



# Welcome to the US Family Health Plan WEBINAR



**US FAMILY**  
HEALTH PLAN



# Today's Agenda

- ★ **Introduction of Speakers** (slide 3)
- ★ **Who Is US Family Health Plan**
- ★ **Comparing Plans** (slides 4 - 5)
- ★ **Our Providers** (slides 6 - 8)
- ★ **Easy Referrals** (slides 9-10)
- ★ **Enhanced Benefits** (slides 11-17)
- ★ **Why Choose USFHP**
- ★ **How to Enroll** (slides 18-20)
- ★ **Questions** (slide 21)

# Our Presenters

## NEW YORK

New York City



**Audrey Moore**  
Health Benefits Consultant  
(917) 993-1510

Nassau and Suffolk Counties



**Jason Prosser** RET. US Army  
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(646) 341-2551

## CONNECTICUT



**Maria Green** RET. US Army  
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## NEW JERSEY

Central New Jersey including  
Bordentown, New Jersey



**Pamela Kwiat**  
Field Manager  
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South Jersey



**Josephine Grey** RET. US Army  
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Lower Hudson Valley,  
Northern New Jersey



**Darrel Hutchinson Sr.**  
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## PENNSYLVANIA



**Tammy Cartagena** RET. US Airforce  
Health Benefits Consultant  
(646) 284-5736



# How We Compare


To see how we compare visit [www.tricare.mil/plans](http://www.tricare.mil/plans)

# How We Compare



A recent survey\* of TRICARE beneficiaries rated the three most important features of a plan to be **COST, BENEFITS** and **EASE OF ACCESS TO CARE**. US Family Health Plan meets the mark in all three categories.



	TRICARE PRIME OPTIONS	
PLANS		Humana Military
REFERRAL FORM	<b>NOT REQUIRED</b>	<b>REQUIRED</b>
CHOICE OF SPECIALIST	<b>YES</b>	<b>NO</b>
ASSIGNMENT TO MILITARY CLINIC	<b>NO</b>	<b>YES (if available)</b>
PERSONAL MEMBERSHIP CARD	<b>YES</b>	<b>NO</b>
EYEGASSES**/ DENTAL BENEFIT	<b>YES @ \$0 COST</b>	<b>\$\$\$ FEDVIP</b>
GYM REIMBURSEMENT ***	<b>\$125-\$250 ANNUALLY</b>	<b>NONE</b>

\*Survey conducted of USFHP members during enrollment process. \*\* Benefit begins the first of the month following your 90th day of enrollment. Benefit selections apply to full calendar year.

\*\*\*Annual reimbursement up to \$250 per family.

All ADFM and TYA policies default to the Davis Vision benefit package for the 2020 calendar year. Retirees and their families can select **one** of the offered enhanced benefit options.



**Our  
Providers**

# Our Provider Partners



# Provider Directory



<http://www.usfhp.net/find-a-provider/>



# Referrals are Easy with Us

Doctors work directly with you to get the care you need!  
**No Middleman!**



**1. Member Consults with PCP**



**2. Member uses USFHP online Provider Directory to locate Specialist**

# Referrals are Easy with Us

## 3. Member informs PCP of par Specialist



## 4. Member has Specialist appointment



**Enhanced  
Benefits**

# DENTAL PLAN

A close-up photograph of a female dentist in blue scrubs and a pink surgical mask, smiling warmly at a male patient. She is holding a dental instrument near his teeth. The patient is also smiling, showing his teeth. The background is a bright, clean dental office.

Oral Evaluation, Cleaning,  
Bitewings and X-rays

**\$0 cost**

# Healthplex Preventive Dental Service

DENTAL COVERAGE	BENEFIT TYPE	US FAMILY HEALTH PLAN HEALTHPLEX COST
<b>MONTHLY PREMIUM</b>		<b>\$0</b>
<b>PREVENTATIVE CARE</b>	Cleaning X-Rays Bite Wings <i>Frequency Bi-Annually</i>	<b>\$0</b>
<b>MINOR DENTAL SERVICES</b>	Fillings Extractions	Plan pays 70-80% <i>Based by State</i>
<b>MAJOR DENTAL SERVICES</b>	Crown Root Canal	Plan pays 50-60% <i>Based by State</i>
<b>COSMETIC</b>	<b>Orthodontics</b>	<b>\$2,910 Max Benefit</b>
<b>OUT OF NETWORK</b>	Out of network benefits are paid based on usual and prevailing charges or recognized charge levels, as determined by plan.	

