

2022 Summary of Benefits

ACTIVE-DUTY FAMILY MEMBERS AND RETIREES WITH MEDICARE PART B

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.

If you are a current member and have questions, please call member services at 1-888-674-8734.



MARTIN'S POINT[®]
US FAMILY HEALTH PLAN



ENROLLMENT FEES (as of January 1, 2022)

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

COVERED SERVICES	Active-Duty Family Member/ Retiree with Medicare Part B Pays for In-Network Services
Deductibles	No deductible
Annual Physical Exam	No copayment
Annual Eye Exam	No copayment
Primary Care Provider (PCP) Office Visits	No copayment
Specialty Office Visits <i>When referred by your PCP</i>	No copayment
Urgent Care	No copayment
Emergency Room Visits	No copayment
Emergency Ambulance Services (ground) <i>Benefit limitations apply</i>	No copayment
Inpatient (Hospitalization)	No copayment
Ambulatory Surgery	No copayment
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	No copayment
Skilled Nursing Facility Care	No copayment
Home Health Care	No copayment
Maternity Services	No copayment
Mental Health Services: <i>Outpatient Individual/Outpatient Group</i>	No copayment
Mental Illness and Substance Abuse Treatment <i>Inpatient (must be preauthorized and is subject to annual limitations)</i>	No copayment
Out-of-Pocket Maximum (per family)	Active-Duty: Group A:* \$1,000 Group B:** \$1,120 Retiree with Part B: \$3000
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 Coinurance 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.

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