

CLAIMS CORNER

Patients have the option to seek certain care from providers who are outside the US Family Health Plan network. Here are some pointers on how the Point of Service benefit works.

The Point of Service (POS) feature in US Family Health Plan gives our members the option, at added cost, to receive:

- ✦ Nonemergency, medically necessary, TRICARE-covered medical services
- ✦ From any non-network, TRICARE-authorized specialty or inpatient care provider
- ✦ Without a referral from the patient's USFHP primary care provider POS does not apply to urgent or emergency services.

PRE-AUTHORIZATION

Please note that some covered services still require prior medical review for authorization by USFHP prior to receiving services. Examples include a gastric bypass, etc.

If the service does *not* require prior authorization, the services will be applied to the POS benefit option. The patient will be responsible for the applicable POS deductible and cost-share.

HIGHER OUT-OF-POCKET COSTS AND DEDUCTIBLES

Deductibles per enrollment/calendar year:

- ✦ Individual – **\$300, Family – \$600**
- ✦ Beneficiary's incur POS deductibles for outpatient and inpatient care

Cost Shares, after deductible is met:

- ✦ Outpatient claims – 50% of TRICARE allowable charge
- ✦ Inpatient Claims – 50% of TRICARE allowable charge

After POS deductible is met, patient may also be subject to balance billing (up to an additional 15 percent of the TRICARE allowable charge).