

# COPAY REFERENCE GUIDE – 2025

US Family Health Plan (USFHP)

Effective Date: 01/01/2025



www.usfhpnw.org

1. MEMBER STATUS	Code	Managed Care Product for Uniformed Services Beneficiaries
	ADF-RX ONLY	All active duty family members regardless of rank
	ADFB-RX ONLY	All active duty family members regardless of rank with service date after 1/1/2018
	NAD-ALL	Retiree or retiree family member without Medicare B. 2012 NDAA Grandfathered
	NAD-RX ONLY	Retiree or retiree family member with Medicare B. 2012 NDAA Grandfathered
	T3-ALL	Retiree or retiree family member without Medicare B. Not 2012 NDAA Grandfathered
	T3B-ALL	Retiree or retiree family member without Medicare B. Not 2012 NDAA Grandfathered. Service date after 1/1/2018
	T3-RX ONLY	Retiree or retiree family member with Medicare B. Not 2012 NDAA Grandfathered
	T3B-RX ONLY	Retiree or retiree family member with Medicare B. Not 2012 NDAA Grandfathered. Service date after 1/1/2018
	ADF-TYA	TRICARE Young Adult. Eligible until age 26. Sponsor Active Duty
	NAD-TYA	TRICARE Young Adult. Eligible until age 26.
	CCNCP	Cat Cap reached. No copays or cost shares for the rest of the year

## 2. PROVIDER VISITS

Service Type	ADF & Retiree WITH Medicare B	Retiree WITHOUT Medicare B
• PCP Visits	\$0	\$25
• Specialist Visits	\$0	\$38
• Routine Annual Physical Exam (1 every 330 days)	\$0	\$0
• Urgent Care Center	\$0	\$38
• Prenatal Visits	\$0	\$0
• Well Child Visit (up to 6 years in age)	\$0	\$0
• Physical, Occupational & Speech Therapies (PT,OT,ST)	\$0	\$38
• Nurse Visits (except for injections, see below)	\$0	\$0
• Chemo/Radiation Therapy	\$0	\$38
• Allergy Tests/Treatments/Injections Specialist Office	\$0	\$38
• Laboratory	\$0	\$0
• Diagnostic Imaging/Studies	\$0	\$0
• Injections (including RN) Specialist Office	\$0	\$38
• Routine Immunizations/Pneumococcal Vaccination	\$0	\$0
• Immunizations Required for Overseas Travel	Not covered *	Not covered
• Routine Refraction (1 every 330 days) (Non-refraction or medical condition, see Specialist Visit above. Additional Routine Refraction visits are not covered)	\$0	\$0

**If patient has commercial insurance (XX), follow USFHP referral requirements.**

\* Covered in full for active duty family members when traveling as a result of an active duty member's duty assignment while under orders issued by a Uniformed Service

## 3. DURABLE MEDICAL EQUIPMENT

### Coinsurance:

ADF & Retiree with Medicare B = \$0

Retiree without Medicare B = 20% of contracted allowable

- Must obtain pre-authorization. Call USFHP Utilization Management Department at (206) 774-5650, option 1 and fax referral request to the UM Dept at (206) 774-5830. **This option is for providers/clinic staff only. Members must seek the referral request through the PCP office.**
- Must meet TRICARE criteria for medical necessity.

## 4. HOME HEALTH

### Copay:

ADF & Retiree with Medicare B = \$0

Retiree without Medicare B = \$0

- Fax orders to Home Health agency and instruct them to fax paperwork to Utilization Management (206) 774-5830 when they open the case.
- Must be medically necessary and meet criteria.

