

QUICK REFERENCE GUIDE

US Family Health Plan (USFHP)

Effective Date: 01/01/2019



www.usfhpnw.org

1. MEMBER STATUS	Code	Managed Care Product for Uniformed Services Beneficiaries
	ADF-RX ONLY	All active duty family members regardless of rank
	ADFB-RX ONLY	All active duty family members regardless of rank with service date after 1/1/2018
	NAD-ALL	Retiree or retiree family member w/out Medicare B. 2012 NDAA Grandfathered
	NAD-RX ONLY	Retiree or retiree family member with Medicare B. 2012 NDAA Grandfathered
	T3-ALL	Retiree or retiree family member w/out Medicare B. Not 2012 NDAA Grandfathered
	T3B-ALL	Retiree or retiree family member w/out Medicare B. Not 2012 NDAA Grandfathered. Service date after 1/1/2018
	T3-RX ONLY	Retiree or retiree family member with Medicare B. Not 2012 NDAA Grandfathered
	T3B-RX ONLY	Retiree or retiree family member with Medicare B. Not 2012 NDAA Grandfathered. Service date after 1/1/2018
	ADF-TYA	TRICARE Young Adult. Eligible until age 26. Sponsor Active Duty
	NAD-TYA	TRICARE Young Adult. Eligible until age 26. Sponsor NDAA grandfathered
	CCNCP	Cat Cap reached. No copays or cost shares for the rest of the year

2. PROVIDER VISITS

Service Type	ADF & Retiree WITH Medicare B	Retiree WITHOUT Medicare B
• PCP Visits	\$0	\$20
• Specialist Visits	\$0	\$30
• Routine Annual Physical Exam (1 every 330 days)	\$0	\$0
• Urgent Care Center	\$0	\$30
• Prenatal Visits	\$0	\$0
• Well Child Visit (up to 6 years in age)	\$0	\$0
• Physical, Occupational & Speech Therapies (PT,OT,ST)	\$0	\$30
• Nurse Visits (except for injections, see below)	\$0	\$0
• Chemo/Radiation Therapy	\$0	\$30
• Allergy Tests/Treatments/Injections Specialist Office	\$0	\$30
• Laboratory	\$0	\$0
• Diagnostic Imaging/Studies	\$0	\$0
• Injections (including RN) Specialist Office	\$0	\$30
• Routine Immunizations/Pneumococcal Vaccination	\$0	\$0
• Immunizations Required for Overseas Travel	Not covered *	Not covered
• Routine Refraction (1 every 330 days) (Non-refraction or medical condition, see Specialist Visit above. Additional Routine Refraction visits are not covered)	\$0	\$0

If patient has commercial insurance (XX), follow USFHP referral requirements.

* Covered in full for active duty family members when traveling as a result of an active duty member's duty assignment while under orders issued by a Uniformed Service

3. DURABLE MEDICAL EQUIPMENT

Coinsurance:

ADF & Retiree with Medicare B = \$0

Retiree w/out Medicare B = 20% of contracted allowable

- Must obtain pre-authorization. Call **USFHP** Utilization Management Department at (206) 326-2453, option 1 and fax referral request to the UM Dept at (206) 326-4026. **This option is for clinic staff and providers only. Members will have to seek the referral request through the PCP office.**
- Must meet TRICARE criteria for medical necessity.

