

Summary of benefits

For beneficiaries whose sponsor joined the uniformed services before January 1, 2018



	Active-Duty Family Members and/or those with Medicare Part B	Retirees and Family Members without Medicare Part B
2018 Plan Year Annual Enrollment Fee	\$0	\$289.08/individual \$578.16/family
Covered Services – When provided or authorized by a network provider		
Preventive care visit Including: Annual physical (all ages) Annual comprehensive GYN exams Prenatal/postnatal visits Routine eye exam Well-child visits/immunizations (up to 24 mos.)	\$0	\$0
Primary care outpatient visit (non-preventive)	\$0	\$20
Specialty care outpatient visit Including: Physical/occupational/rehabilitation therapy Radiation therapy/chemotherapy	\$0	\$30
Lab work and diagnostic radiology	\$0	\$0
Emergency room visit (network or non-network)	\$0	\$60
Ambulance service	\$0	\$40
Urgent care center	\$0	\$30
Inpatient hospitalization (including maternity)	\$0	\$150/admission
Ambulatory surgery	\$0	\$60
Chiropractic (spinal manipulation) Not covered under other TRICARE options	\$0	\$30
Home health care	\$0	\$0
Skilled nursing facility care	\$0	\$30/day
Durable medical equipment (supplies, prostheses)	\$0	20% of allowable charge

	Active-Duty Family Members and/or those with Medicare Part B	Retirees and Family Members without Medicare Part B
Mental Health – When provided or authorized by a network provider		
Outpatient visits	\$0	\$30
Partial hospitalization mental health/substance abuse	\$0	\$30/visit
Inpatient hospitalization mental health/substance abuse	\$0	\$150/admission

Prescription Coverage		
Home Delivery Maintenance medications (90-day supply)	Copayment (per prescription)	
Generic	\$7	\$7
Brand-name	\$24	\$24
Non-formulary	\$53	\$53
Retail Pharmacy One-time or urgent medications (30-day supply)	Copayment (per prescription)	
Generic	\$11	\$11
Brand-name	\$28	\$28
Non-formulary	\$53	\$53

Catastrophic cap: Your copayment expenses are limited to \$1,000 per year for active-duty families and \$3,000 per year for retiree families. All out-of-pocket copayments (except Point of Service) are included when determining the catastrophic cap.

Deductibles: Covered services provided by or authorized by network providers are not subject to a deductible amount.

Enrollment fee: This fee may increase annually. The benefits and costs described here are accurate as of February 1, 2018.

Important: Beneficiaries whose sponsor joined the uniformed services on/or after January 1, 2018 have different costs. Please call Member Services at **1.800.818.8589** for more information.

Point of Service (POS) option: This option provides limited coverage for unauthorized, non-emergency services delivered by providers outside of the US Family Health Plan network. In order for the coverage to apply, the care that is provided must be a TRICARE-covered benefit. Out-of-pocket costs under this option are high: 50 percent of the TRICARE-allowable charge after a deductible of \$300 per individual and \$600 per family per plan year, plus additional provider charges if you see a non-network provider. POS charges are not subject to the catastrophic cap. So be sure to get your care within our network whenever possible.

This summary is not all-inclusive. Call Member Services at **1.800.818.8589** for complete details of benefit coverage and exclusions. The benefits and costs described here are accurate as of February 1, 2018, but are subject to change by the government.

Interested?

Call **1.888.815.5510** or go to **usfamilyhealth.org** to learn more about US Family Health Plan or enroll.

