

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). All specialist visits and hospital admissions must be arranged by your PCP (except for unforeseen medical emergencies). Most co-payments are due at the point of service.

Annual Enrollment Fees are as follows:

- Active-Duty Family Members – FREE
- Retirees, Survivors & Family Members – \$230 individual*and \$460 family*
- Retirees, Survivors & Family Members
- Enrolled in Medicare Part B¹ – FREE (with proof of Part B enrollment)

Covered Services	Co-pay for Active-Duty Family Members	Co-pay for Retirees, Survivors & Family Members	Co-pay for Retirees, Survivors & Family Members Enrolled in Medicare Part B ¹
Annual Physical	\$0	\$0	\$0
Outpatient Visits	\$0	\$12	\$0
Home Healthcare	\$0	\$12/day	\$0
Emergency Room Visit	\$0	\$30	\$0
Ambulatory Surgery	\$0	\$25	\$0
Inpatient Hospitalization (general)	\$0	\$11/day, \$25 min.	\$0
Skilled Nursing Facility Care	\$0	\$11/day, \$25 min.	\$0
Ambulance Service	\$0	\$20 per occurrence	\$0
Durable Medical Equipment (prostheses, supplies)	0%	20% of cost	0%
Physical Therapy	\$0	\$12/visit	\$0
Occupational Therapy	\$0	\$12/visit	\$0
Rehabilitation Therapy (including cardiac)	\$0	\$12/visit	\$0
Radiation Therapy	\$0	\$12/visit	\$0
Routine Pap Smear	\$0	\$0	\$0
Well Child Care & Immunization (up to 24 months of age)	\$0	\$0	\$0
Maternity (Hospital & Professional Services, pre/post-natal)	\$0	\$12/day, \$25 min.	\$0
Eye Exams	\$0	\$0	\$0
BEHAVIORAL HEALTH			
Outpatient Mental Health Visits, individual	\$0	\$25/visit	\$0
Outpatient Mental Health Visits, group	\$0	\$17/visit	\$0
Inpatient Hospitalization, Mental Health	\$0	\$40/day, \$25 min.	\$0
Partial Hospitalization, Mental Health	\$0	\$40/day, \$25 min.	\$0
Substance Abuse Treatment (inpatient partial)	\$0	\$40/day, \$25 min.	\$0
Prescription Drugs			
Retail Pharmacy (30-day supply)	Co-payment per prescription:	Co-payment per prescription:	Co-payment per prescription:
Name Brand Drugs	\$9	\$9	\$9
Generic Drugs	\$3	\$3	\$3
Non-Formulary	\$22	\$22	\$22
Mail-Order Pharmacy (90-day supply)	Co-payment per prescription:	Co-payment per prescription:	Co-payment per prescription:
Name Brand Drugs	\$9	\$9	\$9
Generic Drugs	\$3	\$3	\$3
Non-Formulary	\$22	\$22	\$22

The 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.

*If an individual is paying into Medicare Part B, there is no US Family Plan Enrollment fee for that person.

¹No co-payments are due for Medicare-covered services.

Catastrophic Cap: Co-payment collections will be subject to a catastrophic cap of \$1000 per year for active-duty families and \$3000 per year for retiree families. When reached, the family is exempt from further co-pays or coinsurance for that enrollment year. The enrollment fee (if applicable) and all out-of-pocket co-payments are included in determining the catastrophic cap.