

Small Group Benefits Overview



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	SMALL GROUP BRONZE BASIC	SMALL GROUP BRONZE COPAY	SMALL GROUP BRONZE RX COPAY	SMALL GROUP BRONZE HSA	SMALL GROUP SILVER	SMALL GROUP SILVER COPAY	SMALL GROUP SILVER RX COPAY	SMALL GROUP SILVER HSA	SMALL GROUP GOLD	SMALL GROUP GOLD COPAY	SMALL GROUP GOLD RX COPAY	SMALL GROUP PLATINUM
Individual Deductible / Family	\$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	\$3,000 / \$6,000	\$2,000 / \$4,000	\$2,300 / \$4,600	\$950 / \$1,900	\$250 / \$500
Individual Max Out-of-Pocket / Family	\$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	\$7,000 / \$14,000	\$8,250 / \$16,500	\$8,250 / \$16,500	\$8,250 / \$16,500	\$4,500 / \$9,000
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
Primary Care Visit	\$0 after Deductible	\$0 Copay	\$0 Copay	\$0 after Deductible	\$0 Copay	\$0 Copay	\$40 Copay	30% after Deductible	\$0 Copay	\$0 Copay	\$20 Copay	\$0 Copay
Mental Health Visit	\$0 after Deductible	\$0 Copay	\$0 Copay	\$0 after Deductible	\$0 Copay	\$0 Copay	\$40 Copay	30% after Deductible	\$0 Copay	\$0 Copay	\$20 Copay	\$0 Copay
Specialist Visit	\$0 after Deductible	\$150 Copay	\$0 after Deductible	\$0 after Deductible	20% after Deductible	\$80 Copay	\$80 Copay	30% after Deductible	20% after Deductible	\$60 Copay	\$40 Copay	\$20 Copay
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
Urgent Care Visit	\$0 after Deductible	\$175 Copay	\$75 Copay	\$0 after Deductible	\$75 Copay	\$100 Copay	\$75 Copay	\$75 Copay after Deductible	\$75 Copay	\$75 Copay	\$75 Copay	\$50 Copay
X-ray and Imaging	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	20% after Deductible	\$100 Copay	20% after Deductible	30% after Deductible	20% after Deductible	\$100 Copay	20% after Deductible	10% after Deductible
Inpatient Stay	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	20% after Deductible	30% after Deductible	20% after Deductible	30% after Deductible	20% after Deductible	20% after Deductible	20% after Deductible	10% after Deductible
Emergency Room	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	50% after Deductible	30% after Deductible	50% after Deductible	50% after Deductible	50% after Deductible	50% after Deductible	50% after Deductible	\$250 Copay
Prescriptions/ Medications	SMALL GROUP BRONZE BASIC	SMALL GROUP BRONZE COPAY	SMALL GROUP BRONZE RX COPAY	SMALL GROUP BRONZE HSA	SMALL GROUP SILVER	SMALL GROUP SILVER COPAY	SMALL GROUP SILVER RX COPAY	SMALL GROUP SILVER HSA	SMALL GROUP GOLD	SMALL GROUP GOLD COPAY	SMALL GROUP GOLD RX COPAY	SMALL GROUP PLATINUM
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
Preferred Generic Drugs	\$0 after Deductible	Up to a \$30 Copay	Up to \$25 Copay	\$0 after Deductible	\$0 Copay	Up to \$30 Copay	\$0 Copay	\$0 after Deductible	\$0 Copay	Up to \$10 Copay	\$0 Copay	Up to \$0 Copay
Preferred Brand Drugs	\$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	30% after Deductible	20% after Deductible	Up to \$40 Copay	Up to \$250 Copay	Up to \$20 Copay
Non-Preferred Generic / Brand Drugs	\$0 after Deductible	\$0 after Deductible	Up to \$350 Copay	\$0 after Deductible	50% after Deductible	Up to \$150 Copay	Up to \$350 Copay	50% after Deductible	50% after Deductible	Up to \$75 Copay	Up to \$350 Copay	Up to \$50 Copay
Specialty Drugs	\$0 after Deductible	\$0 after Deductible	Up to \$750 Copay	\$0 after Deductible	50% after Deductible	Up to \$425 Copay	Up to \$725 Copay	50% after Deductible	50% after Deductible	Up to \$300 Copay	Up to \$685 Copay	Up to \$300 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.

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

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