



# 2020

BENEFITS SUMMARY

## Individual and Family Silver Cost-Share Reduction Plans

**Simple, comprehensive  
health insurance to live  
your healthiest life.**



**Friday Health Plans includes benefits that keep you healthy year-round, with ironclad coverage if you get sick or hurt. All Friday Health Plans are ACA-compliant.**



No cost?  
Yes please.

Convenient Care.  
Around the clock.



**\$0 for your yearly checkup and three \$0 in-network primary care visits for each plan member**

and other preventive services that help you stay healthy



**Urgent care clinic visits**

\$25–\$75 copay depending on your plan



**Teladoc services**

Reach a doctor 24/7 from your phone or computer, wherever you are, \$45 flat fee



**\$0 for preferred generic drugs**

The list includes thousands of generic prescription drugs



**DispatchHealth**

Urgent care that comes to you (limited geographic availability)



**Annual eye exam**

\$0 on all plans with a VSP provider



**Online Mental Health Visits**

Access a licensed counselor through secure video or chat with Start Talking.

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.

# 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.



			FRIDAY COST-SHARE SILVER PLANS					
Plans/Visits	SILVER	SILVER RX COPAY	SILVER 73%	SILVER RX COPAY 73%	SILVER 87%	SILVER RX COPAY 87%	SILVER 94%	SILVER RX COPAY 94%
Individual Deductible / Family	\$4,900 / \$9,800	\$3,850 / \$7,700	\$3,600 / \$7,200	\$2,750 / \$5,500	\$950 / \$1,900	\$725 / \$1,450	\$75 / \$150	\$25 / \$50
Individual Max Out of Pocket / Family	\$8,150 / \$16,300	\$8,150 / \$16,300	\$6,500 / \$13,000	\$6,500 / \$13,000	\$2,700 / \$5,400	\$2,700 / \$5,400	\$2,700 / \$5,400	\$2,700 / \$5,400
Annual Wellness Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visit	3 visits at \$0, then 20% after Deductible	3 visits at \$0, then 20% after Deductible	3 visits at \$0, then 20% after Deductible	3 visits at \$0, then 20% after Deductible	3 visits at \$0, then 15% after Deductible	3 visits at \$0, then 15% after Deductible	3 visits at \$0, then 10% after Deductible	3 visits at \$0, then 10% after Deductible
Specialist Visit	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	15% after Deductible	15% after Deductible	10% after Deductible	10% after Deductible
Teladoc*	\$45 Flat Fee	\$45 Flat Fee	\$45 Flat Fee	\$45 Flat Fee	\$45 Flat Fee	\$45 Flat Fee	\$45 Flat Fee	\$45 Flat Fee
Annual Vision Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Urgent Care Visit	\$75–\$80 Copay	\$75–\$80 Copay	\$75 Copay	\$75 Copay	\$50 Copay	\$50 Copay	\$25 Copay	\$25 Copay
Behavioral Health Visit	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	15% after Deductible	15% after Deductible	10% after Deductible	10% after Deductible
X-ray and Imaging	20% after Deductible	20% after Deductible	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	20% after Deductible	20% after Deductible	15% after Deductible	15% after Deductible	10% after Deductible	10% after Deductible
Emergency Room	50% after Deductible	50% after Deductible	50% after Deductible	50% after Deductible	30% after Deductible	30% after Deductible	20% after Deductible	20% after Deductible
Drugs	SILVER	SILVER RX COPAY	SILVER 73%	SILVER RX COPAY 73%	SILVER 87%	SILVER RX COPAY 87%	SILVER 94%	SILVER RX COPAY 94%
Preventive ACA Drugs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred Generic	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred Brand	20% after Deductible	Up to \$250 Copay	20% after Deductible	Up to \$225 Copay	15% after Deductible	Up to \$100 Copay	10% after Deductible	Up to \$30 Copay
Non-Preferred Generic / Brand	50% after Deductible	Up to \$350 Copay	50% after Deductible	Up to \$350 Copay	30% after Deductible	Up to \$225 Copay	20% after Deductible	Up to \$225 Copay
Specialty Drugs	45% after Deductible	Up to \$675 Copay	45% after Deductible	Up to \$540 Copay	28% after Deductible	Up to \$220 Copay	19% after Deductible	Up to \$220 Copay

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

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

New for 2020

**Friday Health Plans**

# **Colorado Network**



One seamless network across Colorado

**Friday's new health network gives you access to providers and facilities in all regions Friday serves.**

Your healthcare is only 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 for a full list of in-network doctors and facilities near you,** plus additional independently contracted pediatricians, OBGYN's and primary care doctors in all regions.

**fridayhealthplans.com**

**800-475-8466**





### Hospital Networks

- + SCL Health
- + Children’s Hospital Colorado
- + National Jewish Health
- + Centura Health
- + Banner Health
- + Many other local hospitals



### Urgent Care Facilities and Options

- + Concentra
- + Locally contracted urgent care centers
- + DispatchHealth (Denver, Boulder, Colorado Springs)
- + Teladoc.com



### Mental Health Providers

- + Heart-Centered Counseling
- + Mental Health Center of Denver
- + Peak Vista Community Health Center
- + Start Talking
- + Many more

## Counties Served by Region

### DENVER METRO

Adams	Boulder	Elbert
Arapahoe	Denver	Jefferson
Broomfield	Douglas	

### NORTHERN COLORADO

Larimer	Weld
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### WESTERN COLORADO

Mesa	Summit
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### SOUTHERN & EASTERN COLORADO

Alamosa	Crowley	Las Animas
Archuleta	Custer	Lincoln
Baca	El Paso	Mineral
Bent	Fremont	Otero
Chaffee	Huerfano	Prowers
Cheyenne	Kiowa	Pueblo
Conejos	Kit Carson	Rio Grande
Costilla	La Plata	Saguache



monday  
tuesday  
wednesday  
thursday

friday<sup>®</sup>  
health plans  
of colorado

We're here to help 800.475.8466  
[questions@fridayhealthplans.com](mailto:questions@fridayhealthplans.com)

CONNECT WITH US



This document provides a brief overview of the benefits offered under this Friday Health Plans Policy. Full information is available in the Evidence of Coverage. To request a copy of the Evidence of Coverage, call **800.475.8466** or visit [fridayhealthplans.com](http://fridayhealthplans.com).

Learn more about **Connect for Health Colorado** and financial assistance at [ConnectforHealthCO.com](http://ConnectforHealthCO.com)

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