

Plan Benefits Chart

	Cost for Active-Duty Family Members Group A* / Group B**	Cost for Retirees, Family Members, and Survivors Group A* / Group B**	Cost for members enrolled in Medicare Part B Group A* / Group B**
Outpatient Services (subject to medical review)			
Office visits (Primary Care)	\$0	\$25	\$0
Specialty office visits	\$0	\$37	\$0
Maternity care (prenatal, postnatal)	\$0	\$0	\$0
Well-child care (birth to age 6)	\$0	\$0	\$0
Routine physical examinations ⁵	\$0	\$0	\$0
X-ray and lab tests ¹	\$0	\$0	\$0
Ambulatory surgery (same day)	\$0	\$75	\$0
Physical therapy (when medically necessary)	\$0	\$37	\$0
Cardiac Rehabilitation ⁴	\$0	\$37	\$0
Inpatient Services (subject to medical review)			
Hospitalization (semiprivate room and board)	\$0	\$188 per admission	\$0
Physician services	\$0	\$0	\$0
General nursing services	\$0	\$0	\$0
Diagnostic tests, including lab and X-ray	\$0	\$0	\$0
Operating room, anesthesia, and supplies	\$0	\$0	\$0
Medically necessary supplies and services	\$0	\$0	\$0
Physical therapy (when medically necessary)	\$0	\$0	\$0
Mental Health Services (subject to medical review)			
Outpatient care individual	\$0	\$37 per visit	\$0
Outpatient care group	\$0	\$37 per visit	\$0
Partial hospitalization, mental health	\$0	\$37 per visit	\$0
Inpatient hospital psychiatric care	\$0	\$188 per admission	\$0
Substance Abuse Treatment (subject to medical review)			
Outpatient care individual	\$0	\$37 per visit	\$0
Outpatient group/family therapy	\$0	\$37 per visit	\$0
Inpatient services (up to 7 days for detoxification per year)	\$0	\$188 per admission	\$0
Inpatient rehabilitation	\$0	\$37 per day	\$0
Other Services			
Ambulance ground services ⁶ (when medically necessary)	\$0	\$50	\$0
Ambulance air services ⁶ (when medically necessary)	\$0	\$20	\$0
Dental care (basic preventive care)	Reduced fees	Reduced fees	Reduced fees
Durable medical equipment	\$0	20%	\$0
Emergency room services ² (including out of area)	\$0	\$75	\$0
Urgent Care Center	\$0	\$37	\$0
Routine eye examination (1 per Plan year)	\$0	\$0	\$0
Radiation / chemotherapy office visits	\$0	\$37	\$0
Prescription drugs co-pays ³ (Participating Retail) (up to a 30 day supply)	\$16 generic, \$43 brand \$76 non-pref brand	\$16 generic, \$43 brand \$76 non-pref brand	\$16 generic, \$43 brand \$76 non-pref brand
Prescription drugs co-pays ³ (Home Delivery Available) (up to a 90 day supply)	\$13 generic, \$38 brand \$76 non-pref brand	\$13 generic, \$38 brand \$76 non-pref brand	\$13 generic, \$38 brand \$76 non-pref brand
Skilled nursing facility care	\$0	\$37 per day	\$0
Home health care (part-time skilled nursing care)	\$0	\$0	\$0
Out of area (emergency services only)	\$0	\$75	\$0
Catastrophic Cap			
(Maximum out-of-pocket expense per family)	\$1,000* / \$1,256** per plan year	\$3,000* / \$4,399** per plan year	\$3,000* / 4,399** per plan year
Premium Fee⁷			
(Annual prices shown. Quarterly and Monthly are available)	\$0	\$363* / individual \$726* / family \$438.96** / individual \$879** / family	\$0 (with proof of Part B enrollment)

* For enlistment or appointment prior to January 1, 2018 / ** For enlistment or appointment on or after January 1, 2018