

# 2023 Summary of Benefits

## ACTIVE-DUTY FAMILY MEMBERS AND RETIREES WITH MEDICARE PART B

This is a summary—not a full list of covered services.  
For more information, visit [MartinsPoint.org/TRICARE](https://MartinsPoint.org/TRICARE).

**If you are considering enrolling** and have questions or would like to enroll, call us at 1-877-424-2794 (TTY: 711).

**If you are a current member** and have questions, please call Member Services at 1-888-674-8734 (TTY: 711).



**MARTIN'S POINT**<sup>®</sup>  
US FAMILY HEALTH PLAN



### ENROLLMENT FEES (as of January 1, 2023)

Enrollment fees do not apply to active-duty family members, nor to reserve component service members or their families on TAMP.

COVERED SERVICES	Active-Duty Family Member/ Retiree with Medicare Part B Pays for In-Network Services
<b>Deductibles</b>	No deductible (Deductible Applies to Point-of-Service Benefit)
<b>Annual Physical Exam</b>	No copayment
<b>Annual Eye Exam</b>	No copayment
<b>Primary Care Provider (PCP) Office Visits</b>	No copayment
<b>Specialty Office Visits</b> <i>When referred by your PCP</i>	No copayment
<b>Urgent Care</b>	No copayment
<b>Emergency Room Visits</b>	No copayment
<b>Emergency Ambulance Services (ground)</b> <i>Benefit limitations apply</i>	No copayment
<b>Inpatient (Hospitalization)</b>	No copayment
<b>Ambulatory Surgery</b>	No copayment
<b>Preventive Services</b> <i>Mammograms, colonoscopy, etc.</i>	No copayment
<b>X-rays and Lab Tests</b>	No copayment
<b>Prescription Drugs</b> <i>(formulary generic/formulary brand-name/nonformulary)</i>	<b>Retail (up to 30-day supply):</b> \$14/\$38/\$68 <b>Martin's Point On-Site and Mail-Order Pharmacies (up to 90-day supply):</b> \$12/\$34/\$68
<b>Prosthetic Devices and Durable Medical Equipment and Supplies</b>	No copayment
<b>Skilled Nursing Facility Care</b>	No copayment
<b>Home Health Care</b>	No copayment
<b>Maternity Services</b>	No copayment
<b>Mental Health Services:</b> <i>Outpatient Individual/Outpatient Group</i>	No copayment
<b>Mental Illness and Substance Abuse Treatment</b> <i>Inpatient (must be preauthorized and is subject to annual limitations)</i>	No copayment
<b>Out-of-Pocket Maximum (per family)</b>	Active-Duty: Group A:* \$1,000 Group B:** \$1,217 Retiree with Part B: Group A:* \$3,000 Group B:** \$4,262
<b>Point of Service Benefit</b> <i>Non-emergency or non-urgent care received out of network without preauthorization</i>	<b>Deductible</b> Individual: \$300 per year Family: \$600 per year <b>Coinsurance</b> 50% of TRICARE-allowable charge (after deductible)

\*Group A (Sponsor's initial enlistment or appointment occurred **before January 1, 2018**)

\*\*Group B (Sponsor's initial enlistment or appointment occurred **on or after January 1, 2018**)

This information is being supplied for summary purposes only. All covered benefits are specified in the TRICARE Policy Manual 6010.57-M and are subject to change.

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