\$6,950 / \$13,900	\$6,950 / \$13,900	\$2,900 / \$5,800	\$2,900 / \$5,800	\$2,900 / \$5,800	\$2,900 / \$5,800
Annual Wellness Visit	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit
Mental Health Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit
Specialist Visit	20% after Deductible	\$80 Copay	15% after Deductible	\$40 Copay	10% after Deductible	\$20 Copay
Annual Vision Exam	\$0	\$0	\$0	\$0	\$0	\$0
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 Deductiblew	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

Nevada and New Mexico Counties 2022



Texas Counties 2022



- Bexar
- Brazoria
- Cameron
- Collin
- Dallas
- Denton
- Ellis
- El Paso
- Fort Bend
- Grayson
- Harris
- Hidalgo
- Lubbock
- Montgomery
- Nueces
- Starr
- Tarrant
- Travis
- Webb
- Williamson

Georgia Counties 2022

Barrow - Winder

Bibb - Macon

Chatham - Savannah

Cherokee - Atlanta

Clarke - Athens

Clayton - Atlanta

Cobb - Atlanta

Dekalb - Atlanta

Forsyth - Atlanta

Fulton - Atlanta

Gwinnett - Atlanta

Henry - Atlanta

Jackson - Jefferson

Muscogee - Columbus

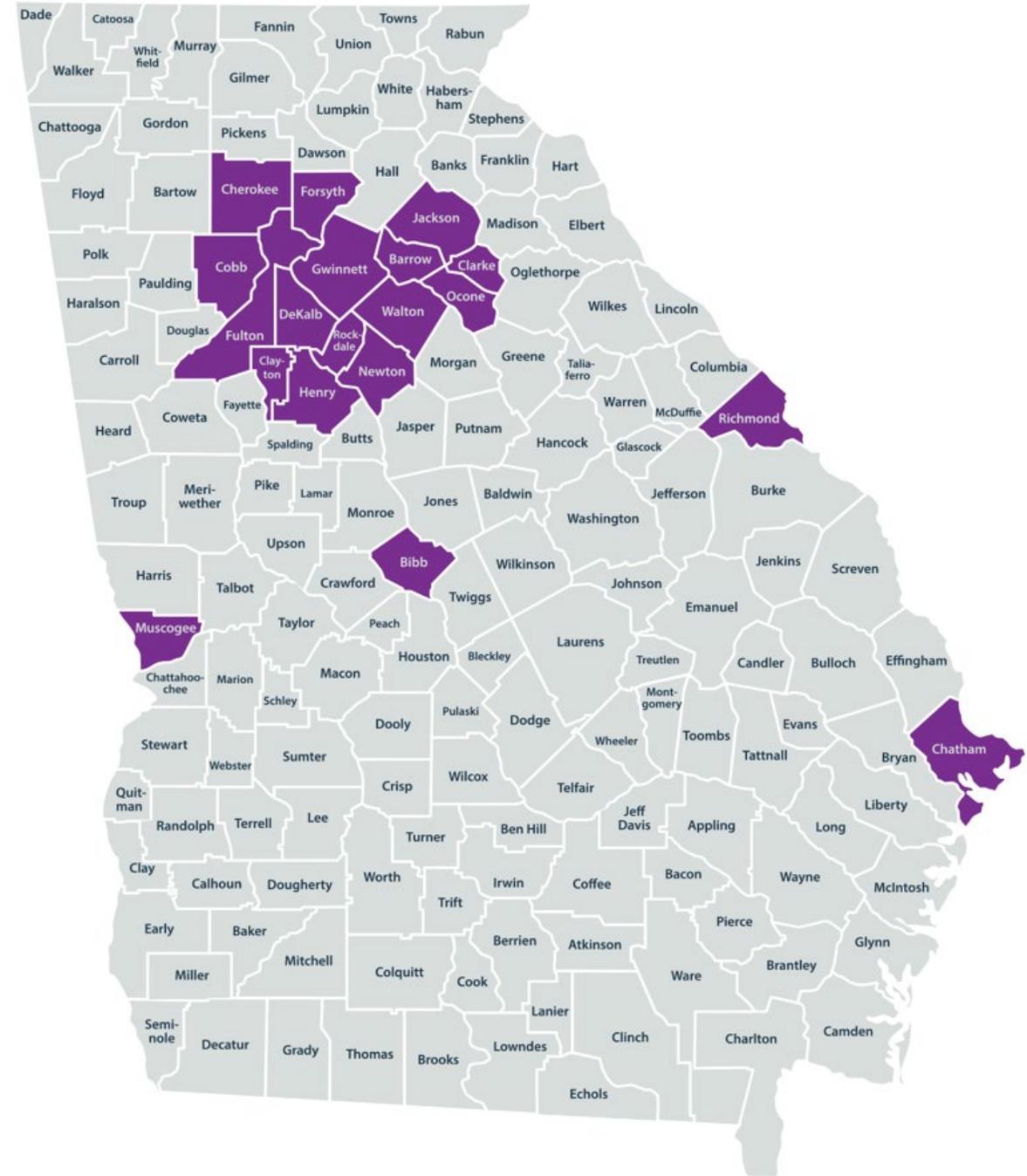
Newton - Covington

