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2018

SMALL GROUP HEALTH PLANS

Benefits Summary

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

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Mktg_SMGRP_OVERVIEW_V2_11/29/17



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
DRUGS	VALUE CHOICE 100	BRONZE SIMPLE HSA	BRONZE BASIC	SILVER HSA	SILVER	SILVER BASIC	GOLD	GOLD BASIC
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.