

Important Information for Expectant Mothers

What is new with maternity care in the military?

You have the privilege of making a choice for your maternity care. Beneficiaries whose first prenatal visit occurs on or after Dec. 28, have more choices for their prenatal care, labor and delivery, and post-natal care under TRICARE. In 2001, Congress passed a law that allows uniformed services beneficiaries with **TRICARE Standard** to choose a civilian provider for maternity care, even if they live close to a military hospital. Beneficiaries will no longer need permission (a non-availability statement) from their local military treatment facility (MTF) to choose a civilian provider.

Because of this new law, some TRICARE Prime beneficiaries who currently receive care at their MTF are wondering if they should disenroll from TRICARE Prime and seek civilian maternity care under TRICARE Standard. If you are one of these beneficiaries, **make sure you check for the availability of an obstetrician or other maternity care provider before you make the decision to disenroll from Prime. Due to escalating malpractice insurance costs, many obstetricians have limited their practices to gynecology only; others may not accept TRICARE Standard. You also should check for the availability of a pediatrician for your infant before disenrolling from Prime.** This sheet will help expectant mothers to understand their new TRICARE options. Active Duty women will continue to obtain their care at MTFs.

What are my options with TRICARE?

There are two main options when choosing a TRICARE package. These are TRICARE Prime and TRICARE Standard. Each option has its own advantages and disadvantages.

What are the benefits of TRICARE Prime?

TRICARE Prime uses military providers and hospitals and a network of civilian providers and hospitals. There are no yearly deductibles, and co-payments for individual provider visits are almost always less than in TRICARE Standard. In most locations, if you have TRICARE Prime you may choose a primary care manager either from a MTF or a civilian health care facility. MTF commanders are encouraged to enroll beneficiaries to their MTF before beneficiaries enroll with civilian primary care managers in the network. The primary care manager is usually a family physician, internist, pediatrician, or obstetrician/gynecologist. This provider takes care of routine, outpatient medical problems and check-ups. If in-hospital or specialty care is required, including maternity care, you must go to the MTF if the services are available there. In most cases, expectant mothers with TRICARE Prime must have their prenatal care and deliver their babies in the MTF when the MTF has obstetrical care available.

The Military Health System is committed to providing outstanding, family-centered and safe maternity care for all of our patients. We are professional health care providers who understand the unique needs of our military families, especially in today's climate of increasing deployments.

So what has changed for TRICARE Standard patients seeking maternity care?

Under the new law, a woman whose first prenatal visit occurs on or after Dec. 28, may choose a civilian doctor or midwife for her prenatal care and have her baby in a civilian hospital under TRICARE Standard. This is available even if she lives near an MTF where maternity care is delivered. Under the maternity benefit, TRICARE pays the expenses for prenatal care, labor and delivery, and post-natal care. However, there is a co-payment for maternity care. The amount varies based on your length of stay in the hospital and your sponsor's status. The initial newborn care also is covered under this plan, if the newborn is a dependent of an active-duty member or a retiree. The attached table shows possible out-of-pocket costs under TRICARE Standard and for those enrolled in TRICARE Prime.

I have TRICARE Prime and live in an area where the MTF provides obstetrical services. Do I have to switch to TRICARE Standard to get civilian maternity care?

To receive civilian maternity care, you have two options: use the TRICARE Prime Point-of-Service option, or disenroll from TRICARE Prime and convert to TRICARE Standard. While civilian maternity care may seem attractive, there are disadvantages to pursuing these options.

If you choose the Point-of-Service option, you will incur significant charges. The TRICARE Prime Point-of-Service option allows TRICARE Prime enrollees to receive nonemergency, TRICARE-covered services from any TRICARE-authorized provider without a referral from their primary care manager or authorization from a health care finder. Using the TRICARE Prime Point-of-Service option is more costly to the enrollee, and Point-of-Service charges are not subject to the catastrophic cap, which means you could pay more than \$1,000 or \$3,000 out of pocket in a year. However, with the Point-of-Service option, you remain enrolled in Prime.

If you switch to TRICARE Standard, you will not be able to re-enroll in TRICARE Prime for a period of one year unless your sponsor is E-4 or below. During this time, if you need medical attention other than maternity care, you will be subject to out-of-pocket expenses, such as deductibles and co-payments. For example, if a pregnant woman covered by TRICARE Standard is in a motor vehicle accident, these charges will apply. In addition, if an infant over three days of age sustains an injury or illness, these charges apply.