Oconee - Watkinsville

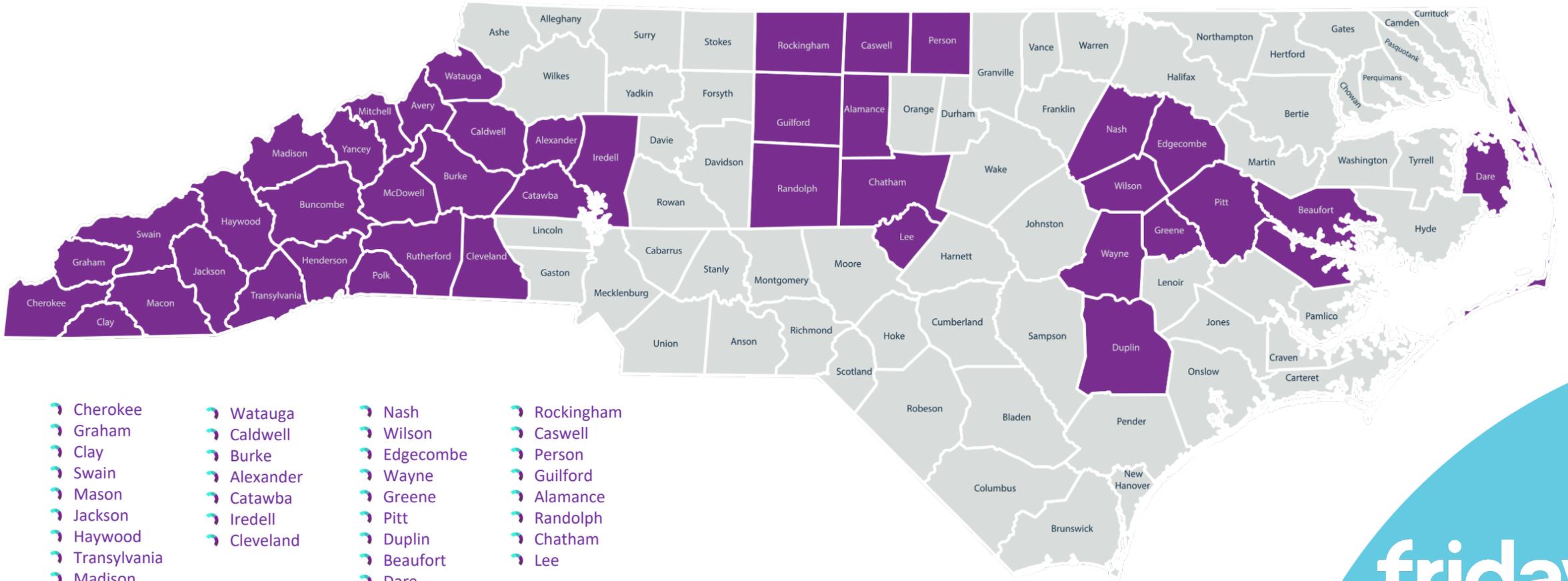
Richmond - Augusta

Rockdale - Conyers

Walton - Monroe

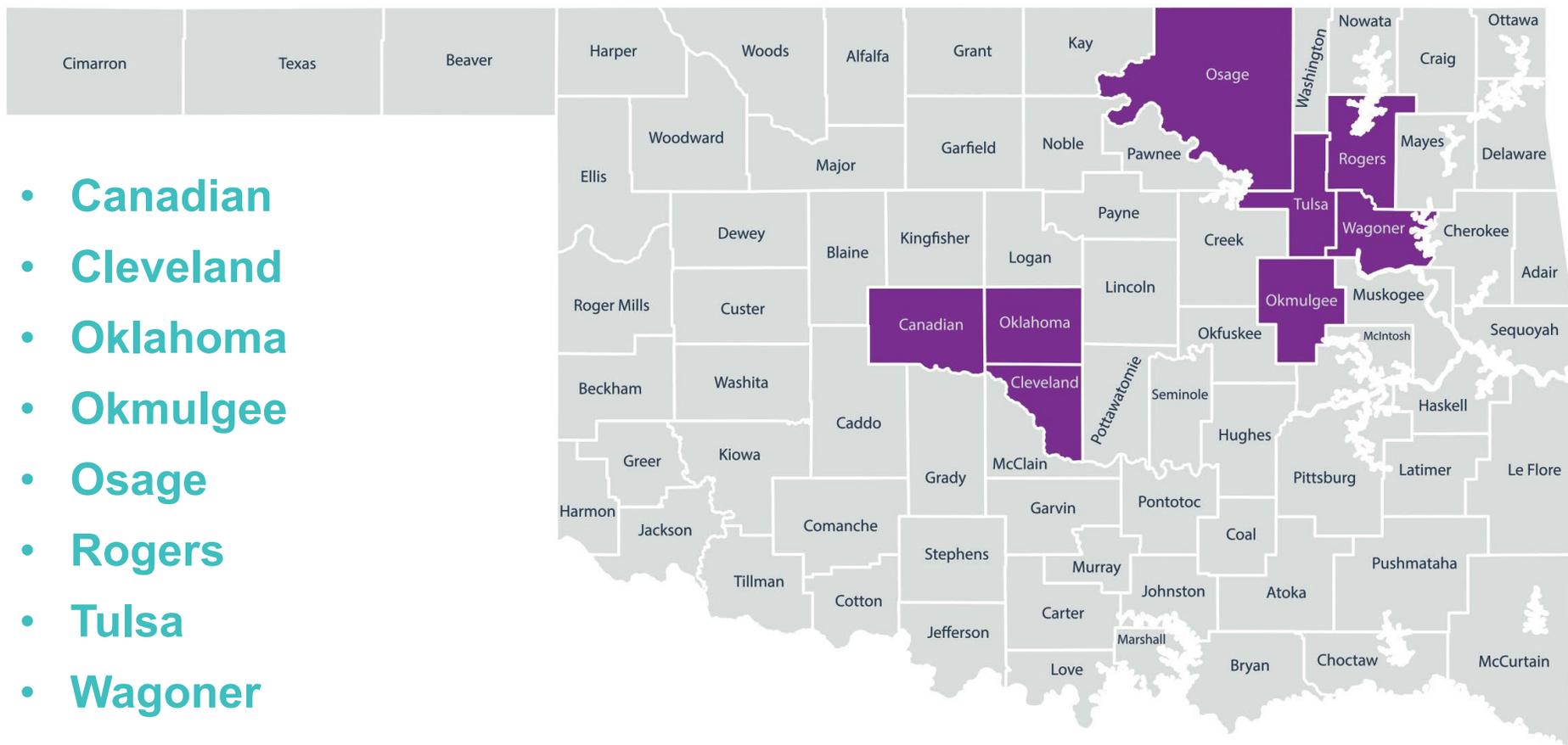


North Carolina Counties 2022



- Cherokee
- Graham
- Clay
- Swain
- Mason
- Jackson
- Haywood
- Transylvania
- Madison
- Buncombe
- Henderson
- Yancy
- Mitchell
- Rutherford
- Avery
- Watauga
- Caldwell
- Burke
- Alexander
- Catawba
- Iredell
- Cleveland
- Nash
- Wilson
- Edgecombe
- Wayne
- Greene
- Pitt
- Duplin
- Beaufort
- Dare
- Rockingham
- Caswell
- Person
- Guilford
- Alamance
- Randolph
- Chatham
- Lee

