

## 2018 Small Group Health Plans

Like the best day of the week, Friday Health Plans gives you and your employees coverage you can count on. Formerly Colorado Choice Health Plans, Friday has kept the best and enhanced service offerings for 2018.

### Personal Customer Service Right Here in Colorado

Friday Health Plans has award-winning customer service representatives at our main office in Alamosa, Colorado. They're here to help with clear, concise answers to Friday members' questions and concerns. Our track record of prompt, accurate claims payment means your employees will have the peace of mind they deserve from a health insurance partner.

### We're Here for You, Wherever You are in Colorado

The Friday Health Plans physician and medical facility network gives your employees in-network health care services as close to home as possible. From rural communities and across the Front Range, Friday has strong provider networks to keep employees and their families healthy. Visit the Group section of the Friday website to see the entire list of medical providers and facilities at [fridayhealthplans.com](http://fridayhealthplans.com)

### Preventive Care Included

All of Friday's health plans include preventive care at no cost to members. Annual well exams for women, men and children are completely covered, as are ACA recommended tests.

### Annual Vision Exam Included

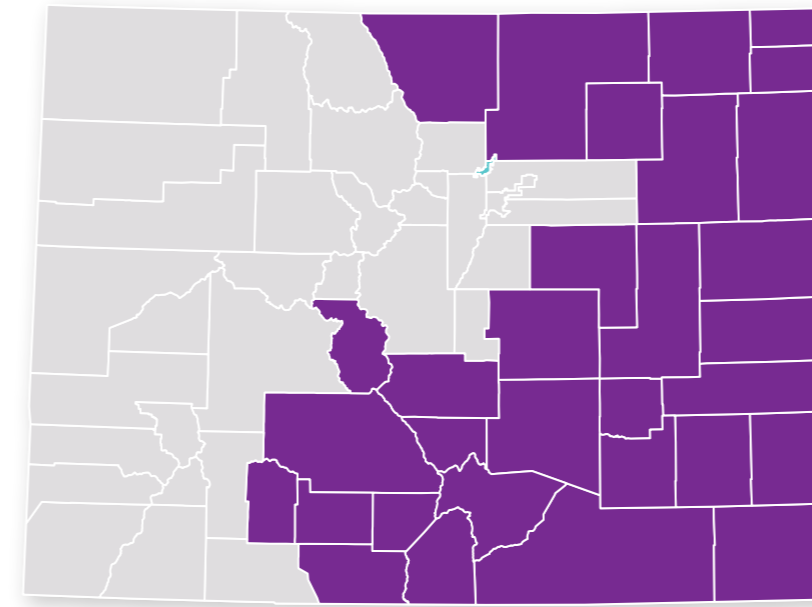
Members receive one free vision exam per year through a VSP provider. Visit [vsp.com](http://vsp.com) for a list of providers near you.

### 24/7 Access to Your Health Plan

Your employees can access their health plan details through the Friday Member Portal. They can track claims, download new ID cards, check if doctors and facilities are in network, review prescription coverage and other details of their health plan. Visit [fridayhealthplans.com](http://fridayhealthplans.com) to sign up for your personalized Member Portal.

## Friday Health Plans Group Coverage Map

- |              |              |
|--------------|--------------|
| Alamosa •    | Las Animas • |
| Baca •       | Lincoln •    |
| Bent •       | Logan •      |
| Chaffee •    | Mineral •    |
| Cheyenne •   | Morgan •     |
| Conejos •    | Otero •      |
| Costilla •   | Phillips •   |
| Crowley •    | Prowers •    |
| Custer •     | Pueblo •     |
| Elbert •     | Rio Grande • |
| El Paso •    | Saguache •   |
| Fremont •    | Sedgwick •   |
| Huerfano •   | Washington • |
| Kiowa •      | Weld •       |
| Kit Carson • | Yuma •       |
| Larimer •    |              |



## Questions?

Contact your broker or call us at 800-475-8466.  
[fridayhealthplans.com](http://fridayhealthplans.com)



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This document provides a brief overview of the benefits offered under this Friday Health Plans Policy. Full information is available in the Certificate of Coverage. To request a copy of the Certificate of Coverage, call your insurance broker for more information or visit [fridayhealthplans.com](http://fridayhealthplans.com)

All products and services are provided through Friday Health Plans of Colorado, Inc., a wholly owned subsidiary of Friday Health Plans, Inc. The Friday name, logo and other Friday marks are owned by Friday Health Plans, Inc. 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.

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# 2018

## SMALL GROUP HEALTH PLANS

Benefits Summary



# Using Your Friday Health Plan

## Know Your Plan

Before you use your health plan, make sure you understand how your Benefits work. Visit your Friday Member Portal for details on your Benefits, doctor and hospital networks and prescription drug coverage. Your Evidence of Coverage and Summary of Benefits and Coverage can also be found on your Friday Member Portal. For additional guidance and information be sure to reach out to your Benefits administrator or call us at 800-475-8466.

