


2021

Individual & Family Health Plans

BENEFITS SUMMARY



friday[®]
health plans



Here's how to make the most of your health plan's benefits to keep you healthy inside and out. And of course, we have you covered if you get really sick or hurt.

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.***

Convenient coverage. Around the clock.



\$0 for Teladoc Services

Reach a doctor 24/7 from your phone or computer, wherever you are.*



Urgent Care Clinic Visits

\$75 copay before deductible on most plans.

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.

*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.



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.



Plans/Visits	CATASTROPHIC (BELOW AGE 30)	BRONZE	BRONZE HSA	BRONZE RX COPAY	SILVER	SILVER RX COPAY	GOLD	GOLD RX COPAY
Individual Deductible / Family	\$8,550 / \$17,100	\$8,550 / \$17,100	\$6,900 / \$13,800	\$8,550 / \$17,100	\$5,500 / \$11,000	\$4,300 / \$8,600	\$2,300 / \$4,600	\$950 / \$1,900
Individual Max Out of Pocket / Family	\$8,550 / \$17,100	\$8,550 / \$17,100	\$6,900 / \$13,800	\$8,550 / \$17,100	\$8,550 / \$17,100	\$8,550 / \$17,100	\$8,250 / \$16,500	\$8,250 / \$16,500
Annual Wellness Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visit	3 visits at \$0, then \$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit
Mental Health Visit	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit
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
Annual Vision Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Specialist Visit	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible
Urgent Care Visit	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$75 per Visit	\$75–\$80 per visit	\$75 per Visit	\$75 per Visit	\$75 per Visit
X-ray and Imaging	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible
Inpatient Stay	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 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	50% after Deductible	50% after Deductible	50% after Deductible	50% after Deductible
Drugs	CATASTROPHIC (BELOW AGE 30)	BRONZE	BRONZE HSA	BRONZE RX COPAY	SILVER	SILVER RX COPAY	GOLD	GOLD RX COPAY
Preventive ACA Drugs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred Generic	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	Up to \$25 Copay	\$0	\$0	\$0	\$0
Preferred Brand	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	Up to \$250 Copay	20% after Deductible	Up to \$250 Copay	20% after Deductible	Up to \$250 Copay
Non-Preferred Generic / Brand	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	Up to \$350 Copay	50% after Deductible	Up to \$350 Copay	50% after Deductible	Up to \$350 Copay
Specialty Drugs	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	Up to \$710 Copay	50% after Deductible	Up to \$710 Copay	50% after Deductible	Up to \$685 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.



Visit the medical provider lookup at providersearch.fridayhealthplans.com for a full list of in-network doctors and facilities.



Teladoc.com allows you to chat with a doctor 24/7 by phone or online.



DispatchHealth is a mobile urgent care service that comes to you.



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

Friday Health Plans Colorado Network

One seamless network across Colorado

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

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

Friday Provider Network

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
- + Plus additional independently contracted pediatricians, OBGYN's and primary care doctors in all regions.





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

800-475-8466

questions@fridayhealthplans.com

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

Llame al 800-475-8466 (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 **800-475-8466** or visit **fridayhealthplans.com**.

Learn more about Connect for Health Colorado and financial assistance at **ConnectforHealthCO.com**



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