Martin's Point

US FAMILY HEALTH PLAN

2026

Member Handbook

Get off to a great start with these simple steps.

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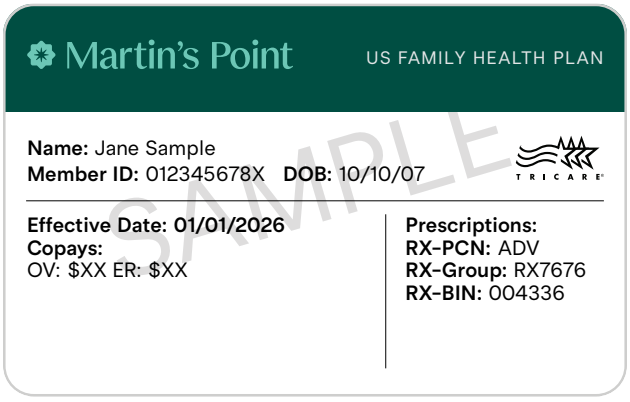
Getting Started

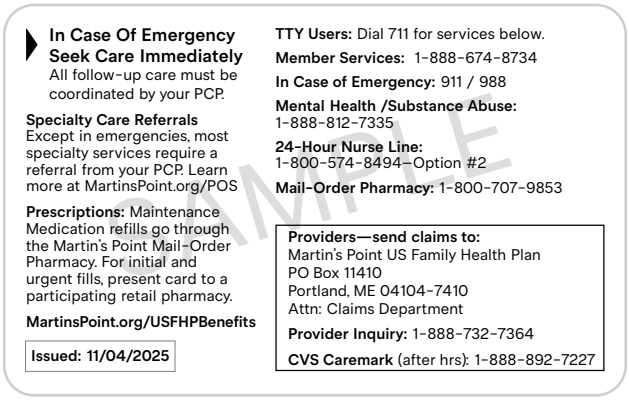
Welcome to your Martin's Point US Family Health Plan. This handbook gives you the essential information you need to get care, use your benefits, and connect with support. For more details, visit martinspoint.org/TRICARE or call Member Services at 1-888-674-8734 (TTY: 711).

Your Member ID Card

Your ID card arrives shortly after enrollment. Bring it with you to all medical appointments and when filling prescriptions. If you need a replacement, log in at martinspoint.org/memberportal or call Member Services.

Sample ID Card





Register for the Member Portal

The member portal is your secure online hub for managing your health plan. Log in anytime at martinspoint.org/memberportal to view and download your ID card, check the status of authorizations, review recent claims, update your chosen PCP, and send secure messages to Member Services.

Important Contacts

Member Services
1-888-674-8734 (TTY: 711)
Monday through Friday, 8am– 5pm

Mail-Order Pharmacy
1-800-707-9853 (TTY: 711)

Mental Health Program
1-888-812-7335 (TTY: 711)

24-Hour Nurse Line
1-800-574-8494 (TTY: 711), option 2

Online Resources

- martinspoint.org/TRICARE
- martinspoint.org/memberportal

Medical Emergencies

- Call 911 for emergencies
- Call/text 988 — Suicide & Crisis Lifeline

Your Primary Care Provider (PCP)

You are required to choose an in-network PCP. Your PCP is your main point of contact for most care, including coordinating your care with specialists.

Your PCP will:

- Provide checkups, preventive care, and treat common illnesses
- Help manage prescriptions and chronic conditions
- Refer you to specialists when needed

Note: You can change to a different, in-network PCP at any time. Always notify the Plan of changes by updating your PCP information through the member portal or contacting Member Services.

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Getting Care

Different health needs call for different types of care. The next section explains where to go and what to do in each situation.

Urgent Care

Urgent care is for medical issues that need attention within 24 hours but are not life-threatening. Some examples include sprains, minor cuts, fever, or infections like strep throat or pink eye.

