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Questions?

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800.475.8466



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This document provides a brief overview of the benefits offered under this Friday Health Plans Policy. Full information is available in the Certificate of Coverage. To request a copy of the Certificate of Coverage, call **800.475.8466** or visit **fridayhealthplans.com**.

Disclaimer: Benefits as of 8/15/17, pending approval by Division of Insurance

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2018

ON EXCHANGE HEALTH PLANS

Benefits Summary



Health Plan Benefits Overview

In-network benefits only; no out-of-network benefits*



	ON AND OFF EXCHANGE PLANS					ON EXCHANGE ONLY	
	CATASTROPHIC	FRIDAY BRONZE		FRIDAY GOLD		FRIDAY SILVER	
	VALUE CHOICE 100	BRONZE SIMPLE HSA	BRONZE BASIC	GOLD	GOLD BASIC	SILVER	SILVER BASIC
Deductible	\$7,350	\$6,650	\$7,350	\$1,600	\$500	\$4,000	\$3,200
Max Out of Pocket	\$7,350	\$6,650	\$7,350	\$6,500		\$7,350	
Annual Wellness Visit	\$0	\$0	\$0	\$0		\$0	
Primary Care Visits	3 free, then \$0 after Deductible	\$0 after Deductible	3 free, then \$0 after Deductible	3 free, then 20% after Deductible		3 free, then 20% after Deductible	
Specialist	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	20% after Deductible		20% after Deductible	
Behavioral Health	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	20% after Deductible		20% after Deductible	
Urgent Care	\$0 after Deductible	\$0 after Deductible	\$75 Copay, Deductible Waived	\$75 Copay, Deductible Waived		\$75 Copay, Deductible Waived	
Emergency Room	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	50% after Deductible		50% after Deductible	
Hospital Facility	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	20% after Deductible		20% after Deductible	
X-ray and Diagnostic Imaging	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	20% after Deductible		20% after Deductible	
Telehealth	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	20% after Deductible		20% after Deductible	
Annual Vision Exam	\$0	\$0	\$0	\$0		\$0	
DRUGS	VALUE CHOICE 100	BRONZE SIMPLE HSA	BRONZE BASIC	GOLD	GOLD BASIC	SILVER	SILVER BASIC
Preventive ACA Drugs	\$0	\$0	\$0	\$0		\$0	
Generic	\$0 after Deductible	\$0 after Deductible	\$0	\$0		\$0	
Brand	\$0 after Deductible	\$0 after Deductible	\$610 Copay Deductible Waived	20% after Deductible	\$540 Copay Deductible Waived	20% after Deductible	\$610 Copay Deductible Waived
Non-preferred Brand	\$0 after Deductible	\$0 after Deductible	\$610 Copay Deductible Waived	50% after Deductible	\$540 Copay Deductible Waived	50% after Deductible	\$610 Copay Deductible Waived
Specialty	\$0 after Deductible	\$0 after Deductible	\$610 Copay Deductible Waived	50% after Deductible	\$540 Copay Deductible Waived	50% after Deductible	\$610 Copay Deductible Waived

*Except in case of medical emergency.