

Provider network and provider participation may change.

## Friday Health Plans Colorado Provider Network

Friday’s health network gives you access to providers and facilities across the state.

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

### 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

### Urgent Care Facilities and Options

- + Concentra
- + Locally contracted urgent care centers
- + DispatchHealth (Denver, Boulder, Colorado Springs)
- + Teladoc.com



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



**Visit the medical provider lookup at [carenavigator.fridayhealthplans.com](https://carenavigator.fridayhealthplans.com)** for a full list of in-network doctors and facilities near you.

## friday<sup>®</sup> health plans

### 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](mailto: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](https://fridayhealthplans.com).

#### CONTACT YOUR BROKER

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#### ABOUT THE ARTIST

Moe Gram is a multidisciplinary artist from Denver, Colorado who works on canvas, installations and murals. She is known for her signature color pallet, messaging and use of juxtaposition to encourage the viewer to absorb and reflect for the betterment of oneself and collectively for us all. Instagram: @mi-moeogram

## COLORADO 2022 Individual & Family Health Plans BENEFITS SUMMARY

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

friday<sup>®</sup>  
health plans

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

Easily take care of yourself and your family when you’re sick or hurt with \$0 doctor visits.

### \$0 Annual Wellness Exam

Be proactive with a flu shot, and check out other preventive services that help you stay healthy.\*

### Unlimited \$0 Mental Health Counseling 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.\*\*\*

### \$0 Annual Eye Exam

Get your vision checked for \$0 through VSP.

### \$0 for Teladoc Medical and Mental Health

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

**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.

# 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.

**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). Copays do not count toward your deductible.

**Deductible:** The amount you pay for all your covered health services in a year before your insurance begins to pay for your health care.

Plans/Visits	CATASTROPHIC	BRONZE BASIC	BRONZE RX COPAY	BRONZE PLUS COPAY	BRONZE HSA	SILVER	SILVER COPAY	SILVER RX COPAY	GOLD	GOLD COPAY	GOLD RX COPAY
Individual Deductible/Family	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400	\$7,000 / \$14,000	\$5,500 / \$11,000	\$5,500 / \$11,000	\$4,300 / \$8,600	\$2,300 / \$4,600	\$2,300 / \$4,600	\$950 / \$1,900
Individual Max Out of Pocket/Family	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400	\$7,000 / \$14,000	\$8,700 / \$17,400	\$8,700 / \$17,400	\$8,700 / \$17,400	\$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
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 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 Copay	\$0 Copay
Specialist Visit	\$0 after Deductible	\$0 after Deductible	\$0 after Deductible	\$150 Copay	\$0 after Deductible	20% after Deductible	\$80 Copay	20% after Deductible	20% after Deductible	\$60 per Visit	20% after Deductible
Annual Vision Exam	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay	\$0 Copay
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	\$0 per Visit	\$0 per Visit	\$0 per Visit
Urgent Care Visit	\$0 after Deductible	\$0 after Deductible	\$75 Copay	\$175 Copay	\$0 after Deductible	\$75-\$80 Copay	\$100 Copay	\$75-\$80 Copay	\$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-\$105 Copay	20% 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	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	50% after Deductible	50% after Deductible	50% after Deductible
Drugs	CATASTROPHIC	BRONZE BASIC	BRONZE RX COPAY	BRONZE PLUS COPAY	BRONZE HSA	SILVER	SILVER COPAY	SILVER RX COPAY	GOLD	GOLD COPAY	GOLD RX
Preventive ACA Drugs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preferred Generic	\$0 after Deductible	\$0 after Deductible	Up to \$25 Copay	Up to a \$30 Copay	\$0 after Deductible	\$0	Up to \$30 Copay	\$0	\$0	Up to \$10 Copay	\$0
Preferred Brand	\$0 after Deductible	\$0 after Deductible	Up to \$250 Copay	Up to a \$160 Copay	\$0 after Deductible	20% after Deductible	Up to \$80 Copay	Up to \$250 Copay	20% after Deductible	Up to \$40 Copay	Up to \$250 Copay
Non-Preferred Generic/Brand	\$0 after Deductible	\$0 after Deductible	Up to \$350 Copay	\$0 after Deductible	\$0 after Deductible	50% after Deductible	Up to \$150 Copay	Up to \$350 Copay	50% after Deductible	Up to \$75 Copay	Up to \$350 Copay
Specialty Drugs	\$0 after Deductible	\$0 after Deductible	Up to \$725 Copay	\$0 after Deductible	\$0 after Deductible	50% after Deductible	Up to \$425 Copay	Up to \$725 Copay	50% after Deductible	Up to \$300 Copay	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.