What to do:

- Call your PCP first. They may be able to treat you or guide you to the best option.
- If your PCP's office is closed, call the 24-Hour Nurse Line at 1-800-574-8494 (TTY: 711), option 2.
- You may go directly to an urgent care center without a referral. You'll pay the standard urgent care copayment.

Important Reminders:

- Let your PCP know if you visit urgent care so they can coordinate any follow-up care.
- To find an urgent care center, visit martinspoint.org/USFHPDirectory or call Member Services.

Emergency Care

In a life-threatening emergency, call 911 or go to the nearest emergency room. Notify your PCP within 48 hours so they can help coordinate follow-up care.

Specialty Care

Your PCP will coordinate care with specialists when needed. It is important to receive specialty care from in-network providers whenever possible. Out-of-network care without prior approval may not be covered or could result in significantly higher costs under the Point-of-Service (POS) option.

The Network

Use the provider directory at martinspoint.org/USFHPDirectory or call Member Services to confirm that your specialist is in the network. If there is no in-network specialist available, your PCP can request approval to send you elsewhere.

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Your Benefits

You receive comprehensive coverage through the TRICARE Prime® benefit.

Commonly covered services include:

- Primary and preventive care
- Specialist visits
- Mental health and substance use support services
- Maternity and newborn care
- Home health and hospice care
- Urgent and emergency services
- Immunizations and cancer screenings

Prescription Drug Benefits

Prescription medications are covered through both mail-order and retail pharmacy options. Choosing the right option depends on whether your medication is for long-term use or short-term needs.

Your copayment for prescriptions depends on two things:

- **The type of medication** (which tier it falls into) and
- **Where you fill it** (mail-order vs retail pharmacy)

Drug Tiers:

Tier 1: *Generic Drugs – Lowest Cost*

Tier 2: *Brand-Name Drugs – Moderate Cost*

Tier 3: *Non-Formulary Drugs – Highest Cost*

For information about prescription drug coverage, copays, medication tiers, pharmacy services, and coverage requirements, visit the Prescription Drug & Pharmacy page at martinspoint.org/USFHPPharmacy.

Mail-Order Pharmacy

You are required to use the Martin's Point Mail-Order Pharmacy for long-term or maintenance medication refills. You can get up to a 90-day supply delivered to your home, often at a lower copayment than retail pharmacies.

Call 1-800-707-9853 or visit martinspoint.org/USFHPRxRefill to request refills.

Retail Pharmacy

For one-time or urgent prescriptions, such as antibiotics or pain relievers, use an in-network retail pharmacy. Show your Member ID card at the pharmacy counter to use your benefits. Maintenance medications filled at retail pharmacies may be limited to a one-time, 30-day supply before transitioning to the Martin's Point Mail-Order Pharmacy for refills.

Easy Ways to Refill Your Prescriptions

Request a refill or check the status of a refill through the following convenient options:

RefillPro™ App or Text Communications via cell phone. You can also call the Martin's Point Mail-Order Pharmacy directly at 800-707-9853.

RefillPro™ App: Simple to use phone app that allows Martin's Point Mail-Order Pharmacy customers to submit refill requests several ways if there are no dosing or address changes:

- Scan an image of prescription label with your phone, which immediately places your refill request into the Mail-Order Pharmacy processing queue
- Manual entry of prescription number in the RefillPro™ App which places your refill request immediately into the Mail-Order Pharmacy processing queue
- RefillPro™ App also has a one-touch dial option to contact the pharmacy where you can order a refill, check the status of a refill, or opt to speak directly with our Mail-Order Pharmacy.

Catastrophic Cap

Your plan protects you from high out-of-pocket costs with a yearly limit called the catastrophic cap. Once your eligible medical and pharmacy costs reach this limit in a calendar year, you won't pay any additional copayments, cost shares, or premiums for covered services rendered in the network.

The cap amount depends on your TRICARE group and coverage type. Point-of-Service (POS) charges and non-covered services do not count toward the cap.

Authorizations

Some services need prior approval (authorization) before they can be covered. Your provider will work with us to request authorization when required, such as for inpatient care, certain procedures, or specialty equipment. If authorization is not obtained when needed, you may be responsible for the full cost.

