



TRICARE® Maternity Care

Your choices for receiving care before, during, and after childbirth

If you are pregnant, you have many choices for receiving care before, during, and after childbirth. These services and their associated costs are related to your beneficiary status, how close you live to a military hospital or clinic that provides obstetric and gynecological services, and your choice of TRICARE program and provider.

MATERNITY CARE COVERAGE

TRICARE covers all medically necessary maternity care, from your first obstetric visit through six weeks after your child is born. The following services are covered if medically necessary:

- Obstetric visits throughout your pregnancy
- Fetal ultrasounds
- Hospitalization for labor, delivery, and postpartum care
- Anesthesia for pain management during labor and delivery
- Cesarean sections
- Management of high-risk or complicated pregnancies
- Deliveries at TRICARE-certified/authorized birthing centers

TRICARE does **not** cover the following services:

- Fetal ultrasounds that are not medically necessary (*e.g., to determine your baby's sex*) including three- and four-dimensional ultrasounds
- Services and supplies related to noncoital reproductive procedures (*e.g., artificial insemination*), except for certain wounded, ill, and injured service members in very limited circumstances
- Management of uterine contractions with drugs that are not approved for that use by the U.S. Food and Drug Administration (*i.e., off-label use*)
- Home uterine-activity monitoring and related services
- Private hospital rooms

- Unproven procedures (*e.g., lymphocyte or paternal leukocyte immunotherapy for the treatment of recurrent miscarriages, salivary estriol test for preterm labor*)
- Umbilical cord collection and storage, except for patients who undergo a covered umbilical cord blood transplant
- Non-registered nurse midwives
- Non-medical support during labor and childbirth (*e.g., doulas, labor coaches*)

Note: Some providers offer their patients routine ultrasound screening as part of the scope of care after 16–20 weeks of pregnancy. TRICARE does **not** cover routine ultrasound screening. Only medically necessary maternity ultrasounds are covered by TRICARE.

GETTING MATERNITY CARE

Your guidelines for getting care vary based on your TRICARE program option and whether you live stateside or overseas.

TRICARE Prime Beneficiaries: If your primary care manager (PCM) is at a military hospital or clinic, you should receive maternity care at the military hospital or clinic. If maternity care is unavailable at your military hospital or clinic, your PCM there will refer you to a civilian network provider for maternity care. If you have a civilian PCM, that PCM will direct your maternity care or refer you to an obstetrician. All beneficiaries, except active duty service members (ADSMs), may use the point-of-service (POS) option to self-refer to an obstetrician; however, higher out-of-pocket costs apply. If you move, and TRICARE Prime is available in your new location, you may transfer your TRICARE Prime enrollment by phone (*ADSMs and active duty family members [ADFM] only*), mail, or online. Your previous PCM and regional contractor will work with your new provider to ensure continuity of care.

This fact sheet is **not** all-inclusive. For additional information, please visit www.tricare.mil.

TRICARE Prime Remote (TPR) and TRICARE Prime Remote for Active Duty Family Members (TPRADFM)

Beneficiaries: If you are enrolled in TPR or TPRADFM with an assigned PCM, your PCM will direct your care. Otherwise, you may visit a TRICARE-authorized civilian provider with prior authorization from your regional contractor.

TRICARE Standard and TRICARE Extra, TRICARE Reserve Select (TRS), and TRICARE Retired Reserve (TRR)

Beneficiaries: You may receive care from any TRICARE-authorized provider without a referral. Visits to a network provider will cost you less out of pocket and the provider will file claims on your behalf. With a non-network provider, you will pay more out of pocket and may have to file your own claims.

TRICARE Overseas Program (TOP) Prime and TOP

Prime Remote Beneficiaries: ADFMs should receive maternity care from military hospitals and clinics if the PCM is located there. If you are not located near a military hospital or clinic, or care there is unavailable, your PCM will refer you to a host nation provider. If you are a TOP Prime Remote beneficiary, your TOP Regional Call Center will help you coordinate care. TOP Prime and TOP Prime Remote beneficiaries may also use the POS option to self-refer to obstetricians; however, higher out-of-pocket costs apply.

Note: Maternity care services require referrals and/or prior authorizations. For more information, contact your regional contractor or TOP Regional Call Center. See the *For Information and Assistance* section of this fact sheet for contact information.

TOP Standard and Overseas TRS and TRR Beneficiaries:

You may seek care from almost any host nation provider without a referral. You should expect to pay up front for care and submit a claim with proof of payment for reimbursement. Overseas, there may be no limit to the amount that nonparticipating non-network providers may bill, and you are responsible for paying any amount that exceeds the TRICARE-allowable charge in addition to your deductibles and cost-shares. For more information, visit www.tricare.mil/overseas.

Note: If you live or travel in the Philippines, you are required to see a certified provider for care. Additionally, TOP Standard beneficiaries who reside in the Philippines and who seek care within designated Philippine Demonstration areas must see approved demonstration providers to ensure TRICARE cost-shares their claims, unless they request and receive waivers from Global 24 Network Services. For more information, visit www.tricare-overseas.com/philippines.htm.

TRICARE Young Adult (TYA) Beneficiaries: Young adults who have purchased coverage under TYA follow the rules (*including costs and provider choices*) of the plan in which they are enrolled—either TYA Prime or TYA Standard.

TRICARE Dental Program Beneficiaries: During pregnancy, a third cleaning is covered in a 12-month period.

