

Colorado Option Plans

Friday Health Plans' offerings are ACA-compliant—we include all essential health benefits and do not exclude anyone for pre-existing conditions.

Copay: A copay is a fixed dollar amount you pay for certain covered health expenses, usually at the time you receive services (for example, a \$25 copay for an office visit).

Deductible: The amount you pay for all your covered health services in a year before your insurance begins to pay for your health care. Copays do not count toward your deductible.

Plans/Visits	FRIDAY COLORADO OPTION BRONZE BASIC	FRIDAY COLORADO OPTION SILVER	FRIDAY COLORADO OPTION SILVER 73%	FRIDAY COLORADO OPTION SILVER 87%	FRIDAY COLORADO OPTION SILVER 94%	FRIDAY COLORADO OPTION GOLD
Individual Deductible / Family	\$7,000 / \$14,000	\$5,000 / \$10,000	\$3,500 / \$7,000	\$800 / \$1,600	\$100 / \$200	\$1,600 / \$3,200
Individual Max Out-of-Pocket / Family	\$9,100 / \$18,200	\$8,550 / \$17,100	\$7,250 / \$14,500	\$2,800 / \$5,600	\$1,000 / \$2,000	\$7,800 / \$15,600
Annual Wellness Visit	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Primary Care Visit	3 Visits at \$0, then \$50 Copay after Deductible	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Mental Health Visit	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Specialist Visit	50% after Deductible	\$80 Copay	\$80 Copay	\$60 Copay	\$40 Copay	\$50 Copay
Teladoc* Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit	\$0 per Visit
Urgent Care Visit	50% after Deductible	\$80 Copay	\$80 Copay	\$60 Copay	\$40 Copay	\$50 Copay
X-ray and Imaging	50% after Deductible	40% after Deductible	40% after Deductible	30% after Deductible	20% after Deductible	30% after Deductible
Inpatient Stay	50% after Deductible	40% after Deductible	40% after Deductible	30% after Deductible	20% after Deductible	30% after Deductible
Emergency Room	50% after Deductible	40% after Deductible	40% after Deductible	30% after Deductible	20% after Deductible	30% after Deductible
Prescriptions/Medications	FRIDAY COLORADO OPTION BRONZE BASIC	FRIDAY COLORADO OPTION SILVER	FRIDAY COLORADO OPTION SILVER 73%	FRIDAY COLORADO OPTION SILVER 87%	FRIDAY COLORADO OPTION SILVER 94%	FRIDAY COLORADO OPTION GOLD
Preventive ACA Drugs	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
Preferred Generic Drugs	Up to \$30 Copay	Up to \$20 Copay	Up to \$20 Copay	\$0 Copay	\$0 Copay	Up to \$10 Copay
Preferred Brand Drugs	Up to \$200 Copay	Up to \$125 Copay	Up to \$125 Copay	Up to \$60 Copay	Up to \$20 Copay	Up to \$50 Copay
Non-Preferred Generic / Brand Drugs	Up to \$350 Copay	Up to \$300 Copay	Up to \$300 Copay	Up to \$120 Copay	Up to \$40 Copay	Up to \$200 Copay
Specialty Drugs	Up to \$700 Copay	Up to \$650 Copay	Up to \$600 Copay	Up to \$180 Copay	Up to \$60 Copay	Up to \$600 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.