## Primary Care Office Visits

When you see your doctor, your plan may have a copay for the visit. That copay only covers the office visit. If additional tests or procedures are performed during the visit, those costs may be subject to the annual deductible and coinsurance. Friday Health Plans requires you to select a primary care physician. This helps you develop a relationship with that doctor who can monitor your long-term health. The doctor can also provide potentially life-saving information in case you have a medical emergency. To select a primary care doctor, visit your Friday Member Portal at [fridayhealthplans.com](http://fridayhealthplans.com), or call us 800-475-8466.

## Specialist Office Visits

Your coverage allows you to visit any physician specialist in the Friday Health Plans' provider network without a referral from your primary care physician. You may schedule your own appointment directly with the specialist. However, some specialists may require information from your primary care physician before allowing you to schedule a visit.

## Emergency and Urgent Care

With Friday Health Plans, you're covered in case of medical emergency wherever you are. Always call 911 or head to the nearest emergency room if you're experiencing a life-threatening emergency, and you'll be covered. You will also be covered at in-network rates for urgent care visits if you're outside the Friday network area.

## Prior Authorizations

Certain services and procedures covered under your health plan require a pre-authorization. Many of these services are more advanced diagnostic procedures, such as MRIs, CT scans, PET screening, biopsies and others. If the service is a non-emergency procedure, prior-authorization is required. Your provider should complete the preauthorization on your behalf and you will be notified when this pre-authorization has been approved. If procedures are conducted without necessary prior-authorization, they may not be covered.

# Small Group Health Plan Benefits Summary

In-network benefits only; no out-of-network benefits\*



	FRIDAY CHOICE	FRIDAY BRONZE		FRIDAY SILVER			FRIDAY GOLD	
	VALUE CHOICE 100	BRONZE SIMPLE HSA	BRONZE BASIC	SILVER HSA	SILVER	SILVER BASIC	GOLD	GOLD BASIC
Deductible (Family x2)	\$7,350	\$6,650	\$5,500	\$3,000	\$3,500	\$2,500	\$1,600	\$500
Max Out of Pocket (Family x2)	\$7,350	\$6,650	\$7,350	\$6,550	\$7,350	\$7,350	\$6,500	\$6,500
Annual Wellness Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visits	3 free, then \$0 after Deductible	\$0 after Deductible	50% after Deductible	30% after Deductible	\$30 Copay	\$20 Copay	3 free, then 20% after Deductible	3 free, then 20% after Deductible
Specialist	\$0 after Deductible	\$0 after Deductible	50% after Deductible	30% after Deductible	\$75 Copay	\$40 Copay	20% Coinsurance after Deductible	20% after Deductible
Behavioral Health (Office Visit)	\$0 after Deductible	\$0 after Deductible	50% after Deductible	30% after Deductible	\$30 Copay	\$20 Copay	20% Coinsurance after Deductible	20% after Deductible
Urgent Care	\$0 after Deductible	\$0 after Deductible	\$75 Copay, Deductible Waived	\$75 Copay, after Deductible	\$75 Copay, Deductible Waived	\$75 Copay, Deductible Waived	\$75 Copay, Deductible Waived	\$75 Copay, Deductible Waived
Emergency Room	\$0 after Deductible	\$0 after Deductible	50% after Deductible	30% after Deductible	50% after Deductible	50% after Deductible	50% after Deductible	50% after Deductible
Hospital Facility	\$0 after Deductible	\$0 after Deductible	50% after Deductible	30% after Deductible	30% after Deductible	50% after Deductible	20% after Deductible	20% after Deductible
X-ray and Diagnostic Imaging	\$0 after Deductible	\$0 after Deductible	50% after Deductible	30% after Deductible	30% after Deductible	50% after Deductible	20% after Deductible	20% after Deductible
Telehealth	\$0 after Deductible	\$0 after Deductible	50% after Deductible	30% after Deductible	\$45 Copay	\$45 Copay	20% after Deductible	20% after Deductible
Annual Vision Exam	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>DRUGS</b>	<b>VALUE CHOICE 100</b>	<b>BRONZE SIMPLE HSA</b>	<b>BRONZE BASIC</b>	<b>SILVER HSA</b>	<b>SILVER</b>	<b>SILVER BASIC</b>	<b>GOLD</b>	<b>GOLD BASIC</b>
Preventive ACA Drugs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Generic	\$0 after Deductible	\$0 after Deductible	\$15 Copay	\$15 Copay after Deductible	\$15 Copay	\$15 Copay	\$0	\$0
Brand	\$0 after Deductible	\$0 after Deductible	\$75 Copay	30% after Deductible	\$75 Copay after \$500 Rx Deductible	\$75 Copay	20% Coinsurance after Deductible	Up to \$540 Copay
Non-preferred Brand	\$0 after Deductible	\$0 after Deductible	\$120 Copay	30% after Deductible	\$120 Copay after \$500 Rx Deductible	\$120 Copay	50% Coinsurance after Deductible	Up to \$540 Copay
Specialty	\$0 after Deductible	\$0 after Deductible	Up to \$610 Copay	50% after Deductible	50% Coinsurance after Deductible	Up to \$610 Copay	50% Coinsurance after Deductible	Up to \$540 Copay

\*Except in case of medical emergency.