US FAMILY HEALTH PLAN SUMMARY OF BENEFITS

EFFECTIVE UNTIL DECEMBER 31, 2023. RATES ARE ADJUSTED ANNUALLY.

Group A enlisted or appointed before Jan. 1, 2018. Group B enlisted or appointed on or after Jan. 1, 2018.

PLAN BENEFIT	ACTIVE DUTY FAMILY MEMBERS	RETIREES AND RETIREE FAMILY MEMBERS
Annual Enrollment Fees (Grp. A | Grp. B)	$0	$351.96	$426 individual	$703.92	852 family
Annual Deductible	$0	$0
Catastrophic Cap Per Year (Grp. A	Grp. B)	$1,000	$1,217	$3,000	$4,262

DOCTOR VISITS	ACTIVE DUTY FAMILY MEMBERS	RETIREES AND RETIREE FAMILY MEMBERS
Preventative Care Visit	$0	$0
Primary Care Visit	$0	$24
Specialty Care Visit	$0	$36
Emergency Room Visit	$0	$73
Urgent Care Center	$0	$36
Ambulatory Surgery	$0	$73
Ambulatory Service (Not Including Air)	$0	$48
Durable Medical Equipment	$0	20%
Inpatient Admission	$0	$182 per admission
Inpatient Skilled Nursing	Rehab Admission	$0	$36 per day

PHARMACY BENEFITS	ACTIVE DUTY FAMILY MEMBERS		RETIREES AND RETIREE FAMILY MEMBERS	
	Mail Order	Retail	Mail Order	Retail
Generic Prescription Drugs	$12	$14	$12	$14
Brand Name Drugs	$34	$38	$34	$38
Non-Formulary Drugs	$68	$68	$68	$68
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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