

# 2019 Summary of Benefits

## Friday Health Plans of Colorado

H0657, Plans 008 and 009

January 1, 2019 - December 31, 2019.



**Friday Health Plans of Colorado** is a Medicare Cost plan with a Medicare contract. Enrollment in the Plan depends on contract Renewal.

The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please view the Evidence of Coverage online at [www.fridayhealthplans.com](http://www.fridayhealthplans.com) or call us to request the “Evidence of Coverage.”

To join **Friday Health Plans of Colorado (Cost)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Colorado: Bent, Chaffee, Crowley, Custer, Fremont, Huerfano, Las Animas, Otero, Prowers, and Yuma.

Except in emergency situations, if you use the providers that are not in our network, we may not pay for those services.

For coverage and costs of Original Medicare, look in your current “**Medicare & You**” handbook. View it online at [www.medicare.gov](http://www.medicare.gov) or get a copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille, large print or audio.

For more information, please call us at 1-800-475-8466. (TTY users should call 1-800-659-2656), customer service hours are 8:00 am to 8:00 pm, 7 days a week, October 1 – March 31, and 8:00 am to 8:00 pm, Monday through Friday April 1 – September 30.

Premiums and Benefits Note: Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.	Friday Health Plans Silver Plan (Cost)	Friday Health Plans Gold Plan (Cost)
Monthly Plan Premium	You pay \$45 You must continue to pay your Medicare Part B premium.	You pay \$50 You must continue to pay your Medicare Part B premium.
Deductible	No deductible	No deductible
Maximum Out-of-Pocket Responsibility ( <i>does not include prescription drugs</i> )	You pay no more than \$6,700 annually Includes copays and other costs for medical services for the year.	You pay no more than \$6,700 annually Includes copays and other costs for medical services for the year.
Inpatient Hospital <sup>1,2</sup>	You pay \$1,175 copay per stay	You pay \$850 copay per stay

<b>Premiums and Benefits</b> <b>Note: Services with a <sup>1</sup> may require prior authorization. Services with a <sup>2</sup> may require a referral from your doctor.</b>	<b>Friday Health Plans Silver Plan (Cost)</b>	<b>Friday Health Plans Gold Plan (Cost)</b>
Outpatient Hospital <sup>1,2</sup>	You pay \$300	You pay \$300
<b>Doctor Visits</b> <ul style="list-style-type: none"> <li>○ Primary</li> <li>○ Specialists<sup>2</sup></li> </ul>	You pay \$35 You pay \$50 Prior authorization is required for specialist visits.	You pay \$25 You pay \$40 Prior authorization is required for specialist visits.
<b>Preventive Care<sup>1</sup></b> (e.g., flu vaccine, diabetic screenings)	You pay nothing Other preventive services are available. There are some covered services that have a cost.	You pay nothing Other preventive services are available. There are some covered services that have a cost.
<b>Emergency Care</b>	You pay \$75 per visit If you are admitted to the hospital within 24 hours, then you do not have to pay \$75.	You pay \$75 per visit If you are admitted to the hospital within 24 hours, then you do not have to pay \$75.
<b>Urgently Needed Services</b>	You pay \$40 per visit	You pay \$35 per visit
<b>Diagnostic Services/Labs/Imaging<sup>1,2</sup></b> <b>Diagnostic tests and procedures</b> <ul style="list-style-type: none"> <li>○ Lab services</li> <li>○ MRI, CAT Scan</li> <li>○ X-Rays</li> </ul>	You pay nothing  You pay 20% of the cost  You pay nothing Prior authorization is required for some services.	You pay nothing  You pay 20% of the cost  You pay nothing Prior authorization is required for some services.
<b>Hearing Services</b> Exam to diagnose and treat hearing and balance issues	You pay \$35	You pay \$30
<b>Dental Services</b> <ul style="list-style-type: none"> <li>○ Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)</li> </ul>	You pay 20% of the cost	You pay 20% of the cost

