

2018

SUMMARY OF BENEFITS



San Luis Valley

**Summary of Benefits**  
January 1, 2018 - December 31, 2018

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

**You have choices about how to get your Medicare benefits**

- One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- Another choice is to get your Medicare benefits by joining a Cost plan (such as **Friday Health Plans Medicare Plans (Cost)**).

**Tips for comparing your Medicare choices**

This Summary of Benefits booklet gives you a summary of what **Friday Health Plans Medicare Plans (Cost)** covers and what you pay.

- If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

**Sections in this booklet**

- Things to Know About **Friday Health Plans Medicare Plans (Cost)**
- Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 719-589-3696 if calling from within the San Luis Valley or at 1-800-475-8466 if calling from outside the San Luis Valley. Deaf or Hearing Impaired using a TTY may call 1-800-659-2656.

Este documento está disponible en otros formatos como Braille y en letra grande.

Este documento puede estar disponible en un idioma que no sea Inglés. Para obtener información adicional, llámenos al 719-589-3696 si llama desde dentro del Valle de San Luis o al 1-800-475-8466 si llama desde fuera del Valle de San Luis. Sordos o con discapacidad auditiva utilizando un TTY pueden llamar al 1-800-659-2656.

**Things to Know About Friday Health Plans Medicare Plans (Cost)**

**Hours of Operation**

- From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Mountain time.
- From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Mountain time.

## **Friday Health Plans Medicare Plans (Cost) Phone Numbers and Website**

- If you are a member of this plan and reside within the San Luis Valley, call 719-589-3696 or toll-free at 1-800-475-8466 if residing outside the San Luis Valley.
- If you are not a member of this plan, and calling from within the San Luis Valley, please call 719-589-3696 or at 1-800-475-8466 if calling from outside the San Luis Valley.
- Our website: <http://www.fridayhealthplans.com>

## **Who can join?**

To join **Friday Health Plans Medicare Plans (Cost)**, you must be enrolled in Medicare Part B (or have both Medicare Part A and Medicare Part B), and live in our service area.

Our service area includes the following counties in Colorado: Alamosa, Conejos, Costilla, Mineral, Rio Grande, and Saguache.

## **Which doctors and hospitals can I use?**

**Friday Health Plans Medicare Plans (Cost)** has a network of doctors, hospitals, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network.

You can see our plan's provider directory at our website (<http://www.fridayhealthplans.com>).

Or, call us and we will send you a copy of the provider directory.

## **What do we cover?**

Our plan members get all of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.

**Friday Health Plans Medicare Plans (Cost)** covers Part B drugs including chemotherapy and some drugs administered by your provider. However, this plan does not cover Part D prescription drugs. You may also join a separate Medicare Prescription Drug Plan.

## SUMMARY OF BENEFITS

### January 1, 2018 – December 31, 2018

Benefits	Friday Health Plans Silver SV Plan (Cost)	Friday Health Plans Gold SV Plan (Cost)	Friday Health Plans Platinum SV Plan (Cost)
<b>MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES</b>			
<b>How much is the monthly premium?</b>	\$30 per month. In addition, you must keep paying your Medicare Part B premium.	\$50 per month. In addition, you must keep paying your Medicare Part B premium.	\$80 per month. In addition, you must keep paying your Medicare Part B premium.
<b>How much is the deductible?</b>	This plan does not have a deductible.	This plan does not have a deductible.	This plan does not have a deductible.
<b>Is there any limit on how much I will pay for my covered services?</b>	<p>Yes. Our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> <li>• \$6,700 for services you receive from in-network providers</li> </ul> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums.</p>	<p>Yes. Our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> <li>• \$6,700 for services you receive from in-network providers.</li> </ul> <p>If you reach the limit in out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums.</p>	<p>Yes. Our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> <li>• \$6,700 for services you receive from in-network providers.</li> </ul> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums.</p>
<b>Is there a limit on how much the plan will pay?</b>	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.	Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.
Friday Health Plans is a Cost plan with a Medicare Contract. Enrollment in Friday Health Plans depends on contract renewal.			

