

2023 Summary of Benefits

RETIREES, SURVIVORS, THEIR FAMILY MEMBERS, AND TRICARE YOUNG ADULT (TYA)

This is a summary—not a full list of covered services.

For more information, visit MartinsPoint.org/TRICARE.

If you are considering enrolling and have questions or would like to enroll, call us at 1-877-424-2794 (TTY: 711).

If you are a current member and have questions please call Member Services at 1-888-674-8734 (TTY: 711).



MARTIN'S POINT[®]
US FAMILY HEALTH PLAN



ENROLLMENT FEES (as of January 1, 2023)

Group A (Sponsor's initial enlistment or appointment occurred before January 1, 2018)

\$351.96/year for individuals or \$703.92/year for families (monthly and quarterly payments also available)

Group B (Sponsor's initial enlistment or appointment occurred on or after January 1, 2018)

\$426/year for individuals or \$852/year for families (monthly and quarterly payments also available)

Note: These fees might be different for survivors of a service member who died while on active duty or for medically retired service members and their families.

TRICARE Young Adult (TYA)

\$570/month

COVERED SERVICES	MEMBER COPAYMENT
Deductibles	No deductible
Annual Physical Exam	No copayment
Annual Eye Exam	No copayment
Primary Care Provider (PCP) Office Visits	\$24 per visit
Specialty Office Visits <i>When referred by your PCP</i>	\$36 per visit
Urgent Care	\$36 per visit
Emergency Room Visits	\$73 per visit (waived if admitted)
Emergency Ambulance Services (ground) <i>Benefit limitations apply</i>	\$48 per occurrence
Inpatient (Hospitalization)	\$182 per authorized admission (in network)
Ambulatory Surgery	\$73 per procedure
Preventive Services <i>Mammograms, colonoscopy, etc.</i>	No copayment
X-rays and Lab Tests	No copayment
Prescription Drugs <i>(formulary generic/formulary brand-name/nonformulary)</i>	Retail (up to 30-day supply): \$14/\$38/\$68 Martin's Point On-Site and Mail-Order Pharmacies (up to 90-day supply): \$12/\$34/\$68
Prosthetic Devices and Durable Medical Equipment and Supplies	20% of the fee negotiated by Martin's Point Health Care
Skilled Nursing Facility Care	\$36 per day
Home Health Care	No copayment
Maternity Services	\$182 per admission, no separate copayment for separately billed professional charges
Mental Health Services: <i>Outpatient Individual/Outpatient Group</i>	\$36 per visit
Mental Illness and Substance Abuse Treatment <i>Inpatient (must be preauthorized and is subject to annual limitations)</i>	\$182 per admission, no separate copayment for separately billed professional charges
Out-of-Pocket Maximum (per family)	Group A: \$3,000 Group B: \$4,262
Point of Service Benefit <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)