<sup>1</sup>Benefit begins the first of the month following your 90th day of enrollment. Benefit selections apply to full calendar year.

FOR RETIREE FAMILIES ONLY.

# VISION PLAN

Eyeglasses/Frames  
and/or  
Contact Lenses  
**\$0 cost**



# Davis Vision (Vision Plan)

VISION COVERAGE	BENEFIT TYPE	US FAMILY HEALTH PLAN DAVIS VISION COST
<b>MONTHLY PREMIUM</b>	<b>Monthly Cost per Family</b>	<b>\$0</b>
<b>EYEGASSES &amp; FRAMES</b>	<b>Standard single vision, bifocal or trifocal lenses every 12 months</b>	<b>\$0 For Frames up to \$125 value (every 24 months )</b>
<b>CONTACT LENSES</b>	<b>In lieu of eyeglasses Contact Lenses every 12 months</b>	<b>0% Up to \$100 value</b>

<sup>1</sup> Benefit begins the first of the month following your 90th day of enrollment. Benefit selections apply to full calendar year.

<sup>2</sup> All ADFM and TYA policies default to the Davis Vision benefit package for the 2020 calendar year.

\* For Retiree families only.

# GYM REIMBURSEMENT

Annual reimbursement  
**\$125 for Individual**  
**\$250 for Family**





# Your Gym - Your Choice



\* For Retiree families only.

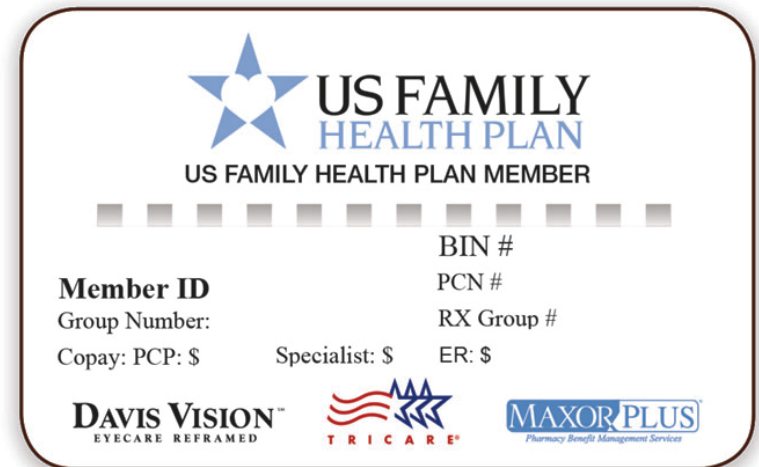


**Enrollment  
is Easy**

# US Family Health Plan Delivers Healthcare in a Personal Way.



Top Notch **Customer Service** team who answer every call.



Members also receive a **Personalized ID Card** to use at all health care visits including pharmacy!

# How to Enroll

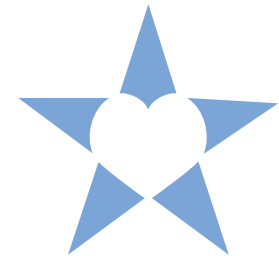
**CLICK on link below to enroll in  
USFHP/TRICARE Prime:**

[DD Form 2876 Active Duty Only.pdf](#)

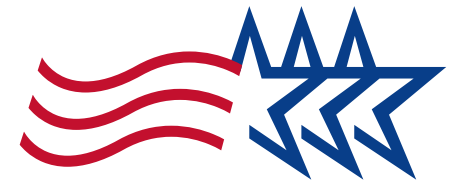
**CALL: US Family Health Plan  
800-241-4848 Option #3**

**VISIT our Website  
[www.usfhp.net](http://www.usfhp.net)**

and click on **“ENROLL NOW”**



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**T R I C A R E®**

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# Questions?



# Thank You for Joining our Webinar



Call Us 800-241-4848 Option #3