Benefits	Friday Health Plans Silver SV Plan (Cost)	Friday Health Plans Gold SV Plan (Cost)	Friday Health Plans Platinum SV Plan (Cost)
<p><b>COVERED MEDICAL AND HOSPITAL BENEFITS</b></p> <p>Note:</p> <ul style="list-style-type: none"> <li>Services with a <sup>1</sup> may require prior authorization.</li> <li>Services with a <sup>2</sup> may require a referral from your doctor.</li> </ul>			
<p><b>Inpatient Hospital Care<sup>1,2</sup></b></p>	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> <li>\$1,175 copay per stay</li> </ul>	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> <li>\$850 copay per stay</li> </ul>	<p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <ul style="list-style-type: none"> <li>\$750 copay per stay</li> </ul>

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<b>Outpatient Surgery<sup>1,2</sup></b>	Ambulatory surgical center: \$300 copay Outpatient hospital: \$300 copay	Ambulatory surgical center: \$250 copay Outpatient hospital: \$250 copay	Ambulatory surgical center: \$200 copay Outpatient hospital: \$200 copay
<b>Doctor's Office Visits<sup>2</sup></b>	Primary care physician visit: \$35 copay Specialist visit: \$50 copay	Primary care physician visit: \$25 copay Specialist visit: \$40 copay	Primary care physician visit: \$20 copay Specialist visit: \$35 copay
<b>Preventive Care<sup>1</sup></b>	You pay nothing  Our plan covers many preventive services, including: <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screenings</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• HIV screening</li> </ul>	You pay nothing  Our plan covers many preventive services, including: <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screenings</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• HIV screening</li> </ul>	You pay nothing  Our plan covers many preventive services, including: <ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Alcohol misuse counseling</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammogram)</li> <li>• Cardiovascular disease (behavioral therapy)</li> <li>• Cardiovascular screenings</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy)</li> <li>• Depression screening</li> <li>• Diabetes screenings</li> <li>• HIV screening</li> </ul>

Benefits	Friday Health Plans Silver SV Plan (Cost)	Friday Health Plans Gold SV Plan (Cost)	Friday Health Plans Platinum SV Plan (Cost)
	<ul style="list-style-type: none"> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> <li>• Yearly “Wellness” visit</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<ul style="list-style-type: none"> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> <li>• Yearly “Wellness” visit</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<ul style="list-style-type: none"> <li>• Medical nutrition therapy services</li> <li>• Obesity screening and counseling</li> <li>• Prostate cancer screenings (PSA)</li> <li>• Sexually transmitted infections screening and counseling</li> <li>• Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)</li> <li>• Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots</li> <li>• “Welcome to Medicare” preventive visit (one-time)</li> <li>• Yearly “Wellness” visit</li> </ul> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
<b>Emergency Care</b>	<p>\$75 copay</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>	<p>\$75 copay</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>	<p>\$75 copay</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.</p>