Most MTFs have the resources to take care of TRICARE Prime patients only. If you have TRICARE Standard, you may be required to seek care outside the military, paying the required deductibles and co-payments. These fees may be expensive. Whether or not medical care is available to TRICARE Standard patients varies from location to location, and even for different medical specialties at the same MTF. This sometimes results in unexpected out-of-pocket expenses. Your TRICARE service center can help with any questions about your situation. **For additional information you also may check the TRICARE Web site at www.TRICARE.osd.mil.**

BENEFICIARY COSTS FOR MATERNITY-RELATED CARE								
	Prime				Standard/Extra			
Type of Service or Fees	Active Duty Spouse	Retiree or Retiree Spouse	Active Duty Daughter	Retiree Daughter	Active Duty Spouse	Retiree or Retiree Spouse	Active Duty Daughter	Retiree Daughter
Annual Fiscal Year Deductible (applicable to outpatient services)	\$0	\$0	\$0	\$0	Applicable when beneficiary chooses to deliver at home or as an outpatient, with the exception of birthing center delivery. \$50/individual or \$100/ family for E-4 and below. \$150/individual or \$300/ family for E-5 and above.	Applicable when beneficiary chooses to deliver at home, in birthing center, or as an outpatient. \$150 per individual or \$300 per family.	Applicable when beneficiary chooses to deliver at home or as an outpatient, with the exception of birthing center delivery. \$50/individual or \$100/ family for E-4 and below. \$150/individual or \$300/ family for E-5 and above.	Applicable when beneficiary chooses to deliver at home, in birthing center, or as an outpatient. \$150 per individual or \$300 per family.
Global Maternity Care Fee (when beneficiary chooses to deliver in hospital as inpatient -- includes prenatal, inpatient professional services for delivery, and postnatal care by the same	\$0	\$0	\$0	\$0	\$0	Standard: 25% of allowable professional charges. Extra: 20% of the fee negotiated by the contractor.	\$0	Standard: 25% of allowable professional charges. Extra: 20% of the fee negotiated by the contractor.

provider)								
Institutional Services for Delivery and Newborn Care	\$0	\$0	\$0 for mom. 100% for baby unless father is Active Duty or Retiree.	\$0 for mom. 100% for baby unless father is Active Duty or Retiree.	Total cost for mother's maternity care is either \$26.64 or \$39.96, depending on length of stay.	Mother's maternity care is either \$26.64 or \$39.96, depending on length of stay. Newborn cost share is either the number of hospital days minus 3 multiplied by \$459, or 25% of billed charges, whichever is greater; cost share in a DRG-exempt hospital is 25% of allowed charges.	Total cost for mother's maternity care is either \$26.64 or \$39.96, depending on length of stay. 100% for baby unless father is Active Duty or Retiree.	Total cost for mother's maternity care is either \$26.64 or \$39.96, depending on length of stay. 100% for baby unless father is Active Duty or Retiree.
Global Maternity Care Fee (when beneficiary chooses to deliver at home or as an outpatient)	\$0	\$12 copayment.	\$0 for mom.	\$12	Standard: 20% of the allowable charge. Extra: 15% of the fee negotiated by the contractor.	Standard: 25% of the allowable charge. Extra: 20% of the fee negotiated by the contractor.	Standard: 20% of the allowable charge. Extra: 15% of the fee negotiated by the contractor.	Standard: 25% of the allowable charge. Extra: 20% of the fee negotiated by the contractor.
Birthing Center All Inclusive Fee	\$0	\$25	\$0	\$25	Standard/Extra cost share \$25	Standard: Lesser of 25% of the group rate or 25% of billed charge. Extra: 20% of the fee negotiated by the contractor.	Standard/Extra cost share \$25	Standard: Lesser of 25% of the group rate or 25% of billed charge. Extra: 20% of the fee negotiated by the contractor.

OTHER HEALTH CARE								
	Prime				Standard/Extra			
Service and Fees	Active Duty Spouse	Retiree or Retiree Spouse	Active Duty Daughter	Retiree Daughter	Active Duty Spouse	Retiree or Retiree Spouse	Active Duty Daughter	Retiree Daughter
Annual Enrollment Fee	\$0	\$230/individual, \$460/family	\$0	\$230/individual, \$460/family	\$0	\$0	\$0	\$0
Annual Deductible (Applicable to outpatient services)	N/A	N/A	N/A	N/A	\$50/individual or \$100/ family for E-4 and below. \$150/individual or \$300/ family for E-5 and above.	\$150 per individual or \$300 per family.	\$50/individual or \$100/ family for E-4 and below. \$150/individual or \$300/ family for E-5 and above.	\$150 per individual or \$300 per family.
MTF Hospital	\$0	\$13.32/day	\$0	\$13.32/day	\$13.32/day	\$13.32/day	\$13.32/day	\$13.32/day
MTF Outpatient	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Civilian Inpatient (Network Hospital)	\$0	\$11/day, \$25 minimum.	\$0	\$11/day, \$25 minimum.	\$13.32/day, \$25 minimum.	Lesser of \$250/day or 25% of negotiated charges plus 20% of negotiated professional fees.	\$13.32/day, \$25 minimum.	Lesser of \$250/day or 25% of negotiated charges plus 20% of negotiated professional fees
Civilian Outpatient (Network)	\$0	\$12 outpatient \$30 emergency care \$25 mental health (\$17 group)	\$0	\$12 outpatient \$30 emergency care \$25 mental health (\$17 group)	15% of allowed charges for covered service.	20% of allowed charges for covered service.	15% of allowed charges for covered service.	20% of allowed charges for covered service.