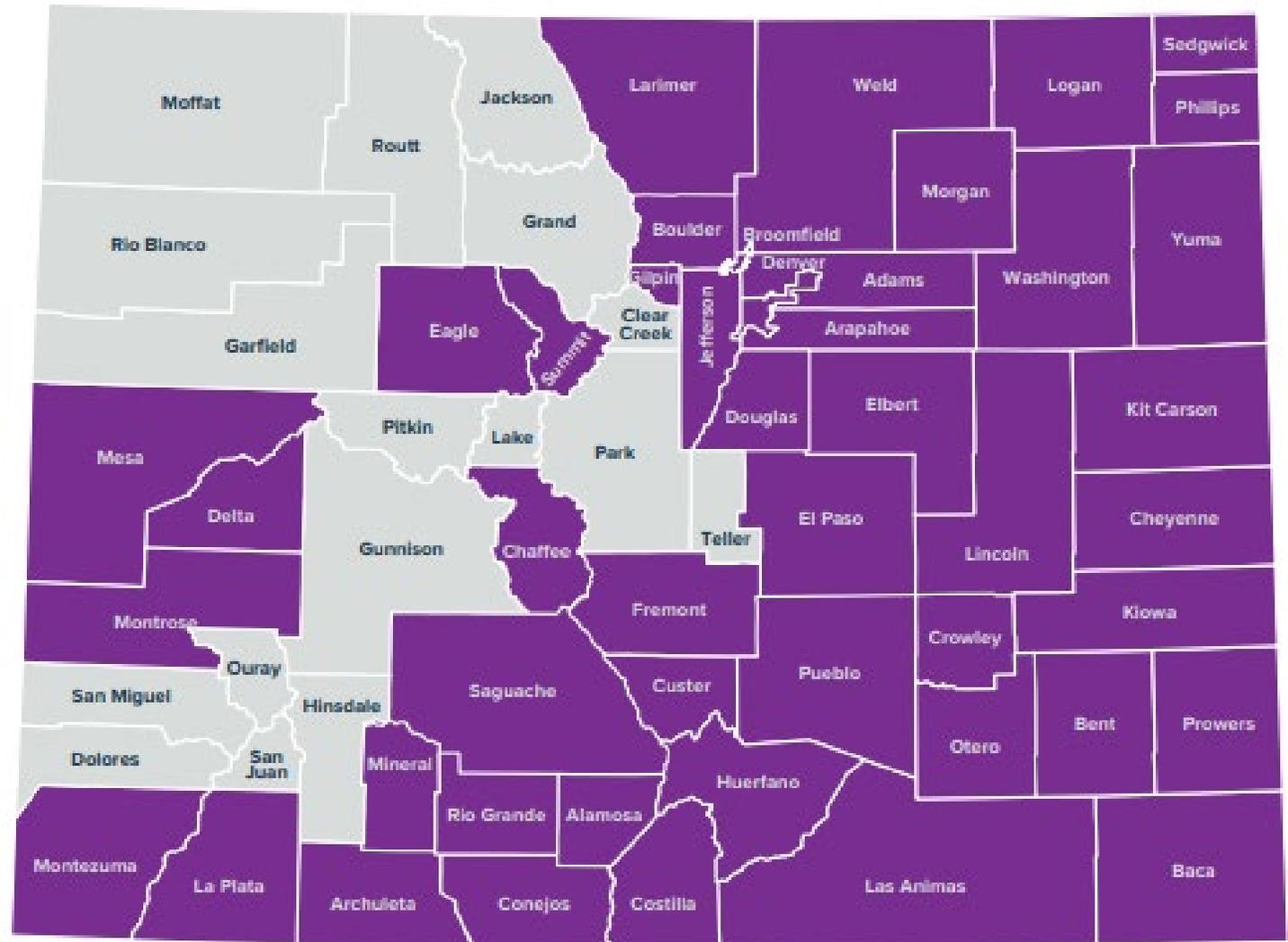
Oklahoma Counties 2022



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

Colorado Counties 2022

- Adams
- Alamosa
- Arapahoe
- Archuleta
- Baca
- Bent
- Boulder
- Broomfield
- Chaffee
- Cheyenne
- Conejos
- Costilla
- Crowley
- Custer
- Delta
- Denver
- Douglas
- Eagle
- Elbert
- El Paso
- Fremont
- Gilpin
- Huerfano
- Jefferson
- Kiowa
- Kit Carson
- La Plata
- Larimer
- Las Animas
- Lincoln
- Logan
- Mesa
- Mineral
- Montezuma
- Montrose
- Morgan
- Otero
- Phillips
- Prowers
- Pueblo
- Saguache
- Sedgwick
- Summit
- Washington
- Weld
- Yuma



Colorado 2022 Individual Plans

Plans/Visits	CATASTROPHIC	BRONZE BASIC	BRONZE RX COPAY	BRONZE PLUS COPAY	BRONZE HSA	SILVER	SILVER COPAY	SILVER RX COPAY	GOLD	GOLD COPAY	GOLD RX 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	\$4,300 / \$8,600	\$2,300 / \$4,600	\$2,300 / \$4,600	\$950 / \$1,900
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	\$8,700 / \$17,400	\$8,250 / \$16,500	\$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	\$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					
Mental Health Visit	\$0 after Deductible	\$0 after Deductible	\$0 Copay	\$0 Copay	\$0 after Deductible	\$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	20% after Deductible	\$60 per Visit	20% after Deductible
Annual Vision Exam	\$0 Copay	\$0 Copay	\$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	\$0 per Visit	\$0 per Visit
Urgent Care Visit	\$0 after Deductible	\$0 after Deductible	\$75 Copay	\$175 Copay	\$0 after Deductible	\$75-\$80 Copay	\$100 Copay	\$75-\$80 Copay	\$75 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-\$105 Copay	20% after Deductible	20% after Deductible	\$100 Copay	20% after Deductible
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	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	50% after Deductible	50% after Deductible
Drugs	CATASTROPHIC	BRONZE BASIC	BRONZE RX COPAY	BRONZE PLUS COPAY	BRONZE HSA	SILVER	SILVER COPAY	SILVER RX COPAY	GOLD	GOLD COPAY	GOLD RX
Preventive ACA Drugs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred Generic	\$0 after Deductible	\$0 after Deductible	Up to \$25 Copay	Up to a \$30 Copay	\$0 after Deductible	\$0	Up to \$30 Copay	\$0	\$0	Up to \$10 Copay	\$0
Preferred Brand	\$0 after Deductible	\$0 after Deductible	Up to \$250 Copay	Up to a \$160 Copay	\$0 after Deductible	20% after Deductible	Up to \$80 Copay	Up to \$250 Copay	20% after Deductible	Up to \$40 Copay	Up to \$250 Copay
Non-Preferred Generic/Brand	\$0 after Deductible	\$0 after Deductible	Up to \$350 Copay	\$0 after Deductible	\$0 after Deductible	50% after Deductible	Up to \$150 Copay	Up to \$350 Copay	50% after Deductible	Up to \$75 Copay	Up to \$350 Copay
Specialty Drugs	\$0 after Deductible	\$0 after Deductible	Up to \$725 Copay	\$0 after Deductible	\$0 after Deductible	50% after Deductible	Up to \$425 Copay	Up to \$725 Copay	50% after Deductible	Up to \$300 Copay	Up to \$685 Copay

