



## MEMBER QUICK REFERENCE GUIDE

### VERIFY USFHP MEMBER ELIGIBILITY

- Always carry your US Family Health Plan identification card
- Always present your card to your providers and ask them to make a copy of the front and back

### CO-PAYMENT FOR OFFICE VISITS

- Active duty dependents: \$0

### CO-PAYMENT FOR PHARMACY

- Network pharmacy (up to 30 day supply)  
\$10 generic / \$24 brand / \$50 third tier
- Maxor Mail Order Pharmacy (up to 90 day supply)  
\$0 generic / \$24 brand / \$49 third tier

### EXCEPTION TO CO-PAYMENTS (USE PAR PROVIDER)

#### **No co-payments collected for:**

- Annual preventative health exam (1 every 12 months)
- Annual preventative eye examination (1 every 12 months)
- Annual preventative Gynecology exam (1 every 12 months)
- Well-baby care up to age 6 years
- Well-child care age 6 and older (1 every 12 months)
- Obstetrical care
- Immunizations, Laboratory, Radiology
- Chemotherapy & Radiation Treatments
- Hospice
- Home Care

### REFERRALS

- Referrals to specialists must be obtained from your Primary Care Provider (PCP)
- Referrals are valid for 6 months from date of referral (first visit must be within ninety days)
- Referrals should be made to participating providers
- You can find network providers using the provider locator on our website at [www.usfhp.net](http://www.usfhp.net) or by calling Customer Service at 1-800-241-4848
- **Referrals to Out of Network Providers require pre-authorization from Utilization Review in addition to a referral from your PCP (your PCP is responsible to initiate the request)**

### MEMBER PORTAL ON WEBSITE

- Used to verify Benefits, Claims or Authorization Status information
- First time users need to select a user ID and password
- Access the portal at [www.usfhp.net](http://www.usfhp.net)

### CLAIMS FILING

- Your provider should not bill Medicare, Medicaid or other TRICARE programs
- If you have Other Commercial Health Insurance (other than Medicare & FEHBP) it is primary to US Family Health Plan
- Claims Address (medical):  
US Family Health Plan  
PO Box 830745  
Birmingham, AL 35283-0745

### DURABLE MEDICAL EQUIPMENT (DME)

**Mount Holly** is the Preferred Provider for most DME, including but limited to: home oxygen systems, respiratory equipment and systems, ambulatory equipment, hospital beds, infusion therapy. Contact **Mount Holly at 1-800-241-4848**.

### LABORATORY

All lab work should be done at a Labcorp Service Center or participating hospital. Contact **Labcorp at 1-800-788-9091** for local service centers and any other questions visit [www.labcorp.com](http://www.labcorp.com).

### AUTHORIZATIONS

Pre-authorization is required for the following:

- **Inpatient Elective Admissions**
  - **Select Outpatient or Ambulatory Surgery**
    - All Home Health Care Services
    - All Hospice Care Services
    - Many Prosthetics & Orthotics
- For a list of outpatient and facility services that require prior authorization, please refer to the back of this document

#### **Providers can fax pre-authorization requests to:**

Inpatient: 844-580-2721

Outpatient: 844-580-2722

### PHARMACY

- Call **Maxor Plus at 1-800-687-0707** for questions about the preferred drug list or if medication is denied
- Maintenance medication must be obtained through Maxor Mail Order at **1-866-408-2459, ext. 3**

**24 HOUR NURSE ADVICE LINE: 800-241-4848**

**CASE MGMT: 800-241-4848**

**BEHAVIORAL HEALTH: 800-241-4848**

**ORTHONET (outpatient PT/OT): 800-241-4848**



## Authorizations

All Services below AND most Out of Network Services require prior authorization

- Adjunctive dental
- Arthroscopy
- Augmentative communication device (ACD)
- Biofeedback
- Cardiac catheterization
- Cardiac rehabilitation
- Carpal tunnel surgery
- Carotid angiography
- Chelation therapy
- Coronary angiogram
- Cosmetic/plastic surgical procedures
- CT angiography
- Dental anesthesia and related institutional services
- Diabetic education
- Dialysis
- Electrophysiologic (EP) Study/Ablation
- Endoscopic retrograde cholangiopancreatography (ERCP)
- Gamma knife radiosurgery
- Hearing aid and hearing aid services (benefit limited to active duty dependents)
- Home birth
- Home infusion therapy
- Hyperbaric oxygen therapy
- Indium pentetate (Octreoscan)
- Scintigraphy
- Injectibles, select and covered under medical benefit
- Laminectomy/microdiscectomy
- Laparoscopic abdominal vaginal hysterectomy (LAVH)
- Laparoscopic procedures, select
- Lithotripsy (except renal lithotripsy)
- Magnetic Resonance Angiography (MRA)
- Magnetic Resonance Imaging (MRI)
- Medical transport, non-emergent
- Meniscectomy
- Mental health/behavioral health (except first 8 visits with PAR BH provider)
- Myomectomy/ablation procedures
- NCI trial participation (phase II and III)
- Neuropsychological testing
- Nutritional therapy infusion
- Pain management services
- Percutaneous
- Transluminal coronary angioplasty (PTCA)
- PET scans
- Psychological testing
- Pulmonary rehabilitation
- Septoplasty/rhinoplasty
- Single Photon Emission Computer Tomography (SPECT)
- Speech therapy
- Stereotactic radiosurgery
- Vertebroplasty
- Visual colonoscopy (CT colonoscopy)

## General Exclusions

Refer to your Member Handbook for a complete list of exclusions

- Services provided or charges incurred prior to or after the effective date of coverage under the Plan
- Care or treatment as a result of being engaged in an illegal occupation or commission of, or attempted commission of, a felon or assault
- Charges or services for which you or your covered dependent(s) are not legally required to pay, or that would not have been made if coverage had not existed
- Charges for missed appointments, telephone consultations, or the completion of medical reports or certification services
- Services and drugs not prescribed or authorized by your Primary Care Provider (PCP) or a specialist to whom you were referred
- Services not considered medically necessary for your diagnosis and treatment, or services that are experimental/investigational or are of a research nature
- Any services provided for education, employment, licensing, immigration, elective travel, or other administrative reasons
- Custodial Care
- Chiropractic Care
- Complimentary Alternative Medicine
- Smoking Cessation Programs