

US Family Health Plan Summary of Benefits

For Retirees and Eligible Family Members Under Age 65

Effective until December 31, 2021. 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	\$25.25 \$30.50 individual \$50.50 \$61 family		
ANNUAL DEDUCTIBLE	\$0	\$0		
CATASTROPHIC CAP PER YEAR (GRP. A GRP. B)	\$1,000 \$1,058	\$3,000 \$3,703		
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	\$21		
SPECIALTY CARE VISIT	\$0	\$31		
EMERGENCY ROOM VISIT	\$0	\$63		
URGENT CARE CENTER	\$0	\$31		
AMBULATORY SURGERY	\$0	\$63		
AMBULATORY SERVICE (not including air)	\$0	\$42		
DURABLE MEDICAL EQUIPMENT	\$0	20%		
INPATIENT ADMISSION	\$0	\$158 per admission		
INPATIENT SKILLED NURSING REHAB ADMISSION	\$0	\$31 per day		
PHARMACY BENEFITS	ACTIVE DUTY FAMILY MEMBERS	RETIREES AND RETIREE FAMILY MEMBERS		
GENERIC PRESCRIPTION DRUGS	Mail Order	Retail	Mail Order	Retail
	\$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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