4. **HOME HEALTH**
 Copay:
 ADF & Retiree with Medicare B = \$0
 Retiree w/out Medicare B = \$0
- Fax orders to Home Health agency and instruct them to fax paperwork to Utilization Management (206) 621-4026 when they open the case.
 - Must be medically necessary and meet criteria.
-
5. **MEDICAL SUPPLIES & PROSTHETICS**
 Coinsurance:
 ADF & Retiree with Medicare B = \$0
 Retiree w/out Medicare B = 20% of contracted allowable
- Must obtain pre-authorization. Call **USFHP** Utilization Management Department at (206) 326-2453, option 1 and fax referral request to the UM dept. at (206) 621-4026. **This option is ONLY for providers not members.**
Note: Members must contact their PCP to request a referral.
-
6. **HOSPITALIZATION**
 Copay:
 ADF & Retiree with Medicare B = \$0
 Retiree w/out Medicare B = \$154/admission
- Urgent/Emergent Hospitalizations: **Notification to Member Services within 48 hours. MS will notify UM via CSR.**
 - Elective surgery: Must obtain pre-authorization. Call PCP's office to request a referral for review by UM and fax to UM at 206-621-4026.
-
7. **OUTPATIENT SURGERIES**
 Copay:
 ADF & Retiree with Medicare B = \$0
 Retiree w/out Medicare B = \$61
- Managed the same as hospitalizations.
-
8. **SKILLED NURSING FACILITY**
 Copay:
 ADF & Retiree with Medicare B = \$0
 Retiree w/out Medicare B = \$30/Day
- TRICARE guidelines are used as criteria. Patient must have a skilled need.
 - Call PacMed Utilization Management department at (206) 326-2453, option 2 to receive assistance with placement, or page a Case Manager by calling (206) 998-8013.
-
9. **HOSPICE – Must meet Medicare criteria**
- Fax orders to Hospice agency. Instruct them to fax paperwork to Utilization Management (206) 621-4026 when they open the case.

10. **PHARMACY**

All Enrollees:	Copay	Prescription Volume
Generic Drug (Mail order)	\$7	Up to 90 day supply
Generic Drug (Retail)	\$11	Up to 30 day supply
Brand Name Drug (Mail order)	\$24	Up to 90 day supply
Brand Name Drug (Retail)	\$28	Up to 30 day supply
Non-Formulary Drug (Mail order)	\$53	Up to 90 day supply
Non-Formulary Drug (Retail)	\$53	Up to 30 day supply

- OTC's are not a covered benefit except loratidine
- Smoking cessation (including OTC) only covered at mail order
- Cosmetic/Lifestyle drugs not covered
- Network Pharmacies – MXP (90 days), and 30 days at Bartells, Safeway, Rite Aid, and some LTC pharmacies

11. **BEHAVIORAL HEALTH & SUBSTANCE ABUSE DISORDER (SUD)**

	ADF & Retiree with Medicare B	Retiree w/out Medicare Part B
Outpatient behavioral health (Individual Visits & Group)	\$0	\$30/visit
Inpatient Mental Health	\$0	\$154/Admission
Residential Treatment Center (Substance Use & Mental Health)	\$0	\$30/day
Outpatient SUD	\$0	\$30/day
Partial Day SUD and Mental Health	\$0	\$30/day
Detox	\$0	\$30/day

Patients may self-refer within the network for in-office behavioral health with no limits. They **must use** a TRICARE approved provider.

12. **REFERRALS OUTSIDE PCP OFFICE**

Follow Service Type Copays

Please fax referral requests to the UM Dept at (206) 621-4026. **All specialty referral requests require preauthorization.**

AUTHORIZATION PROCESS

- **Routine Referrals: Medical Director reviews prior to authorization if referred to a non-participating provider.**
- **Urgent Referrals:** (Care needed same day or within 1-2 days: Require Medical Director approval if referred to a non-participating provider.)
- **Emergent Referrals:** Patient is directed to the appropriate place for care and the MCD/UM Dept is notified via online referral request, telephonic message to (206) 326-2453, option 1.

13. **EMERGENCY ROOM CARE**

Copay:
 ADF & Retiree with Medicare B = \$0
 Retiree w/out Medicare B = \$61

- Emergency visits do not require a referral
- Copay is waived if admitted.

14. **ANCILLARY SERVICES**

Covered as indicated at right:

- **Routine Lab and X-ray:** covered in full when in conjunction with an office visit
- **Eyeglasses:** 1 pair covered only after cataract surgery as a Medical Supply; otherwise not covered.

15. **CATASTROPHIC CAP**

ADF Group A = \$1,000; ADF Group B = \$1,028
 NAD Group A = \$3,000; NAD Group B = \$3,598

- All copays and coinsurance apply to the cap. When reached, the family is exempt from further copays or coinsurance for that enrollment year.