

2018 SUMMARY OF BENEFITS

EFFECTIVE JANUARY 1, 2018

This table summarizes the services covered by the Martin's Point US Family Health Plan when they are received in network and provided or preauthorized by your primary care provider (PCP). All visits to specialists and hospital admissions must be arranged by your PCP, except in medical emergencies. Copayments are due when services are received.



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COVERED SERVICES	Active-Duty Family or Members with Medicare COPAYMENT	Retiree, Survivor, and Family Member COPAYMENT
Primary Care Provider (PCP) Office Visits	No copayment	\$20 per visit
Specialty Office Visits <i>When referred by your PCP</i>	No copayment	\$30 per visit
X-rays and Lab Tests	No copayment	No copayment
Emergency Ambulance Services <i>Benefit limitations apply</i>	No copayment	\$40 per occurrence
Home Health Care <i>Occupational/physical therapy, skilled nursing, speech therapy</i>	No copayment	\$30 per visit
Emergency Room Visits	No copayment	\$60 per visit (waived if admitted)
Maternity Services <i>Hospital and professional services (prenatal, postnatal), with pre-authorization as medically necessary</i>	No copayment	\$150 per admission, no separate copayment for separately billed professional charges
Ambulatory Surgery	No copayment	\$60 per procedure
Prosthetic Devices and Durable Medical Equipment and Supplies	No copayment	20% of the fee negotiated by Martin's Point Health Care
Mental Health Services: <i>Outpatient Individual/Outpatient Group</i>	No copayment	\$30 per visit
Mental Illness and Substance Abuse Treatment <i>Inpatient (must be preauthorized and is subject to annual limitations)</i>	No copayment	\$150 per admission, no separate copayment for separately billed professional charges
Prescription Drugs (effective 2/1/2018) <i>(formulary generic/formulary brand-name/nonformulary)</i>	Retail (up to 30-day supply): \$11/\$28/\$53 Martin's Point On-Site or Mail-Order Pharmacy (up to 90-day supply): \$7/\$24/\$53	
Inpatient (Hospitalization) <i>Semi-private room, general nursing and hospital services, meals, drugs, labs, operating room and anesthesia services, X-rays, blood, etc., with preauthorization as medically necessary</i>	No copayment	\$150 per admission
Skilled Nursing Facility Care <i>Semi-private room, nursing services, meals/special diets, rehabilitative therapies, drugs, supplies, and appliances furnished by the facility, with preauthorization as medically necessary</i>	No copayment	\$30 per day

POINT OF SERVICE BENEFIT	Active-Duty Family or Members with Medicare	Retiree, Survivor, and Family Member
Point of Service <i>Non-emergency or non-urgent care received out of network without preauthorization</i>	Deductible Individual: \$300 per year Family: \$600 per year Coinsurance 50% of TRICARE allowable charge (after deductible)	Deductible Individual: \$300 per year Family: \$600 per year Coinsurance 50% of TRICARE allowable charge (after deductible)

This information is being supplied for summary purposes only. All covered benefits are specified in the TRICARE Policy Manual 6010.57-M and are subject to change.

Exclusions:

The Martin's Point US Family Health Plan does not provide coverage for:

- Services provided and charges incurred prior to the effective date of coverage as a member of the US Family Health Plan
- Routine dental care and dental X-rays
- Services provided and charges incurred after the termination date of coverage as a member of the US Family Health Plan
- Services not referred by and drugs not prescribed by your PCP or the specialist to whom you were referred and preauthorized to see
- Routine preventive services performed outside of the network
- Services not considered medically necessary for your diagnosis and treatment
- Unproven treatments, except Department of Defense (DoD)/National Cancer Institute (NCI) Cancer Prevention and Treatment Clinical Trials Demonstration
- Any mental health or substance abuse services denied or not preauthorized by the Behavioral HealthCare Program
- Any services provided for employment, licensing, paternity determination, immigration, elective travel, or other administrative reasons (for example, school or college programs)
- Cosmetic, plastic, and reconstructive surgery not related to a covered medical condition
- Custodial and long-term care

This list is not exhaustive. For more information, call 1-888-241-4556 or download the Martin's Point US Family Health Plan member handbook at MartinsPoint.com/TRICARE.



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