



BENEFITS SUMMARY

2020

Small Group Health Plans

Small Group Health Plans Benefits Overview

In-network benefits only; no out-of-network coverage, except in medical emergencies.



| Plans/Visits | BRONZE HSA | BRONZE RX COPAY | SILVER HSA | SILVER | SILVER RX COPAY | GOLD | GOLD RX COPAY |
|---------------------------------------|----------------------|--|-----------------------------|--|----------------------|--|----------------------|
| Individual Deductible / Family | \$6,900 / \$13,800 | \$8,150 / \$16,300 | \$3,250 / \$6,500 | \$4,900 / \$9,800 | \$4,650 / \$9,300 | \$1,875 / \$3,750 | \$500 / \$1,000 |
| Individual Max Out of Pocket / Family | \$6,900 / \$13,800 | \$8,150 / \$16,300 | \$6,750 / \$13,500 | \$8,150 / \$16,300 | \$8,150 / \$16,300 | \$7,500 / \$15,000 | \$7,500 / \$15,000 |
| Annual Wellness Visit | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Primary Care Visit | \$0 after Deductible | 3 visits at \$0, then \$0 after Deductible | 30% after Deductible | 3 visits at \$0, then 20% after Deductible | \$40 Copay | 3 visits at \$0, then 20% after Deductible | \$20 Copay |
| Specialist Visit | \$0 after Deductible | \$0 after Deductible | 30% after Deductible | 20% after Deductible | \$80 Copay | 20% after Deductible | \$40 Copay |
| Teladoc* | \$45 Flat Fee | \$45 Flat Fee | \$45 Flat Fee | \$45 Flat Fee | \$45 Flat Fee | \$45 Flat Fee | \$45 Flat Fee |
| Annual Vision Exam | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Urgent Care Visit | \$0 after Deductible | \$75 Copay | \$75 Copay after Deductible | \$75 Copay | \$75 Copay | \$75 Copay | \$75 Copay |
| Behavioral Health Visit | \$0 after Deductible | \$0 after Deductible | 30% after Deductible | 20% after Deductible | \$40 Copay | 20% after Deductible | \$20 Copay |
| X-ray and Imaging | \$0 after Deductible | \$0 after Deductible | 30% after Deductible | 20% after Deductible | 20% after Deductible | 20% after Deductible | 20% after Deductible |
| Inpatient Stay | \$0 after Deductible | \$0 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 | 50% after Deductible | 50% after Deductible | 50% after Deductible | 50% after Deductible | 50% after Deductible |
| Drugs | BRONZE HSA | BRONZE RX COPAY | SILVER HSA | SILVER | SILVER RX COPAY | GOLD | GOLD RX COPAY |
| Preventive ACA Drugs | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| Preferred Generic | \$0 after Deductible | \$0 | \$0 after Deductible | \$0 | \$0 | \$0 | \$0 |
| Preferred Brand | \$0 after Deductible | Up to \$250 Copay | 30% after Deductible | 20% after Deductible | Up to \$250 Copay | 20% after Deductible | Up to \$250 Copay |
| Non-Preferred Generic / Brand | \$0 after Deductible | Up to \$350 Copay | 50% after Deductible | 50% after Deductible | Up to \$350 Copay | 50% after Deductible | Up to \$350 Copay |
| Specialty Drugs | \$0 after Deductible | Up to \$675 Copay | 45% after Deductible | 45% after Deductible | Up to \$675 Copay | 45% after Deductible | Up to \$625 Copay |

*Teladoc is a value-added service, does not apply toward deductible or max out-of-pocket.

Using your Friday Health Plan

Convenient Care. Around the clock.



Urgent care clinic visits

\$75 copay for Bronze, Silver and Gold plans (\$0 after deductible for Bronze HSA, \$75 copay after deductible for Silver HSA)



Teladoc services

Reach a doctor 24/7 from your phone or computer, wherever you are, \$45 flat fee



DispatchHealth

Urgent care that comes to you (limited geographic availability)



Online Mental Health Visits

Access a licensed counselor through secure video or chat with Start Talking

We're here to help **800.475.8466**

@fridayhealthplans.com

CONNECT WITH US



This document provides a brief overview of the benefits offered under this Friday Health Plans Policy. Full information is available in the Evidence of Coverage. To request a copy of the Evidence of Coverage, call **800.475.8466** or visit **fridayhealthplans.com**.

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