

# 2019 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). Call us  
at 1-888-241-4556 if you have questions or to enroll today.



MARTIN'S POINT®  
HEALTH CARE

US FAMILY  
HEALTH PLAN



### ENROLLMENT FEES (as of January 1, 2019)

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

\$24.75/month for individuals or \$49.50/month for families (quarterly and annual payments also available)

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

\$30/month for individuals or \$60/month for families (quarterly and annual 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>	\$30 per visit
<b>Urgent Care</b>	\$30 per visit
<b>Emergency Room Visits</b>	\$61 per visit (waived if admitted)
<b>Emergency Ambulance Services</b> <i>Benefit limitations apply</i>	\$41 per occurrence
<b>Inpatient (Hospitalization)</b>	\$154 per admission
<b>Ambulatory Surgery</b>	\$61 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> \$11/\$28/\$53 <b>Mail-Order (up to 90-day supply):</b> \$7/\$24/\$53
<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>	\$30 per day
<b>Home Health Care</b>	No copayment
<b>Maternity Services</b>	\$154 per admission, no separate copayment for separately billed professional charges
<b>Mental Health Services:</b> <i>Outpatient Individual/Outpatient Group</i>	\$30 per visit
<b>Mental Illness and Substance Abuse Treatment</b> <i>Inpatient (must be preauthorized and is subject to annual limitations)</i>	\$154 per admission, no separate copayment for separately billed professional charges
<b>Out-of-Pocket Maximum (per family)</b>	Group A: \$3,000 Group B: \$3,598
<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)