Our Utilization Management (UM) team reviews these requests to make sure the care is medically necessary, appropriate, and covered by your Plan. Decisions are based only on the need for care and available benefits, there are no rewards or incentives to deny services.

To check if a service needs prior authorization, ask your provider or call Member Services.

Point-of-Service (POS) Option

The Point-of-Service (POS) option allows you to choose to receive care from out-of-network specialists without prior approval, **but at a much higher cost to you**.

POS Cost Share

If you choose to get care outside the network without prior approval, your costs may be much higher under the POS option. Here's what that means:

- Deductible: $300 individual / $600 family
- Coinsurance: 50% of the allowed amount after deductible
- Additional charges: You may be billed up to 15% above the TRICARE-allowed amount
- Note: POS costs do not count toward your catastrophic cap (yearly limit of amount you might pay each year for covered, in-network services)

To avoid high costs, always use in-network providers and ensure that out-of-network care is approved before your visit.

For more about the POS benefit, visit martinspoint.org/POSOption.

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2026 Plan Benefits

NOTE: In-network costs shown. All fees and copayments/cost shares are subject to change by the Department of Defense. This is not a complete list—visit our website or contact Member Services for additional details.

Service Category	Active-Duty Families/ Retirees with Medicare B	Retirees without Medicare B
Primary Care Visit	$0	$26
Specialist Visit	$0	$39
Preventative Care (e.g. physicals, screenings)	$0	$0
Emergency Room Visit	$0	$79 (waived if admitted)
Urgent Care	$0	$39
Inpatient Hospitalization	$0	$198 per admission
Outpatient Surgery	$0	$79 per procedure
Mental Health (Outpatient)	$0	$39
Mental Health (Inpatient)	$0	$198 per admission
Skilled Nursing Facility	$0	$39/day
Durable Medical Equipment	$0	20% of allowable charge

Prescription Drugs	Costs (Active-Duty Families and Retirees)
Generic	**Retail:** $16 for up to a 30-day supply **Mail Order:** $14 for up to a 90-day supply
Name Brand	**Retail:** $48 for up to a 30-day supply **Mail Order:** $44 for up to a 90-day supply
Nonformulary	**Retail:** $85 for up to a 30-day supply **Mail Order:** $85 for up to a 90-day supply

Out-of-Network Care	Deductible	Coinsurance	Additional Charges
POS (Point of Service) Benefit	Individual: $300/year Family: $600/year	50% of TRICARE-allowed amount (after deductible)	Up to 15% above the TRICARE-allowed amount

Services Not Covered

Some services are not covered under the US Family Health Plan. These may include things like cosmetic procedures, experimental treatments, or services not considered medically necessary. If you're unsure whether something is covered, discuss with your provider first. For additional questions, contact Member Services.

Care Management and Special Programs

Martin's Point offers care management at no cost to you. Services include support for chronic conditions, pregnancy, mental health, and transitions from hospital to home. Call 1-877-659-2403

For more information visit martinspoint.org/USFHPcaremanagement.

Extended Care Health Option (ECHO)

If you're an active-duty family member with a qualifying condition (such as a serious physical or developmental disability), you may qualify for additional support through the ECHO program. Contact Care Management at the number above to learn more.

Your Rights and Responsibilities

As a member, you have the right to:

- Be treated with respect and dignity
- Get clear information about your benefits
- Be involved in decisions about your care
- File grievances and appeals if you disagree with a coverage decision

You are responsible for:

- Understanding your benefits and how to use them
- Keeping appointments or canceling in advance
- Providing accurate information to your providers
- Paying applicable premiums on time
- Keeping your contact information updated

More details are available at: martinspoint.org/USFHPResources.

Keep DEERS Up to Date

The Defense Enrollment Eligibility Reporting System (DEERS) is the official database for TRICARE eligibility. To stay covered, it's important to keep your DEERS information current, especially after life changes like moving, getting married, or having a baby.