2022 Small Group plans

Plans/Visits	BRONZE	BRONZE PLUS	BRONZE HSA	BRONZE PLUS COPAY	SILVER	SILVER COPAY	GOLD	GOLD COPAY	PLATINUM
Individual Deductible/Family	\$8,700 / \$17,400	\$8,700 / \$17,400	\$7,000 / \$14,000	\$8,700 / \$17,400	\$5,500 / \$11,000	\$5,500 / \$11,000	\$2,300 / \$4,600	\$2,300 / \$4,600	\$250 / \$500
Individual Max Out of Pocket/Family	\$8,700 / \$17,400	\$8,700 / \$17,400	\$7,000 / \$14,000	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,250 / \$16,500	\$8,250 / \$16,500	\$4,500 / \$9,000
Annual Wellness Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visit	\$0 after Deductible	\$0 per Visit	\$0 after Deductible	\$0 per Visit					
Mental Health Visit	\$0 after Deductible	\$0 per Visit	\$0 after Deductible	\$0 per Visit					
Specialist Visit	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$150 Copay	20% after Deductible	\$80 Copay	20% after Deductible	\$60 Copay	\$20 Copay
Annual Eye Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
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	\$75 after Deductible	\$0 after Deductible	\$175 Copay	\$75 Copay	\$100 Copay	\$75 Copay	\$50 Copay	\$50 Copay
X-ray and Imaging	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	20% after Deductible	\$100 Copay	20% after Deductible	\$100 Copay	10% after Deductible
Inpatient Stay	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	20% after Deductible	30% after Deductible	20% after Deductible	20% after Deductible	10% after Deductible
Emergency Room	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	50% after Deductible	30% after Deductible	50% after Deductible	50% after Deductible	\$250 per Visit
Drugs	BRONZE	BRONZE PLUS	BRONZE HSA	BRONZE PLUS COPAY	SILVER	SILVER COPAY	GOLD	GOLD COPAY	PLATINUM
Preventive ACA Drugs	\$0	\$0	\$0	\$0 Copay	\$0	\$0	\$0	\$0	\$0 Copay
Preferred Generic	\$0 after Deductible	Up to \$25 Copay	\$0 after Deductible	Up to \$30 Copay	\$0	Up to \$30 Copay	\$0	Up to \$10 Copay	\$0 Copay
Preferred Brand	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	Up to \$160 Copay	20% after Deductible	Up to \$80 Copay	20% after Deductible	Up to \$40 Copay	Up to \$20 Copay
Non-Preferred Generic/Brand	\$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	Up to \$40 Copay
Specialty Drugs	\$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	Up to \$300 Copay

