

US Family Health Plan 2026 Summary of Benefits

Retirees, Survivors, their Family Members, and TRICARE Young Adult (TYA)

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 (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, 2026)

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

\$381.96/year for individuals or \$765/year for families (monthly and quarterly payments also available)

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

\$462.96/year for individuals or \$927/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.

TRICARE Young Adult (TYA)

\$794/month

Covered Services	Member Pays (In-Network)
Deductibles	No deductible
Annual Physical Exam	No copayment
Annual Eye Exam	No copayment
Primary Care Provider (PCP) Office Visits	\$26 per visit
Specialty Office Visits <i>when referred by your PCP</i>	\$39 per visit
Urgent Care	\$39 per visit
Emergency Room Visits	\$79 per visit (waived if admitted)
Emergency Ambulance Services (ground) <i>benefit limitations apply</i>	\$52 per occurrence
Inpatient (Hospitalization)	\$198 per authorized admission (in network)
Ambulatory Surgery	\$79 per procedure
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): \$16/\$48/\$85 Martin's Point Mail-Order Pharmacies (up to 90-day supply): \$14/\$44/\$85
Prosthetic Devices and Durable Medical Equipment and Supplies	20% of the fee negotiated by Martin's Point Health Care
Skilled Nursing Facility Care	\$39 per day
Home Health Care	No copayment
Maternity Services	\$198 per admission, no separate copayment for separately billed professional charges
Mental Health Services <i>outpatient individual/outpatient group</i>	\$39 per visit
Mental Illness and Substance Abuse Treatment <i>inpatient (must be preauthorized and is subject to annual limitations)</i>	\$198 per admission, no separate copayment for separately billed professional charges
Out-of-Pocket Maximum per Family	Group A: \$3,000 Group B: \$4,635
Point-of-Service Option 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 MartinsPoint.org/POS</i>	Deductible Individual: \$300 per year Family: \$600 per year Coinsurance 50% of TRICARE-allowable charge (after deductible)

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