

# SUMMARY OF BENEFITS

This chart presents an overview of co-pay charges for services that are covered by the Plan when they are provided or authorized by your US Family Health Plan primary care provider (PCP). Most specialist visits and hospital admissions must be arranged by your PCP (except for unforeseen medical emergencies). Co-payments are due at the time of service.

## ANNUAL ENROLLMENT FEES:

- Active-Duty Family Members – FREE
- Retirees, Survivors & Family Members – The same cost as TRICARE Prime
- Retirees, Survivors & Family Members Enrolled in Medicare Part B\* – FREE (with proof of Part B enrollment)

COVERED SERVICES	Co-Pay for Active-Duty Family Members and Retirees With Medicare Part B*		Co-pay for Retirees, Survivors & Family Members Without Medicare Part B	
	GROUP A	GROUP B**	GROUP A	GROUP B**
Annual Physical	\$0		\$0	
Primary Care Visits	\$0		\$20	
Specialty Care Visits	\$0		\$31	
Urgent Care Center	\$0		\$31	
Emergency Room	\$0		\$62	
Ambulatory Surgery	\$0		\$62	
Inpatient Hospital	\$0		\$156/admission	
Skilled Nursing	\$0		\$31/Day	
Ambulance Services:				
Ground	\$0		\$41	
Air	\$0		\$20	
Inpatient Non-network Transfer	\$0		25% of allowable charge	
Durable Medical Equipment	\$0		20%	
Physical Therapy	\$0		\$31	
Occupational Therapy	\$0		\$31	
Rehabilitation Therapy	\$0		\$31	
Routine Pap Smear	\$0		\$0	
Well Child Care & Immunization (up to 6 years of age)	\$0		\$0	
Maternity (Hospital & Professional Services)	\$0		\$156/admission	
Routine Eye Exams	\$0		\$0	
Behavioral Health:				
Outpatient Mental Health Visits Individual & Group	\$0		\$31	
Partial Hospitalization, Mental Health	\$0		\$31	
Substance Abuse Disorder (inpatient partial)	\$0		\$31	
Catastrophic Cap***	\$1,000	\$1,044	\$3,000	\$3,655
Point of Service	\$300/Indiv, \$600/family +50% of TRICARE allowable charge			

Summary is not an all-inclusive list. Complete details of benefit coverage and exclusions are available by calling our Member Services department at 206.621.4090.

\* No co-payments are due for Medicare-covered services.

\*\* Group A applies to beneficiaries who became affiliated with the military prior to January 1, 2018. Group B applies to beneficiaries who became affiliated with the military after that date.

\*\*\* Catastrophic Cap: Enrollment premiums, copays and co-insurance will be subject to the catastrophic cap. When reached, the family is exempt from further out of pocket expenses for that enrollment year.



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