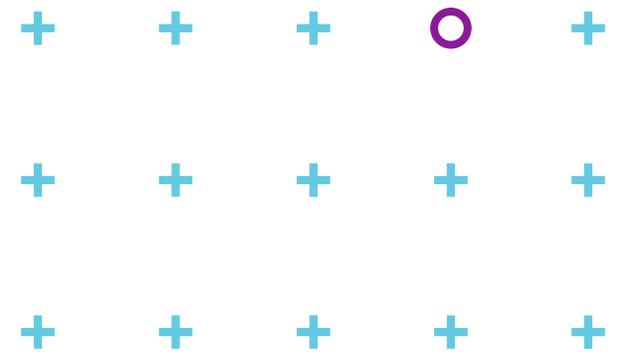
Colorado 2022 SG Plans

Plans/Visits	BRONZE	BRONZE RX COPAY	BRONZE HSA	BRONZE PLUS COPAY	SILVER	SILVER RX COPAY	FRIDAY SILVER HSA	SILVER COPAY	GOLD	GOLD RX COPAY	GOLD COPAY	PLATINUM
Individual Deductible/Family	\$8,700 / \$17,400	\$8,700 / \$17,400	\$7,000 / \$14,000	\$8,700 / \$17,400	\$5,500 / \$11,000	\$5,000 / \$10,000	\$3,250 / \$6,500	\$5,500 / \$11,000	\$2,300 / \$4,600	\$950 / \$1,900	\$2,300 / \$4,600	\$250 / \$500
Individual Max Out of Pocket/Family	\$8,700 / \$17,400	\$8,700 / \$17,400	\$7,000 / \$14,000	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400	\$7,000 / \$14,000	\$8,700 / \$17,400	\$8,250 / \$16,500	\$8,250 / \$16,500	\$8,250 / \$16,500	\$4,500 / \$9,000
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
Primary Care Visit	\$0 after Deductible	\$0 Copay	\$0 after Deductible	\$0 Copay	\$0 Copay	\$40 Copay	30% after Deductible	\$0 Copay	\$0 Copay	\$20 Copay	\$0 Copay	\$0 Copay
Mental Health Visit	\$0 after Deductible	\$0 Copay	\$0 after Deductible	\$0 Copay	\$0 Copay	\$40 Copay	30% after Deductible	\$0 Copay	\$0 Copay	\$20 Copay	\$0 Copay	\$0 Copay
Specialist Visit	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$150 Copay	20% after Deductible	\$80 Copay	30% after Deductible	\$80 Copay	20% after Deductible	\$40 Copay	\$60 Copay	\$20 Copay
Annual Vision Exam	\$0 Copay	\$0 Copay	\$0 Copay	\$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	\$0 per Visit	\$0 per Visit	\$0 per Visit
Urgent Care Visit	\$0 after Deductible	\$75 after Deductible	\$0 after Deductible	\$175 Copay	\$75 Copay	\$75 Copay	\$75 Copay	\$100 Copay	\$75 Copay	\$75 Copay	\$75 Copay	\$50 Copay
X-ray and Imaging	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	20% after Deductible	20% after Deductible	30% after Deductible	\$100 Copay	20% after Deductible	20% after Deductible	\$100 Copay	10% after Deductible
Inpatient Stay	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	20% after Deductible	20% after Deductible	30% after Deductible	30% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	10% after Deductible
Emergency Room	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	50% after Deductible	50% after Deductible	50% after Deductible	30% after Deductible	50% after Deductible	50% after Deductible	50% after Deductible	\$250 Copay
Drugs	BRONZE	BRONZE RX COPAY	BRONZE HSA	BRONZE PLUS COPAY	SILVER	SILVER RX COPAY	FRIDAY SILVER HSA	SILVER COPAY	GOLD	GOLD RX COPAY	GOLD COPAY	PLATINUM
Preventive ACA Drugs	\$0	\$0	\$0	\$0 Copay	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0 Copay
Preferred Generic	\$0 after Deductible	Up to \$25 Copay	\$0 after Deductible	Up to \$30 Copay	\$0	\$0	\$0 after Deductible	Up to \$30 Copay	20% after Deductible	\$0	Up to \$10 Copay	\$0 Copay
Preferred Brand	\$0 after Deductible	Up to \$250 Copay	\$0 after Deductible	Up to \$160 Copay	20% after Deductible	Up to \$250 Copay	30% after Deductible	Up to \$80 Copay	20% after Deductible	Up to \$250 Copay	Up to \$40 Copay	Up to \$20 Copay
Non-Preferred Generic/Brand	\$0 after Deductible	Up to \$350 Copay	\$0 after Deductible	\$0 after Deductible	50% after Deductible	Up to \$350 Copay	50% after Deductible	Up to \$150 Copay	50% after Deductible	Up to \$350 Copay	Up to \$75 Copay	Up to \$50 Copay
Specialty Drugs	\$0 after Deductible	Up to \$725 Copay	\$0 after Deductible	\$0 after Deductible	50% after Deductible	Up to \$725 Copay	50% after Deductible	Up to \$425 Copay	50% after Deductible	Up to \$685 Copay	Up to \$300 Copay	Up to \$300 Copay

Nevada SG Counties 2022

- Humboldt
- Elko
- Pershing
- Lander
- Eureka
- Churchill
- White Pine
- Mineral
- Esmerelda
- Nye
- Lincoln
- Clark





Small Group Recap

- Plans Types: **EPO**
- Spousal Groups: **Accepted**
- Carve Outs: **Allowed**
- Size of Groups: **2-50**
- Limit on quotes: **None.**
Quote all 9! (We don't recommend it though)

Additional Benefits



Virtual Doctor Visits 24/7



Urgent care that comes to your home – CO, GA, TX, NM



One FREE Annual WellVision Exam and discounts on glasses, sunglasses, contacts, & laser vision correction



Unlimited \$0 mental health visits on many plans



Out-of-area dependent students and employees





Provider Network

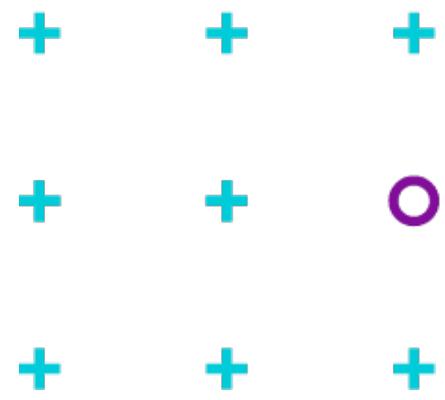
Friday Health Plans continues to grow our network in each market.