Civilian Inpatient (Non-Network Hospital)	50% of the allowed charges under the Point-of Service-option.	50% of the allowed charges under the Point-of Service-option.	50% of the allowed charges under the Point-of Service-option.	50% of the allowed charges under the Point-of Service-option.	Greater of \$25 or \$13.32/day.	Lesser of \$459/day or 25% of billed charges plus 25% of allowed professional fees.	Greater of \$25 or \$13.32/day.	Lesser of \$459/day or 25% of billed charges plus 25% of allowed professional fees.
Civilian Outpatient (Non-Network Hospital)	50% of the allowed charges under the Point-of Service-option.	50% of the allowed charges under the Point-of Service-option.	50% of the allowed charges under the Point-of Service-option.	50% of the allowed charges under the Point-of Service-option.	20% of allowed charges for covered service.	25% of allowed charges for covered service.	20% of allowed charges for covered service.	25% of allowed charges for covered service.
Civilian Inpatient Mental Health (Network)	\$0	\$40/day	\$0	\$40/day	\$20/day	20% of institutional and negotiated professional fees.	\$20/day	20% of institutional and negotiated professional fees.
Civilian Inpatient Mental Health (Non-Network)	50% of the allowed charges under the Point-of Service-option.	50% of the allowed charges under the Point-of Service-option.	50% of the allowed charges under the Point-of Service-option.	50% of the allowed charges under the Point-of Service-option.	\$20/day	Lesser of \$164/day or 25% of allowable fees.	\$20/day	Lesser of \$164/day or 25% of allowable fees.
Civilian Inpatient Skilled Nursing Facility Care (Network)	\$0/day charge per admission.	\$11/day (\$25 minimum charge per admission).	\$0/day charge per admission.	\$11/day (\$25 minimum charge per admission).	\$11/day (\$25 minimum charge per admission).	\$250/day copayment or 20% cost share, whichever is less, institutional services, plus 20% cost share of separately billed professional charges.	\$11/day (\$25 minimum charge per admission).	\$250/day copayment or 20% cost share, whichever is less, institutional services, plus 20% cost share of separately billed professional charges.

Civilian Inpatient Skilled Nursing Facility Care (Non-Network)	50% of the allowed charges under the Point-of Service-option.	50% of the allowed charges under the Point-of Service-option.	50% of the allowed charges under the Point-of Service-option.	50% of the allowed charges under the Point-of Service-option.	\$11/day (\$25 minimum charge per admission).	25% cost share of allowed charges for institutional services, plus 25% cost share of allowable for separately billed professional charges.	\$11/day (\$25 minimum charge per admission).	25% cost share of allowed charges for institutional services, plus 25% cost share of allowable for separately billed professional charges.
MTF Pharmacy	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TRICARE Retail Network Pharmacy	\$3/generic \$9/brand (30-day supply)	\$3/generic \$9/brand (30-day supply)	\$3/generic \$9/brand (30-day supply)	\$3/generic \$9/brand (30-day supply)	\$3/generic \$9/brand (30-day supply)	\$3/generic \$9/brand (30-day supply)	\$3/generic \$9/brand (30-day supply)	\$3/generic \$9/brand (30-day supply)
TRICARE Mail Order Pharmacy	\$3/generic \$9/brand (90-day supply)	\$3/generic \$9/brand (90-day supply)	\$3/generic \$9/brand (90-day supply)	\$3/generic \$9/brand (90-day supply)	\$3/generic \$9/brand (90-day supply)	\$3/generic \$9/brand (90-day supply)	\$3/generic \$9/brand (90-day supply)	\$3/generic \$9/brand (90-day supply)
Non-network Pharmacy	50% of cost	50% of cost	50% of cost	50% of cost	> of \$9 or 20% of cost	> of \$9 or 20% of cost	> of \$9 or 20% of cost	> of \$9 or 20% of cost
Catastrophic Cap	\$1000	\$3000	\$1000*	\$3000*	\$1000	\$3000	\$1000*	\$3000*

* This does not include the cost of care for the newborn infant.