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<b>Urgently Needed Services</b>	\$40 copay  If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services. See the “Inpatient Hospital Care” section of this booklet for other costs.	\$35 copay  If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services. See the “Inpatient Hospital Care” section of this booklet for other costs.	\$30 copay  If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services. See the “Inpatient Hospital Care” section of this booklet for other costs.
<b>Diagnostic Tests, Lab and Radiology Services, and X-Rays (Costs for these services may vary based on place of service)<sup>1,2</sup></b>	Diagnostic radiology services (such as MRIs, CT Scans): 20% of the cost  Diagnostic tests and procedures: You pay nothing  Lab services: You pay nothing  Outpatient x-rays: You pay nothing  Therapeutic radiology services (such as radiation treatment for cancer): 20% of the cost	Diagnostic radiology services (such as MRIs, CT scans): 20% of the cost  Diagnostic tests and procedures: You pay nothing  Lab services: You pay nothing  Outpatient x-rays: You pay nothing  Therapeutic radiology services (such as radiation treatment for cancer): 20% of the cost	Diagnostic radiology services (such as MRIs, CT scans): 20% of the cost  Diagnostic tests and procedures: You pay nothing  Lab services: You pay nothing  Outpatient x-rays: You pay nothing  Therapeutic radiology services (such as radiation treatment for cancer): 20% of the cost
<b>Hearing Services</b>	Exam to diagnose and treat hearing and balance issues: \$35 copay	Exam to diagnose and treat hearing and balance issues: \$30 copay	Exam to diagnose and treat hearing and balance issues: \$25 copay
<b>Dental Services</b>	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): 20% of the cost  Dental services: 50% of the cost for a single office visit that includes:	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): 20% of the cost  Dental services: 50% of the cost for a single office visit that includes:	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): 20% of the cost  Dental services: 50% of the cost for a single office visit that includes:



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	<p>Cleaning (for up to 1 every six months)</p> <p>Dental x-ray(s) (for up to 1 every year)</p> <p>Oral exam (for up to 1 every year)</p>	<p>Cleaning (for up to 1 every six months)</p> <p>Dental x-ray(s) (for up to 1 every year)</p> <p>Oral exam (for up to 1 every year)</p>	<p>Cleaning (for up to 1 every six months)</p> <p>Dental x-ray(s) (for up to 1 every year)</p> <p>Oral exam (for up to 1 every year)</p>
<b>Vision Services</b>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$35 copay</p> <p>Routine eye exam (for up to 1 every year): \$35 copay</p> <p>Eyeglasses (frames and lenses) (for up to 1 every two years): \$0 copay</p> <p>Eyeglasses or contact lenses after cataract surgery: You pay nothing</p> <p>Our plan pays up to \$55 every two years for eyeglasses (frames and lenses).</p> <p>\$0 copay means there is no copay for eyeglasses (frames and lenses), our plan only pays up to \$55 every two years for eyeglasses (frames and lenses). Anything over \$55 is member responsibility.</p>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$30 copay</p> <p>Routine eye exam (for up 1 every year): \$30 copay</p> <p>Eyeglasses (frames and lenses)(for up to 1 every two years): \$0 copay</p> <p>Eyeglasses or contact lenses after cataract surgery: You pay nothing</p> <p>Our plan pays up to \$55 every two years for eyeglasses (frames and lenses).</p> <p>\$0 copay means there is no copay for eyeglasses (frames and lenses), our plan only pays up to \$55 every two years for eyeglasses (frames and lenses). Anything over \$55 is member responsibility.</p>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): \$25 copay</p> <p>Routine eye exam (for up to 1 every year): \$25 copay</p> <p>Eyeglasses (frames and lenses) (for up to 1 every two years): \$0 copay</p> <p>Eyeglasses or contact lenses after cataract surgery: You pay nothing</p> <p>Our plan pays up to \$55 every two years for eyeglasses (frames and lenses).</p> <p>\$0 copay means there is no copay for eyeglasses (frames and lenses), our plan only pays up to \$55 every two years for eyeglasses (frames and lenses). Anything over \$55 is member responsibility.</p>

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<p><b>Mental Health Care<sup>1,2</sup></b></p>	<p>Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>	<p>Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>	<p>Inpatient visit: Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital</p> <p>The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p>

