



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*

Unlimited \$0 Mental Health Visits**

\$0 Annual Wellness Exam*

\$0 Preferred Generic Drugs***

\$0 for Virtual Medical or Mental
Health Visits with Teladoc**,†

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.
† Teladoc.com is a value-added service that allows you to chat with a doctor 24/7 by phone or online.

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)

Follow Friday Health Plans
For tips on how to get the most out of your
health plan, member perks and more!



Access your health plan anywhere
Download the Friday mobile app
Display ID Cards | Find a Doctor
Make a Payment | View Claims

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

Contact your broker



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2023 Individual and Family Health Plans BENEFITS SUMMARY



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

One Easy-to-use Medical Network

Friday’s medical network gives you access to medical professionals and facilities in all regions Friday serves in Colorado. Your benefits are covered when you use in-network doctors, hospitals or facilities. In cases of a true medical emergency, emergency room visits are covered in or out of network.

No Need to Designate a Primary Care Doctor

See an in-network medical provider that fits you the best, make changes whenever you like.

No Referrals

Most specialists do not require a referral from your doctor.

Visit the Medical Provider Lookup at carenavigator.fridayhealthplans.com

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



With Vision

includes one \$0 annual eye exam per member plus discounts



Without Vision

does not include any eye exam or vision benefit

“+ Vision” Plan Options**

Most plans have two options:

Hospital Networks

- SCL Health
- Children’s Hospital Colorado
- National Jewish Health
- Centura Health
- Banner Health
- Boulder Community Hospital
- Boulder Medical Center
- Many other local hospitals

Plans/Visits	CATASTROPHIC (UNDER AGE 30)	BRONZE BASIC	BRONZE COPAY	BRONZE RX COPAY	BRONZE HSA	SILVER	SILVER COPAY	SILVER RX COPAY	SILVER \$0 DEDUCTIBLE	SILVER HSA	GOLD	GOLD COPAY	GOLD RX COPAY
Individual Deductible / Family	\$9,100 / \$18,200	\$9,100 / \$18,200	\$9,100 / \$18,200	\$9,100 / \$18,200	\$7,000 / \$14,000	\$5,000 / \$10,000	\$5,000 / \$10,000	\$4,000 / \$8,000	\$0 / \$0	\$3,000 / \$6,000	\$2,000 / \$4,000	\$2,300 / \$4,600	\$950 / \$1,900
Individual Max Out-of-Pocket / Family	\$9,100 / \$18,200	\$9,100 / \$18,200	\$9,100 / \$18,200	\$9,100 / \$18,200	\$7,000 / \$14,000	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400	\$9,100 / \$18,200	\$7,000 / \$14,000	\$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	\$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	\$0 after Deductible	\$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	\$0 after Deductible	\$0 Copay	\$0 Copay	\$0 Copay
Specialist Visit	\$0 after Deductible	\$0 after Deductible	\$150 Copay	\$0 after Deductible	\$0 after Deductible	20% after Deductible	\$80 Copay	20% after Deductible	\$100 Copay	30% after Deductible	20% after Deductible	\$60 Copay	20% after Deductible
Teladoc* 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	\$0 per Visit	\$0 per Visit
Urgent Care Visit	\$0 after Deductible	\$0 after Deductible	\$175 Copay	\$75 Copay	\$0 after Deductible	\$75-\$80 Copay	\$100-\$105 Copay	\$75-\$80 Copay	\$100-\$105 Copay	\$75-\$80 Copay after Deductible	\$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 Copay	20% after Deductible	\$150 Copay	30% 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	50% after Deductible	30% 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	\$500 Copay	50% after Deductible	50% after Deductible	50% after Deductible	50% after Deductible
Prescriptions/Medications	CATASTROPHIC (UNDER AGE 30)	BRONZE BASIC	BRONZE COPAY	BRONZE RX COPAY	BRONZE HSA	SILVER	SILVER COPAY	SILVER RX COPAY	SILVER \$0 DEDUCTIBLE	SILVER HSA	GOLD	GOLD COPAY	GOLD RX COPAY
Preventive ACA Drugs	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Preferred Generic Drugs	\$0 after Deductible	\$0 after Deductible	Up to a \$30 Copay	Up to \$25 Copay	\$0 after Deductible	\$0 Copay	Up to \$30 Copay	\$0 Copay	Up to \$25 Copay	\$0 after Deductible	\$0 Copay	Up to \$10 Copay	\$0 Copay
Preferred Brand Drugs	\$0 after Deductible	\$0 after Deductible	Up to a \$160 Copay	Up to \$250 Copay	\$0 after Deductible	20% after Deductible	Up to \$80 Copay	Up to \$250 Copay	Up to \$250 Copay	30% after Deductible	20% after Deductible	Up to \$40 Copay	Up to \$250 Copay
Non-Preferred Generic / Brand Drugs	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	Up to \$350 Copay	\$0 after Deductible	50% after Deductible	Up to \$150 Copay	Up to \$350 Copay	Up to \$350 Copay	50% after Deductible	50% after Deductible	Up to \$75 Copay	Up to \$350 Copay
Specialty Drugs	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	Up to \$750 Copay	\$0 after Deductible	50% after Deductible	Up to \$425 Copay	Up to \$725 Copay	Up to \$725 Copay	50% after Deductible	50% after Deductible	Up to \$300 Copay	Up to \$685 Copay

Covered benefits apply only within the Friday provider network, visit the nearest emergency room in case of medical emergency, and you will be covered. *Teladoc is a value-added service, does not apply toward deductible or max-out-of-pocket.**Catastrophic, Bronze HSA, Silver \$0 Deductible, and Silver HSA do not have: "+ Vision" options.