Premium Payments

Some members, such as retirees and their families, are required to pay a premium for TRICARE Prime coverage through the US Family Health Plan. To avoid losing coverage, make sure your premium is paid on time. Flexible payment methods and schedules are available, including recurring automatic payments via allotment withdrawals (for qualified members), ACH, or credit card. For help with your premium amount, payment setup, or related questions, contact Member Services.

Changes and Enrollment

Throughout your time in the Plan, your situation may change. Whether you're moving, having a baby, or updating your contact information, it's important to let us know. Some changes may be considered "Qualifying Life Events" which give you a chance to change your coverage.

- **Update your info:** Let us know if your address, phone number, or other details change. Also notify DEERS at 1-800-538-9552.
- **Moving out of the service area:** If you move, call us before you go. You may need to change your health plan.
- **New baby? Marriage? Divorce?** Certain life events may let you change your coverage.

Learn more at martinspoint.org/QLE.

TRICARE Young Adult (TYA) Program

If you're an unmarried adult child of a sponsor and have aged out of regular TRICARE coverage, you may be eligible to purchase TRICARE Young Adult. TYA offers comprehensive medical and pharmacy benefits for eligible members up to age 26.

To learn more, visit martinspoint.org/TYA or call Member Services.

Other Insurance and Coordinating Benefits

If you have other health or pharmacy coverage in addition to your US Family Health Plan, we'll coordinate benefits with that plan. This helps avoid duplicate payments and ensures claims are processed correctly.

- Tell us if you have other insurance. Call Member Services with updates so we can keep your records current.
- One plan will be considered your primary insurance (typically commercial plans are primary) and the other your secondary. Which plan pays first is determined by TRICARE rules, your other plan's policies, and who the policy holder is.

A Note About Medicare Use

If you're eligible for Medicare, you agree not to use it for services that are covered under the US Family Health Plan. This is called Medicare Leakage, and using Medicare this way could result in being disenrolled from the US Family Health Plan.

You can still use Medicare for services that aren't covered by the US Family Health Plan, like chiropractic care.

If you're not sure when it's okay to use Medicare, call Member Services first.

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Problem Resolution

If you have concerns about your care or disagree with a coverage decision, start by contacting Member Services. We may be able to resolve the issue right away. If not, you have options. The next section explains how to file a grievance or an appeal.

Grievances

If you're unhappy with a service, an experience with a provider, or any aspect of your care, you have the right to file a grievance. It's your way to let us know something didn't go as expected. We take your concerns seriously and will investigate and respond.

To file a grievance, call Member Services or send your concern in writing. You'll receive a response within 30 calendar days. If more time is needed, we'll let you know why.

Appeals

If a service or claim is denied and you disagree with the decision, you have the right to appeal. An appeal is a formal request for us to review and reconsider a decision we've made about your coverage.

To start an appeal, submit a fax or written request. Appeals must be submitted within 90 days of the denial notice. We will review your case and send you a decision by mail.

You can also authorize someone else, such as a provider or family member, to file an appeal for you. For more details about your right to appeal, call Member Services or visit martinspoint.org/USFHPAppeals.

Appeals Department Fax: (207) 828-7849

Mail Appeals to:
USFHP Appeals
Martin's Point Health Care
PO Box 8832
Portland, Maine, 04104

We're Here to Help

Your health and satisfaction matter to us. Whether you're new to the Plan or have been with us for years, we're here to support you every step of the way. If you have questions or need help, reach out.

Notes

For over 45 years, the US Family Health Plan has been an integral part of the military health care system. Our plan is available to military beneficiaries in six areas across the country. In each, the Department of Defense has designated a health care provider to manage the plan. In northern New England, the US Family Health Plan has always been administered by Martin's Point Health Care, a locally owned and operated not-for-profit health care organization. We now serve members in Maine, New Hampshire, Vermont, upstate New York, northern and western Pennsylvania, and northeast and central Ohio.

Martin's Point | TRICARE®

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