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	<ul style="list-style-type: none"> <li>\$1,175 copay per stay</li> </ul> Outpatient group therapy visit: \$40 copay Outpatient individual therapy visit: \$40 copay	<ul style="list-style-type: none"> <li>\$850 copay per stay</li> </ul> Outpatient group therapy visit: \$30 copay Outpatient individual therapy visit: \$30 copay	<ul style="list-style-type: none"> <li>\$750 copay per stay</li> </ul> Outpatient group therapy visit: \$25 copay Outpatient individual therapy visit: \$25 copay
<b>Skilled Nursing Facility (SNF)<sup>1,2</sup></b>	Our plan covers up to 100 days in a SNF. <ul style="list-style-type: none"> <li>You pay nothing per day for days 1 through 20</li> <li>\$164.50 copay per day for days 21 through 100</li> </ul>	Our plan covers up to 100 days in a SNF. <ul style="list-style-type: none"> <li>You pay nothing per day for days 1 through 20</li> <li>\$164.50 copay per day for days 21 through 100</li> </ul>	Our plan covers up to 100 days in a SNF. <ul style="list-style-type: none"> <li>You pay nothing per day for days 1 through 20</li> <li>\$164.50 copay per day for days 21 through 100</li> </ul>
<b>Outpatient Rehabilitation<sup>1,2</sup></b>	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$35 copay Occupational therapy visit: \$35 copay Physical therapy and speech and language therapy visit: \$35 copay	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$25 copay Occupational therapy visit: \$25 copay Physical therapy and speech and language therapy visit: \$25 copay	Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$20 copay Occupational therapy visit: \$20 copay Physical therapy and speech and language therapy visit: \$20 copay
<b>Ambulance<sup>1</sup></b>	\$150 copay If you are admitted to the hospital, you do not have to pay for the ambulance services.	\$150 copay If you are admitted to the hospital, you do not have to pay for the ambulance services.	\$150 copay If you are admitted to the hospital, you do not have to pay for the ambulance services.
<b>Transportation</b>	Not covered	Not covered	Not covered

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<b>Medicare Part B Drugs</b>	For Part B drugs such as chemotherapy drugs: 20% of the cost  Other Part B Drugs: 20% of the cost. Our plan does not cover Part D prescription drug.	For Part B drugs such as chemotherapy drugs: 20% of the cost  Other Part B Drugs: 20% of the cost. Our plan does not cover Part D prescription drug.	For Part B drugs such as chemotherapy drugs: 20% of the cost  Other Part B Drugs: 20% of the cost. Our plan does not cover Part D prescription drug.
<b>Acupuncture</b>	Not covered	Not covered	Not covered
<b>Chiropractic Care</b>	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 copay	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$15 copay	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$10 copay
<b>Diabetes Supplies and Services<sup>1</sup></b>	Diabetes monitoring supplies: 20% of the cost  Diabetes self-management training: You pay nothing  Therapeutic shoes or inserts: 20% of the cost  If the doctor provides you services in addition to Diabetes self-management training, separate cost sharing of \$35 to \$50 may apply.	Diabetes monitoring supplies: 20% of the cost  Diabetes self-management training: You pay nothing  Therapeutic shoes or inserts: 20% of the cost  If the doctor provides you services in addition to Diabetes self-management training, separate cost sharing of \$25 to \$40 may apply.	Diabetes monitoring supplies: 20% of the cost  Diabetes self-management training: You pay nothing  Therapeutic shoes or inserts: 20% of the cost  If the doctor provides you services in addition to Diabetes self-management training, separate cost sharing of \$20 to \$35 may apply.
<b>Durable Medical Equipment (<i>wheelchairs, oxygen, etc.</i>)<sup>1</sup></b>	20% of the cost	20% of the cost	20% of the cost

