

2020 Summary of Benefits

Friday Health Plans of Colorado

H0657, Plans 005 and 006 – San Luis Valley

January 1, 2020 - December 31, 2020.



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 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: Alamosa, Conejos, Costilla Mineral, Rio Grande, and Saguache

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 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 ¹ may require prior authorization. Services with a ² may require a referral from your doctor.	Friday Health Plans Silver SV Plan (Cost)	Friday Health Plans Gold SV Plan (Cost)
Monthly Plan Premium	You pay \$45 You must continue to pay your Medicare Part B premium.	You pay \$55 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 ^{1,2}	You pay \$1,175 copay per stay	You pay \$850 copay per stay

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Outpatient Hospital ^{1,2}	You pay \$300	You pay \$300
Doctor Visits <ul style="list-style-type: none"> ○ Primary ○ Specialists² 	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.
Preventive Care¹ (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.
Emergency Care	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.
Urgently Needed Services	You pay \$40 per visit	You pay \$35 per visit
Diagnostic Services/Labs/Imaging^{1,2} Diagnostic tests and procedures <ul style="list-style-type: none"> ○ Lab services ○ MRI, CAT Scan ○ X-Rays 	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.
Hearing Services Exam to diagnose and treat hearing and balance issues	You pay \$35	You pay \$35
Dental Services <ul style="list-style-type: none"> ○ Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth) ○ Dental services-single office visit that includes: Cleaning (for up to 1 every six months); Dental x-ray(s) (for up to 1 every year); Oral exam (for up to 1 every year) 	You pay 20% of the cost 50% of the cost	You pay 20% of the cost 50% of the cost

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Vision Services <ul style="list-style-type: none"> ○ Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) ○ Routine eye exam (for up to 1 every year) ○ Eyeglasses (frames and lenses) (for up to 1 every two years) ○ Eyeglasses or contact lenses after cataract surgery 	<p>\$35 copay</p> <p>\$35 copay</p> <p>\$0 copay (\$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>You pay nothing</p>	<p>\$30 copay</p> <p>\$30 copay</p> <p>\$0 copay (\$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>You pay nothing</p>
Mental Health Services ^{1,2} <ul style="list-style-type: none"> ○ Outpatient group therapy/ individual therapy visit 	<p>\$40 copay</p>	<p>\$30 copay</p>
Skilled Nursing Facility ^{1,2} <ul style="list-style-type: none"> ○ Our plan covers up to 100 days in a SNF. 	<p>You pay nothing for days 1 through 20</p> <p>You pay \$164.50 copay per day for days 21 through 100</p>	<p>You pay nothing for days 1 through 20</p> <p>You pay \$164.50 copay per day for days 21 through 100</p>
Physical Therapy ^{1,2}	<p>You pay \$35</p>	<p>You pay \$25</p>
Ambulance¹	<p>You pay \$150</p>	<p>You pay \$150</p>
Transportation	<p>Not covered</p>	<p>Not covered</p>
Medicare Part B Drugs	<p>20% of the cost for chemotherapy drugs</p> <p>20% of the cost for other Part B drugs</p>	<p>20% of the cost for chemotherapy drugs</p> <p>20% of the cost for other Part B drugs</p>

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-800-475-8466, TTY 1-800-659-2656, from 8:00 am to 8:00 pm, 7 days a week, Oct 1 – March 31 and 8:00 am to 8:00 pm, Monday through Friday, April 1 – Sep 30.

ATENCIÓN: Si habla español, los servicios de asistencia con el idioma, de forma gratuita, están disponibles para usted. Llame a nuestro número de servicio al cliente al 1-800-475-8466, TTY 1-800-659-2656 de 8:00 am a 8:00 pm, los 7 días de la semana, Oct 1 – Marzo 31, y 8:00 am a 8:00 pm, de Lunes a Viernes, Abril 1 – Sep 30.