2020 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 1-888-241-4556.

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

TRICARE®

ENROLLMENT FEES (as of January 1, 2020)

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
Deductibles	No deductible
Annual Physical Exam	No copayment
Annual Eye Exam	No copayment
Primary Care Provider (PCP) Office Visits	No copayment
Specialty Office Visits *When referred by your PCP*	No copayment
Urgent Care	No copayment
Emergency Room Visits	No copayment
Emergency Ambulance Services (ground) *Benefit limitations apply*	No copayment
Inpatient (Hospitalization)	No copayment
Ambulatory Surgery	No copayment
Preventive Services *Mammograms, colonoscopy, etc.*	No copayment
X-rays and Lab Tests	No copayment
Prescription Drugs *(formulary generic/formulary brand-name/nonformulary)*	**Retail (up to 30-day supply):** $13/$33/$60 **Martin's Point On-Site and Mail-Order Pharmacies (up to 90-day supply):** $10/$29/$60
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: *Outpatient Individual/Outpatient Group*	No copayment
Mental Illness and Substance Abuse Treatment *Inpatient (must be preauthorized and is subject to annual limitations)*	No copayment
Out-of-Pocket Maximum (per family)	Group A:* $1,000 Group B:** $1,044
Point of Service Benefit *Non-emergency or non-urgent care received out of network without preauthorization*	**Deductible** Individual: $300 per year Family: $600 per year **Coinsurance** 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)**