<b>Benefits</b>	<b>Friday Health Plans Silver SV Plan (Cost)</b>	<b>Friday Health Plans Gold SV Plan (Cost)</b>	<b>Friday Health Plans Platinum SV Plan (Cost)</b>
<b>Foot Care</b> ( <i>podiatry services</i> ) <sup>1,2</sup>	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$40 copay	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$35 copay	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$30 copay
<b>Home Health Care</b> <sup>1,2</sup>	\$25 copay	\$20 copay	\$15 copay
<b>Outpatient Substance Abuse</b> <sup>1,2</sup>	Group therapy visit: \$40 copay Individual therapy visit: \$40 copay	Group therapy visit: \$30 copay Individual therapy visit: \$30 copay	Group therapy visit: \$25 copay Individual therapy visit: \$25 copay
<b>Over-the-Counter Items</b>	Not Covered	Not covered	Not covered
<b>Prosthetic Devices</b> ( <i>braces, artificial limbs, etc.</i> ) <sup>1</sup>	Prosthetic devices: 20% of the cost Related medical supplies: 20% of the cost	Prosthetic devices: 20% of the cost Related medical supplies: 20% of the cost	Prosthetic devices: 20% of the cost Related medical supplies: 20% of the cost
<b>Renal Dialysis</b> <sup>1,2</sup>	20% of the cost	20% of the cost	20% of the cost
<b>Hospice</b>	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.

## Additional Benefit Information Regarding Friday Health Plans

### **Skilled Nursing Facility (SNF)**

If you do not want to pay Original Medicare deductibles and coinsurance amounts when you go to out-of-network providers, you must get prior authorization from Friday Health Plans (except for urgent or emergency services). If you don't have a prior authorization before you receive services from an out-of-network provider (except for urgent or emergency services), you will have to pay the Original Medicare out-of-pocket amounts.

### **Hospice**

When you enroll in a Medicare-certified hospice program, your hospice services and your Part A and Part B services related to your terminal condition are paid for by Original Medicare. Friday Health Plans covers hospice consultation services (one time only) for a terminally ill person who hasn't yet elected the hospice benefit.

### **Doctor Office Visits**

Copay or coinsurance will be determined by the level of service being provided by the health care professional (i.e. if the service is an office visit, a copay will be assessed; if additional procedures are done in the office, a 20% coinsurance could apply in addition to the office copay).

### **Outpatient Rehabilitation Services**

Original Medicare imposed financial therapy caps for 2017 (which are subject to change for 2018):

- \$1980 for Occupational Therapy services.
- \$1980 for combined services for Physical Therapy and Speech-Language Pathology services.

Friday Health Plans will limit therapy in a similar manner.



**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at [1-800-475-8466]. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al [1-800-475-8466]. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:**

我們提供免費的翻譯服務，幫助您解答關於健康或藥物保險的任何疑問。如果您需要此翻譯服務，請致電1-800-475-8466。我們的中文工作人員很樂意幫助您。這是一項免費服務。

**Chinese Cantonese:**

您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-475-8466。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa [1-800-475-8466]. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au [1-800-475-8466]. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi [1-800-475-8466] sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter [1-800-475-8466]. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 [1-800-475-8466]번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону [1-800-475-8466]. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على بمساعدتك. هذه مترجم فوري، ليس عليك سوى الاتصال بنا على [6648-574-008-1]. سيقوم شخص ما يتحدث العربية خدمة مجانية.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero [1-800-475-8466]. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número [1-800-475-8466]. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan [1-800-475-8466]. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer [1-800-475-8466]. Ta usługa jest bezpłatna.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें [1-800-475-8466] पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、[1-800-475-8466]にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。





Friday Health Plans is a Cost plan with a Medicare contract.

Enrollment in Friday Health Plans depends on contract renewal.

The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan.

Limitations, copayments, and restrictions may apply.

Benefits, premium, co-payments or co-insurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium.

This information is available for free in other languages. Please call our customer service number at 719-589-3696 if calling from within the San Luis Valley or at 1-800-475-8466 if calling from outside the San Luis Valley. Deaf or Hearing Impaired using a TTY may call 1-800-659-2656,

Monday – Friday, 8:00 am to 8:00 pm.

Esta información está disponible gratis en otros idiomas. Por favor llame a nuestro número de servicio al cliente al 719-589-3696 si llama desde dentro del Valle de San Luis o al 1-800-475-8466 si llama desde fuera del Valle de San Luis. Sordos o con discapacidad auditiva utilizando un TTY pueden llamar al 1-800-659-2656.