

# COPAY REFERENCE GUIDE

## US Family Health Plan (USFHP)

Effective Date: 01/01/2019



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 w/out 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 w/out Medicare B. Not 2012 NDAA Grandfathered
	T3B-ALL	Retiree or retiree family member w/out 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. Sponsor NDAA grandfathered
	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	\$20
• Specialist Visits	\$0	\$30
• Routine Annual Physical Exam (1 every 330 days)	\$0	\$0
• Urgent Care Center	\$0	\$30
• Prenatal Visits	\$0	\$0
• Well Child Visit (up to 6 years in age)	\$0	\$0
• Physical, Occupational & Speech Therapies (PT,OT,ST)	\$0	\$30
• Nurse Visits (except for injections, see below)	\$0	\$0
• Chemo/Radiation Therapy	\$0	\$30
• Allergy Tests/Treatments/Injections Specialist Office	\$0	\$30
• Laboratory	\$0	\$0
• Diagnostic Imaging/Studies	\$0	\$0
• Injections (including RN) Specialist Office	\$0	\$30
• 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

**Coinurance:**

ADF & Retiree with Medicare B = \$0  
Retiree w/out Medicare B = 20% of contracted allowable

- Must obtain pre-authorization. Call **USFHP** Utilization Management Department at (206) 326-2453, option 1 and fax referral request to the UM Dept at (206) 326-4026. **This option is for clinic staff and providers only. Members will have to 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 w/out Medicare B = \$0

- Fax orders to Home Health agency and instruct them to fax paperwork to Utilization Management (206) 621-4026 when they open the case.
- Must be medically necessary and meet criteria.

**5. MEDICAL SUPPLIES & PROSTHETICS**

**Coinsurance:**  
**ADF & Retiree with Medicare B = \$0**  
**Retiree w/out Medicare B = 20% of contracted allowable**

- Must obtain pre-authorization. Call **USFHP** Utilization Management Department at (206) 326-2453, option 1 and fax referral request to the UM dept. at (206) 621-4026. **This option is ONLY for providers not members.**  
**Note: Members must contact their PCP to request a referral.**

**6. HOSPITALIZATION**

**Copay:**  
**ADF & Retiree with Medicare B = \$0**  
**Retiree w/out Medicare B = \$154/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 206-621-4026.

**7. OUTPATIENT SURGERIES**

**Copay:**  
**ADF & Retiree with Medicare B = \$0**  
**Retiree w/out Medicare B = \$61**

- Managed the same as hospitalizations.

**8. SKILLED NURSING FACILITY**

**Copay:**  
**ADF & Retiree with Medicare B = \$0**  
**Retiree w/out Medicare B = \$30/Day**

- TRICARE guidelines are used as criteria. Patient must have a skilled need.
- Call USFHP Utilization Management department at (206) 326-2453, 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) 621-4026 when they open the case.

**10. PHARMACY**

All Enrollees:	Copay	Prescription Volume
Generic Drug (Mail order)	\$7	Up to 90 day supply
Generic Drug (Retail)	\$11	Up to 30 day supply
Brand Name Drug (Mail order)	\$24	Up to 90 day supply
Brand Name Drug (Retail)	\$28	Up to 30 day supply
Non-Formulary Drug (Mail order)	\$53	Up to 90 day supply
Non-Formulary Drug (Retail)	\$53	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 Bartells, Safeway, Rite Aid, and some LTC pharmacies

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

	ADF & Retiree with Medicare B	Retiree w/out Medicare Part B
Outpatient behavioral health (Individual Visits & Group)	\$0	\$30/visit
Inpatient Mental Health	\$0	\$154/Admission
Residential Treatment Center (Substance Use & Mental Health)	\$0	\$30/day
Outpatient SUD	\$0	\$30/day
Partial Day SUD and Mental Health	\$0	\$30/day
Detox	\$0	\$30/day

Patients may self-refer within the network for in-office behavioral health with no limits. They **must use** a TRICARE approved provider.

**12. REFERRALS OUTSIDE PCP OFFICE** Please fax referral requests to the UM Dept at (206) 621-4026. **All specialty referral requests require preauthorization.**  
**Follow Service Type Copays**

**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 MCD/UM Dept is notified via online referral request, fax or telephonic message to (206) 326-2453, option 1.

**13. AMBULANCE SERVICES**

**Copay:**  
**ADF & Retiree with Medicare B**    **Ground = \$0**    **Air = \$0**    **Inpatient Non-network Transfer = \$0**  
**Retiree w/out Medicare B**        **Ground = \$41**    **Air = \$20**    **Inpatient Non-network Transfer = 25% of allowable charge**

**14. EMERGENCY ROOM CARE**

**Copay:**  
**ADF & Retiree with Medicare B = \$0**  
**Retiree w/out Medicare B = \$61**

- 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 = \$1,028**  
**NAD Group A = \$3,000; NAD Group B = \$3,598**

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