

# 2020 Summary of Benefits

## RETIREES, SURVIVORS, AND FAMILY MEMBERS

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

For more information, visit [MartinsPoint.org/TRICARE](http://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**<sup>®</sup>  
US FAMILY HEALTH PLAN



### ENROLLMENT FEES (as of January 1, 2020)

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

\$300/year for individuals or \$600/year for families (monthly and quarterly payments also available)

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

\$366/year for individuals or \$732/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.

COVERED SERVICES	Retiree, Survivor, and Family Member COPAYMENT
<b>Deductibles</b>	No deductible
<b>Annual Physical Exam</b>	No copayment
<b>Annual Eye Exam</b>	No copayment
<b>Primary Care Provider (PCP) Office Visits</b>	\$20 per visit
<b>Specialty Office Visits</b> <i>When referred by your PCP</i>	\$31 per visit
<b>Urgent Care</b>	\$31 per visit
<b>Emergency Room Visits</b>	\$62 per visit (waived if admitted)
<b>Emergency Ambulance Services (ground)</b> <i>Benefit limitations apply</i>	\$41 per occurrence
<b>Inpatient (Hospitalization)</b>	\$156 per admission
<b>Ambulatory Surgery</b>	\$62 per procedure
<b>Preventive Services</b> <i>Mammograms, colonoscopy, etc.</i>	<b>No copayment</b>
<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> \$13/\$33/\$60 <b>Martin's Point On-Site and Mail-Order Pharmacies (up to 90-day supply):</b> \$10/\$29/\$60
<b>Prosthetic Devices and Durable Medical Equipment and Supplies</b>	20% of the fee negotiated by Martin's Point Health Care
<b>Skilled Nursing Facility Care</b>	\$31 per day
<b>Home Health Care</b>	No copayment
<b>Maternity Services</b>	\$156 per admission, no separate copayment for separately billed professional charges
<b>Mental Health Services:</b> <i>Outpatient Individual/Outpatient Group</i>	\$31 per visit
<b>Mental Illness and Substance Abuse Treatment</b> <i>Inpatient (must be preauthorized and is subject to annual limitations)</i>	\$156 per admission, no separate copayment for separately billed professional charges
<b>Out-of-Pocket Maximum (per family)</b>	Group A: \$3,000 Group B: \$3,655
<b>Point of Service Benefit</b> <i>Non-emergency or non-urgent care received out of network without preauthorization</i>	<b>Deductible</b> Individual: \$300 per year Family: \$600 per year <b>Coinsurance</b> 50% of TRICARE-allowable charge (after deductible)

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