

Point of Service – Your TRICARE Prime® Out-of-Network Benefit

Choosing to use out-of-network providers when in-network providers are available

What is the Point-of-Service benefit?

- Point of Service is the name given to the TRICARE Prime Out-of-Network benefit
- **At an additional cost**, you can **choose** to receive non-emergent, medically necessary care from any out-of-network, TRICARE-authorized provider even though an in-network provider/facility is available
- REFERRAL from PCP not needed
- AUTHORIZATION from Martin’s Point US Family Health Plan may be needed, depending on the service

What’s my “additional” cost?

DEDUCTIBLE

OUTPATIENT SERVICES ONLY: You will pay a \$300 (individual) or \$600 (family) DEDUCTIBLE for outpatient services per fiscal year (January 1 – December 31).

COST SHARE

INPATIENT AND OUTPATIENT SERVICES: You will pay a cost share of 50% of the TRICARE Maximum Allowable Charge for services rendered.

ADDITIONAL CHARGES

INPATIENT AND OUTPATIENT SERVICES: An out-of-network provider may also “balance bill” you for an additional 15% of the TRICARE Maximum Allowable Charge. ***If your provider does not accept Medicare or TRICARE, you may be responsible for the total cost of services.***

Example (outpatient service):

Provider charge (how much the doctor bills)	\$2,000
TRICARE Maximum Allowable Charge (the amount TRICARE allows us to pay)	\$1,000
YOU PAY: Outpatient Service Individual DEDUCTIBLE (amount you pay out of your pocket each fiscal year before the Plan begins to share costs)	\$300
Balance (TRICARE Maximum Allowable Charge minus your deductible)	\$700 (\$1000 – \$300)
YOU PAY: Point of Service cost-share	\$350 (50% of \$700 balance)
PLAN PAYS: Point of Service cost share	\$350 (50% of \$700 balance)
YOU PAY: The provider may “balance bill” you for an additional 15% of the TRICARE Maximum Allowable Charge	\$150 (15% of \$1000)
YOU PAY: Total member out-of-pocket cost	\$800

Is that all I’ll have to pay?

- You may be subject to the additional 15% “balance billing”
- If the provider does not participate at all with Medicare or TRICARE, you could be responsible for the entire bill.
- Does not apply to your out-of-pocket maximum – no limit on your potential out of pocket costs.

Can I appeal if I don't agree that a service should be covered at the Point-of-Service level?

- Per TRICARE, Point-of-Service determinations are not appealable.

Does the Point-of-Service benefit always apply if I see an out-of-network provider?

Point-of-Service benefit does NOT apply to:

- Care received by newborns and adopted children during the first 90 days after birth or adoption
- Urgent and emergency care
- Radiology
- Pathology
- Anesthesiology, while inpatient
- If you have other primary health insurance
- If the care you seek is not part of the TRICARE benefit or determined not to be medically necessary

Additionally, Zostavax vaccine, non-emergent ambulance, diagnostic services, dialysis, diagnostic drugs, and sleep studies are not subject to POS.

This is not a comprehensive list; depending on billing, there may be other services that may or may not be covered under your POS benefit.

So, what does this mean for me?

- The Point-of-Service benefit gives members more flexibility in their choice of providers. Under the POS benefit, members may CHOOSE to get medically necessary care from out-of-network providers/facilities even though there are in-network providers available.
- Your out-of-pocket costs will be much higher if you choose to use the POS benefit. Using in-network providers is always your lowest cost option.
- A directory of health care providers and facilities who are in network is available online at <https://tricare.martinspoint.org/Providers-and-Hospitals>.

KNOW BEFORE YOU GO!

Don't hesitate to call Member Services at 1-888-674-8734, Monday-Friday, 8am-5pm to ask questions or provide feedback you may have about your Point-of-Service benefit. Thank you for choosing the US Family Health Plan at Martin's Point to manage your health care. We are honored to serve those who have served our country.