- Please go to our website, www.fridayhealthplans.com to review each states network, under Members, select Find a Doctor
- Go directly to <https://carenavigator.fridayhealthplans.com>

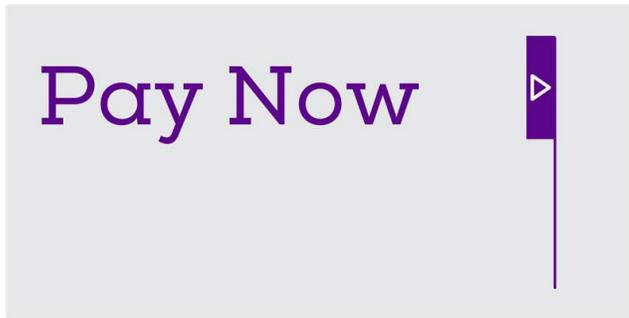
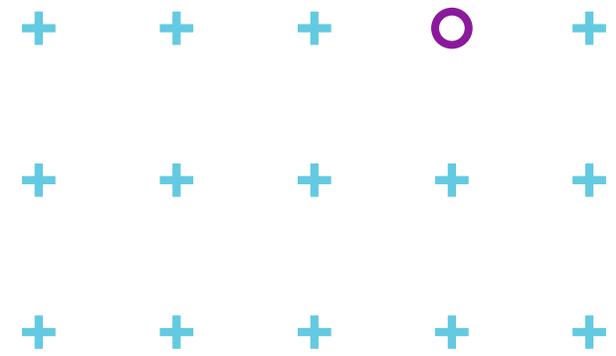


Member Mobile App

- Deductible snapshot
- View claims
- View member ID
- Easy access to provider search
- Search for drugs on the formulary
- Easily renew your health plan



Technology Enhancements



Binder Payments for any enrollments

HEALTHSPARQ[®]

