

# US Family Health Plan 2025 Summary of Benefits

This is a summary—not a full list of covered services. For more information, visit [MartinsPoint.org/TRICARE](https://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).

## Enrollment Fees (as of January 1, 2025)

Enrollment fees do not apply to active-duty family members, nor to reserve component service members or their families on TAMP.

Covered Services	Member Pays (In-Network)
<b>Deductibles</b>	No deductible (Deductible Applies to Point-of-Service Benefit)
<b>Annual Physical Exam</b>	No copayment
<b>Annual Eye Exam</b>	No copayment
<b>Primary Care Provider (PCP) Office Visits</b>	No copayment
<b>Specialty Office Visits</b> <i>when referred by your PCP</i>	No copayment
<b>Urgent Care</b>	No copayment
<b>Emergency Room Visits</b>	No copayment
<b>Emergency Ambulance Services (ground)</b> <i>benefit limitations apply</i>	No copayment
<b>Inpatient Hospitalization</b>	No copayment
<b>Ambulatory Surgery</b>	No copayment
<b>Preventive Services</b> <i>mammograms, colonoscopy, etc.</i>	No copayment
<b>X-rays and Lab Tests</b>	No copayment
<b>Prescription Drugs</b> <i>formulary generic/formulary brand-name/nonformulary</i>	<b>Retail (up to 30-day supply):</b> \$16/\$43/\$76 <b>Martin's Point On-Site and Mail-Order Pharmacies (up to 90-day supply):</b> \$13/\$38/\$76
<b>Prosthetic Devices and Durable Medical Equipment and Supplies</b>	No copayment
<b>Skilled Nursing Facility Care</b>	No copayment
<b>Home Health Care</b>	No copayment
<b>Maternity Services</b>	No copayment
<b>Mental Health Services</b> <i>outpatient individual/outpatient group</i>	No copayment
<b>Mental Illness and Substance Abuse Treatment</b> <i>inpatient (must be preauthorized and is subject to annual limitations)</i>	No copayment
<b>Out-of-Pocket Maximum per Family</b>	Active-Duty: Group A:* \$1,000 Group B:** \$1,288 Retiree with Part B: Group A:* \$3,000 Group B:** \$4,509
<b>Point-of-Service Option</b> Non-emergency or non-urgent care received without a referral. <i>For more information about the Point-of-Service Option and which services do not require referral, visit <a href="https://MartinsPoint.org/POS">MartinsPoint.org/POS</a></i>	<b>Deductible</b> Individual: \$300 per year Family: \$600 per year <b>Coinsurance</b> 50% of TRICARE-allowable charge (after deductible)

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

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

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. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

usfhp\_HND\_PreEnroll\_2025\_SummaryOfBenefits\_ACTRETCombo\_1124\_v0 Revised 11/15/24