SUMMARY OF BENEFITS

US FAMILY HEALTH PLAN

COVERED SERVICES	COST TO MEMBER	
	Active Duty Family Members & Retirees with Medicare Part B	Retirees *without* Medicare Part B
OUTPATIENT SERVICES		
Office Visits	$0	$20 per visit
Specialty Visit	$0	$30 per visit
Maternity Care (prenatal, postnatal)	$0	$0
Well-Baby Care (up to age 6)	$0	$0
Annual Well-Child Care (age 6 and older)	$0	$0
Annual Physical Examination	$0	$0
X-ray and Lab tests	$0	$0
Ambulatory Surgery & Procedures, incl. Anesthesia	$0	$60 per visit
Physical Therapy, Occupational Therapy, Speech Therapy	$0	$30 per visit
INPATIENT SERVICES		
Semi-private Room and Board	$0	$150 per admission
Physician Services	$0	$0
General Nursing Services	$0	$0
Diagnostic Tests, including Lab and X-ray	$0	$0
Operating Room, Anesthesia, and Supplies	$0	$0
Medically Necessary Supplies and Services	$0	$0
Physical Therapy	$0	$0
BEHAVIORAL HEALTH SERVICES		
Outpatient Care: Individual [1]	$0	$30 per visit
Outpatient Care: Group [1]	$0	$30 per visit
Partial Hospitalization Mental Health (up to 60 days per enrollment year, subject to medical review)	$0	$30 per visit - Individual $30 per visit - Group
Inpatient Hospital Psychiatric Care (subject to medical review) [2]	$0	$150 per admission
SUBSTANCE ABUSE TREATMENT		
Outpatient - Group Therapy	$0	$30 per visit
Inpatient Services (up to 7 days for detoxification per year) [3]	$0	$150 per admission
Inpatient Rehabilitation (up to 21 days per year) [3]	$0	$150 per admission
OTHER SERVICES		
Ambulance Service (when medically necessary)	$0	$40 per occurrence
Durable Medical Equipment, Medical Supplies, and Prosthetic/Orthotic Devices	$0	20% of purchase price or monthly rental rate
Emergency Room Services [4]	$0	$60 per visit
Urgent Care Center	$0	$30 per visit
Eye Exam/Eyeglass, Annual Preventative (1 per enrollment period)	$0	$0
Radiation/Chemotherapy Office Visits	$0	$30 per visit
Skilled Nursing Facility Care (when medically necessary)	$0	$30 per day
Home Health Care (part time skilled nursing care)	$0	$0
PHARMACY		
Retail Pharmacy Drugs (up to 30 day supply) *(*effective 2/1/18)*	$11 generic/$28 brand, formulary/ $53 brand, non-formulary*	$11 generic/$28 brand, formulary/ $53 brand, non-formulary*
Mail Order Pharmacy Drugs (up to 90 day supply) *(*effective 2/1/18)*	$7 generic/$24 brand, formulary/ $53 brand, non-formulary*	$7 generic/$24 brand, formulary/ $53 brand, non-formulary*
CATASTROPHIC CAP		
Maximum Out-of-Pocket Expense per Family	Active Duty family members: $1,000 per enrollment year Retirees: $3,000 per enrollment year	$3,000 per enrollment year
ENROLLMENT FEE		
Monthly or Annual Payment	$0	Retirees: $289.08 per year - Individual $578.16 per year - Family TRICARE Young Adult: $324.00 per month

Rates subject to change. See footnote comments on following page.