

# Summary of benefits

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



	<b>Active-Duty Family Members and/or those with Medicare Part B</b>	<b>Retirees and Family Members without Medicare Part B</b>
<b>2022 Plan Year Annual Enrollment Fee</b>	<b>\$0</b>	<b>\$323/individual \$647/family</b>
<b>Covered Services – When provided or authorized by a network provider</b>		
	<b>Copayment</b>	
<b>Preventive care visit, including:</b> Annual physical (all ages) Annual comprehensive GYN exams Prenatal/postnatal visits Routine eye exam Well-child visits/immunizations (up to 24 mos.)	\$0	\$0
<b>Primary care outpatient visit</b> (non-preventive)	\$0	\$22
<b>Specialty care outpatient visit, including:</b> Physical/occupational/rehabilitation therapy Radiation therapy/chemotherapy	\$0	\$33
<b>Lab work and diagnostic radiology</b>	\$0	\$0
<b>Emergency room visit</b> (network or non-network)	\$0	\$67
<b>Ambulance service</b> (outpatient ground)	\$0	\$44
<b>Ambulance service</b> (outpatient air)	\$0	\$20
<b>Urgent care center</b>	\$0	\$33
<b>Inpatient hospitalization</b> (including maternity)	\$0	\$168/admission
<b>Ambulatory surgery</b>	\$0	\$67
<b>Chiropractic</b> (spinal manipulation) Not covered under other TRICARE options	\$0	\$33
<b>Skilled nursing facility care</b>	\$0	\$33/day
<b>Durable medical equipment</b> (supplies, prostheses)	\$0	20% of allowable charge

	<b>Active-Duty Family Members and/or those with Medicare Part B</b>	<b>Retirees and Family Members without Medicare Part B</b>
<b>Mental Health – When provided or authorized by a network provider</b>		
<b>Outpatient visits</b>	\$0	\$33
<b>Partial hospitalization</b> mental health/substance abuse	\$0	\$33/visit
<b>Inpatient hospitalization</b> mental health/substance abuse	\$0	\$168/admission

<b>Prescription Coverage</b>		
Home Delivery Maintenance medications (90-day supply)	Copayment (per prescription)	
<b>Generic</b>	\$12	\$12
<b>Brand-name</b>	\$34	\$34
<b>Non-formulary</b>	\$68	\$68
Retail Pharmacy One-time or urgent medications (30-day supply)	Copayment (per prescription)	
<b>Generic</b>	\$14	\$14
<b>Brand-name</b>	\$38	\$38
<b>Non-formulary</b>	\$68	\$68

**Catastrophic cap:** Your copayment expenses are limited to \$1,000 per year for active-duty families and \$3,000 per year for retiree families. The enrollment fee (if applicable) and 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.

**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 January 1, 2022, 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.

