US Family Health Plan 2027 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 1-855-904-3159 (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, 2027)

Enrollment fees **do not apply** to active-duty family members, reserve component service members and their families, and to Group A* Retirees with Medicare Part B.

Enrollment fees **apply** to Group B** Retirees with Medicare Part B. $480/year for individuals or $960/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 and for medically retired service members and their families.

Covered Services	Member Pays (In-Network)
Deductibles	No deductible (Deductible Applies to Point-of-Service Benefit)
Annual Physical Exam	$0 copay
Annual Eye Exam	$0 copay
Primary Care Provider (PCP) Office Visits	$0 copay
Specialty Office Visits *when referred by your PCP*	$0 copay
Urgent Care	$0 copay
Emergency Room Visits	$0 copay
Emergency Ambulance Services (ground) *benefit limitations apply*	$0 copay
Inpatient Hospitalization	$0 copay
Ambulatory Surgery	$0 copay
Preventive Services *mammograms, colonoscopy, etc.*	$0 copay
X-rays and Lab Tests	$0 copay
Prescription Drugs *formulary generic/formulary brand-name/nonformulary*	**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	$0 copay
Skilled Nursing Facility Care	$0 copay
Home Health Care	$0 copay
Maternity Services	$0 copay
Mental Health Services *outpatient individual/outpatient group*	$0 copay
Mental Illness and Substance Abuse Treatment *inpatient (must be preauthorized and is subject to annual limitations)*	$0 copay
Out-of-Pocket Maximum per Family	Active-Duty: Group A:* $1,000 Group B:** $1,372 Retiree with Part B: Group A:* $3,000 Group B:** $4,802
Point-of-Service Option Non-emergency or non-urgent care received without a referral. *For more information about the Point-of-Service Option and which services do not require referral, visit MartinsPoint.org/POS*	**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)**

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