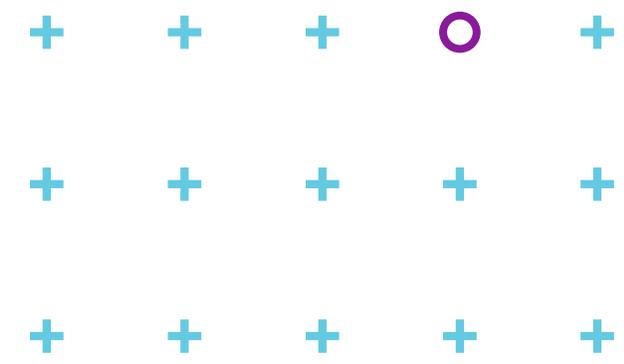
Enhanced provider search

WELL

New shopping and broker portal

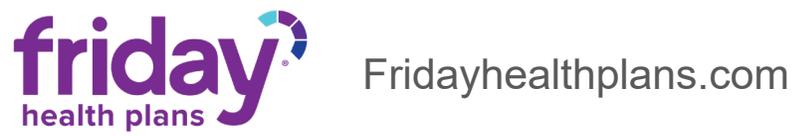
RELAY

SMS texting platform



Quoting and Enrollment

Individual and Family Plans

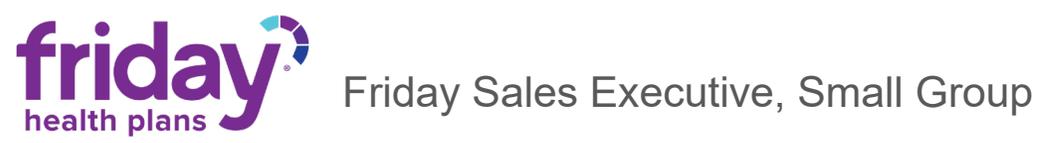


HealthCare.gov



+ All other EDE Platforms

Small Group



PERFECTQUOTE®

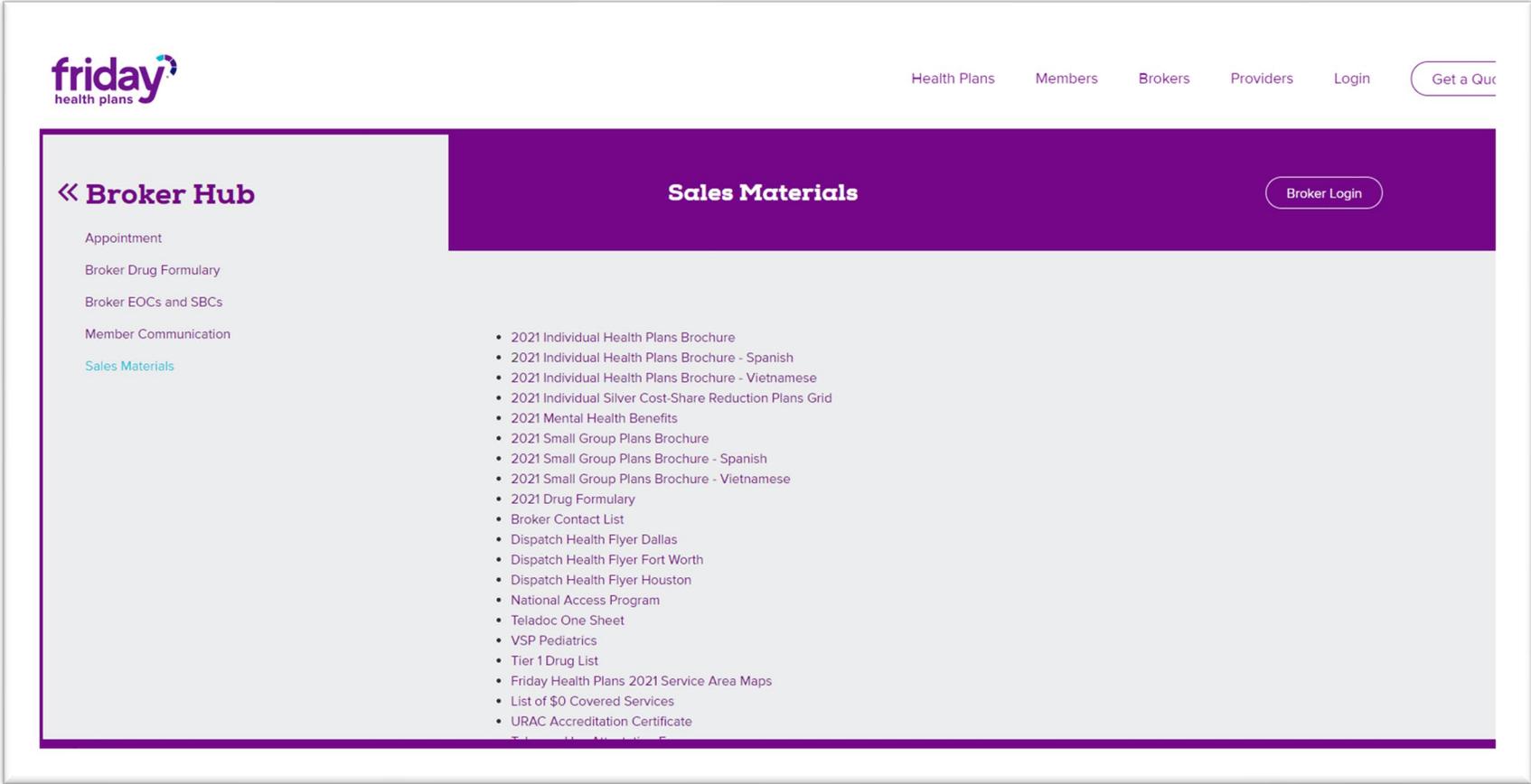


+ More

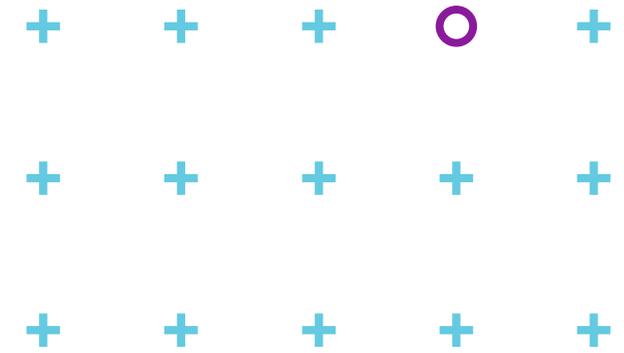


Materials

- Sales Materials can be found on our Broker Hub, www.fridayhealthplans.com
- Materials include Brochures, Applications, Drug Formulary, Service Area maps, Partner information, etc.
- No login is needed to get to Sales Materials



Support Team



Broker Support

- Dedicated phone number
- Dedicated email
- Dedicated chat Line



Supporting your clients
on billing, coverage, and
providers

Get your questions answered quickly.
Did we mention that we keep things simple?



Top Broker Trip

Friday rewards our top brokers with a trip to celebrate their success.

2021 was to beautiful Vail, Colorado.

2022 destination to be announced in November.

See you there!!





YOUR QUESTIONS ANSWERED