5. **MEDICAL SUPPLIES & PROSTHETICS**  
**Coinsurance:**  
 ADF & Retiree with Medicare B = \$0  
 Retiree without Medicare B = 20% of contracted allowable
- Must obtain pre-authorization. Call **USFHP** Utilization Management Department at (206) 774-5650, option 1 and fax referral request to the UM dept. at (206) 774-5830. **This option is for providers/clinic staff only. Members must seek the referral request through the PCP office.**
- 
6. **HOSPITALIZATION**  
**Copay:**  
 ADF & Retiree with Medicare B = \$0  
 Retiree without Medicare B = \$193/admission
- Urgent/Emergent Hospitalizations: **Notification to Member Services within 48 hours. MS will notify UM via CSR.**
  - Elective surgery: Must obtain pre-authorization. Call PCP's office to request a referral for review by UM and fax to UM at (206) 774-5830.
- 
7. **OUTPATIENT SURGERIES**  
**Copay:**  
 ADF & Retiree with Medicare B = \$0  
 Retiree without Medicare B = \$77
- Must obtain pre-authorization. Call **USFHP** Utilization Management Department at (206) 774-5650, option 1 and fax referral request to the UM Dept at (206) 774-5830. **This option is ONLY for providers not members. Note: Members must contact their PCP to request a referral.**
- 
8. **SKILLED NURSING FACILITY**  
**Copay:**  
 ADF & Retiree with Medicare B = \$0  
 Retiree without Medicare B = \$38/Day
- TRICARE guidelines are used as criteria. Patient must have a skilled need.
  - Call USFHP Utilization Management department at (206) 774-5650, option 2 to receive assistance with placement, or page a Case Manager by calling (206) 998-8013.
- 
9. **HOSPICE — Must meet Medicare criteria**
- Fax orders to Hospice agency. Instruct them to fax paperwork to Utilization Management (206) 774-5830 when they open the case.

10. **PHARMACY**

All Enrollees:	Copay Prescription Volume	
Generic Drug (Mail order)	\$13	Up to 90 day supply
Generic Drug (Retail)	\$16	Up to 30 day supply
Brand Name Drug (Mail order)	\$38	Up to 90 day supply
Brand Name Drug (Retail)	\$43	Up to 30 day supply
Non-Formulary Drug (Mail order)	\$76	Up to 90 day supply
Non-Formulary Drug (Retail)	\$76	Up to 30 day supply

- OTC's are not a covered benefit except loratidine.
- Smoking cessation (including OTC) only covered at mail order.
- Cosmetic/Lifestyle drugs not covered.
- Network Pharmacies – MXP (90 days), and 30 days at any MaxorPlus retail pharmacy location.
- PacMed clinic pharmacies refill medications at the same copay and quantity as Mail Order.

11. **BEHAVIORAL HEALTH & SUBSTANCE USE DISORDER (SUD)**

	ADF & Retiree with Medicare B	Retiree w/out Medicare Part B
Outpatient behavioral health (Individual Visits & Group)	\$0	\$38/visit
Inpatient Mental Health	\$0	\$193/Admission
Residential Treatment Center (Substance Use & Mental Health)	\$0	\$38/day
Outpatient SUD	\$0	\$38/day
Partial Day SUD and Mental Health	\$0	\$38/day
Detox	\$0	\$38/day

Patients may self-refer within the network for in-office behavioral health with limits. They must use a TRICARE approved provider.

12. **REFERRALS OUTSIDE PCP OFFICE**  
**Follow Service Type Copays**

Please fax referral requests to the UM Dept at (206) 774-5830. **All specialty referral requests require preauthorization.**

**AUTHORIZATION PROCESS**

- **Routine Referrals:** Medical Director reviews prior to authorization if referred to a non-participating provider.
- **Urgent Referrals:** (Care needed same day or within 1-2 days: Require Medical Director approval if referred to a non-participating provider.)
- **Emergent Referrals:** Patient is directed to the appropriate place for care and the UM Dept is notified via online referral request, fax or telephonic message to (206) 774-5650, option 1.

13. **AMBULANCE SERVICES**

**Copay:**

ADF & Retiree with Medicare B	Ground = \$0	Air = \$0	Inpatient Non-network Transfer = \$0
Retiree without Medicare B	Ground = \$51	Air = \$20	Inpatient Non-network Transfer = 25% of allowable charge

14. **EMERGENCY ROOM CARE**

**Copay:**

ADF & Retiree with Medicare B = \$0;  
 Retiree without Medicare B = \$77

- Emergency visits do not require a referral
- Copay is waived if admitted.

15. **ANCILLARY SERVICES**

Covered as indicated at right:

- **Routine Lab and X-ray:** covered in full when in conjunction with an office visit
- **Eyeglasses:** 1 pair covered only after cataract surgery as a Medical Supply; otherwise not covered.

16. **CATASTROPHIC CAP**

ADF Group A = \$1,000; ADF Group B = \$1,288  
 NAD Group A = \$3,000; NAD Group B = \$4,509

- All copays, enrollment fees and coinsurance apply to the cap. When reached, the family is exempt from further copays or coinsurance for that enrollment year.