

US Family Health Plan Summary of Benefits

For Retirees and Eligible Family Members Under Age 65

Effective until December 31, 2020. Rates are adjusted annually.
Group A enlisted or appointed before Jan. 1, 2018. Group B enlisted or appointed on or after Jan. 1, 2018.

PREMIUM BENEFIT	ACTIVE DUTY FAMILY MEMBERS	RETIREES AND RETIREE FAMILY MEMBERS
MONTHLY ENROLLMENT FEES (GRP. A GRP. B)	\$0	\$25 \$30.50 individual \$50 \$61 family
ANNUAL DEDUCTIBLE	\$0	\$0
CATASTROPHIC CAP PER YEAR (GRP. A GRP. B)	\$1,000 \$1,044	\$3,000 \$3,655
POINT OF SERVICE OPTION DEDUCTIBLE	\$300 individual \$600 family	\$300 individual \$600 family

DOCTOR VISITS	ACTIVE DUTY FAMILY MEMBERS	RETIREES AND RETIREE FAMILY MEMBERS
PREVENTATIVE CARE VISIT	\$0	\$0
PRIMARY CARE VISIT	\$0	\$20
SPECIALTY CARE VISIT	\$0	\$31
EMERGENCY ROOM VISIT	\$0	\$62
URGENT CARE CENTER	\$0	\$31
AMBULATORY SURGERY	\$0	\$62
AMBULATORY SERVICE (not including air)	\$0	\$41
DURABLE MEDICAL EQUIPMENT	\$0	20%
INPATIENT ADMISSION	\$0	\$156 per admission
INPATIENT SKILLED NURSING REHAB ADMISSION	\$0	\$31 per day

PHARMACY BENEFITS	ACTIVE DUTY FAMILY MEMBERS		RETIREES AND RETIREE FAMILY MEMBERS	
	Mail Order	Retail	Mail Order	Retail
GENERIC PRESCRIPTION DRUGS	\$10	\$13	\$10	\$13
BRAND NAME DRUGS	\$29	\$33	\$29	\$33
NON-FORMULARY DRUGS	\$60	\$60	\$60	\$60
NON-COVERED DRUGS	Excluded from TRICARE coverage (member pays full cost)			

ENHANCEMENTS EXTRAS VALUE ADDED DISCOUNTS	ACTIVE DUTY FAMILY MEMBERS	RETIREES AND RETIREE FAMILY MEMBERS
VISION CARE		FREE annual eye exam
VISION DISCOUNT		Discounts on glasses and lenses at select providers
DENTAL CARE AND DISCOUNT		Discounts on services at select providers
HEARING CARE		FREE annual hearing exam plus 20% off hearing aids at select providers
TRANSPORTATION		Transportation to covered medical services (up to 8 round trips or 16 one-way trips)

*Negotiated fees: The fees network providers and participating non-network providers have agreed to accept for covered services.

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