NEWBORN ELIGIBILITY AND ENROLLMENT

TRICARE Prime, TPR, and TPRADFM Beneficiaries:*

Children are automatically covered as TRICARE Prime or TPRADFM beneficiaries for 60 days after birth as long as one other family member is enrolled in TRICARE Prime, TPR, or TPRADFM. However, to ensure that your child has continuous TRICARE Prime or TPRADFM coverage on day 61 and after, you must take action within the first 60 days of birth to:

- First, register your child in the Defense Enrollment Eligibility Reporting System (DEERS) at a uniformed services identification (ID) card-issuing facility. A birth certificate or certificate of live birth from the hospital is required. Visit www.dmdc.mil/rsl to find an ID card-issuing facility in your area.
- Second, enroll your child in TRICARE Prime or TPRADFM via the Beneficiary Web Enrollment Web site available at www.tricare.mil/bwe. You may also enroll your child by submitting a *TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form* (DD Form 2876) to your regional contractor.

If you do not enroll your child in a TRICARE Prime option by day 61, he or she will be covered under TRICARE Standard and TRICARE Extra. If your child is not registered in DEERS within one year after the date of birth, your child will lose all TRICARE coverage until he or she is registered in DEERS.

TOP Prime and TOP Prime Remote Beneficiaries:*

Overseas, parents should first register newborn children in DEERS and then enroll them in TOP Prime or TOP Prime Remote within 120 days of birth. You may enroll your child by submitting *DD Form 2876* to your TOP Regional Call Center.

TRICARE Standard and TRICARE Extra and TOP Standard Beneficiaries:*

If no family member is enrolled in a TRICARE Prime option at the time of your child's birth, your child is automatically covered by TRICARE Standard and TRICARE Extra or TOP Standard. You must register your child in DEERS at a uniformed services ID card-issuing facility. A birth certificate or certificate of live birth from the hospital is required. Coverage will be continuous as long as you register your child in DEERS within 365 days of birth.

Note: TRICARE Extra is **not** available overseas.

TRS and TRR Beneficiaries:* Your child will be covered by TRS or TRR if you register your child in DEERS and the TRS or TRR *Reserve Component Health Coverage Request form* (DD Form 2896-1) is sent to the regional contractor and postmarked within 60 days of birth.

TYA Beneficiaries:* Expectant mothers enrolled in a TYA program option receive maternity care for the duration of their pregnancy as long as they remain enrolled in TYA.

* *Maternity care for a sponsor's TRICARE-eligible dependent daughter is covered; however, care for the newborn grandchild is not covered under TRICARE, unless the newborn's father is a sponsor or the newborn is adopted by a sponsor.*

COSTS

ADSMs and ADFMs have no costs for maternity care under TRICARE Prime, TPR, TPRADFM, TOP Prime, and TOP Prime Remote. Other beneficiaries (*including those using TRICARE Standard, TRS, TRR, and TYA, or retirees, their family members, and all others*) have copayments and/or cost-shares. Except for ADSMs, beneficiaries enrolled in TRICARE Prime, TPRADFM, TOP Prime, TOP Prime Remote, and TYA Prime may use the POS option to self-refer to an obstetrician, but will pay higher out-of-pocket costs. See the following tables for detailed cost information.

TRICARE Prime® Beneficiary Costs

The costs in the following table apply to TRICARE Prime, TPRADFM, TOP Prime, TOP Prime Remote (*except ADSMs*), and TYA Prime beneficiaries seeking maternity care. These costs are effective for fiscal year (FY) 2014 (*October 1, 2013–September 30, 2014*) and are subject to change each year on October 1.

TRICARE Prime Beneficiary Costs

| Type of Service | Active Duty Service Members and Active Duty Family Members ¹ | Retirees, Their Family Members, and All Others ¹ |
|---|---|--|
| Annual Fiscal Year Deductible (<i>applicable to outpatient services</i>) | \$0 | \$0 |
| Global Maternity Care Fee (<i>inpatient hospital delivery that includes prenatal care, inpatient professional services for delivery, and postnatal care</i>) | \$0 | \$11 per day (\$25 minimum charge) |
| Inpatient Professional Services for Newborn Care (<i>not included in global maternity care fee</i>) | \$0 | \$11 per day (\$25 minimum charge) |
| Newborn Cost-Share for Hospital Services | \$0 | Newborn date of admission matches date of birth: \$11 per day (\$25 minimum charge) applies to the fourth and subsequent days of the newborn's inpatient stay Newborn admitted after date of birth: \$11 per day (\$25 minimum charge) applies to all days of the newborn's inpatient stay |
| Professional Services Fee (<i>if you choose to deliver at home or as an outpatient</i>) | \$0 | \$12 per visit for mother |
| Prenatal Care, Outpatient Delivery, and Postnatal Care Provided by TRICARE-Authorized Birthing Center (<i>all-inclusive rate</i>), or Maternity Care Ending in Childbirth in Hospital-Based Outpatient Birthing Room | \$0 | \$25 per day |

1. Maternity care for a sponsor's TRICARE-eligible dependent daughter is covered; however, care for the newborn grandchild is not covered under TRICARE, unless the newborn's father is a sponsor or the newborn is adopted by a sponsor.

TRICARE Standard® and TRICARE Extra Beneficiary Costs

The costs in the following tables apply to TRICARE Standard and TRICARE Extra, TOP Standard, TRS, TRR, and TYA Standard beneficiaries seeking maternity care. TRR beneficiaries' costs are in the retiree column. These costs are effective for FY 2014 and are subject to change each year on October 1.

TRICARE Standard and TRICARE Extra Annual Fiscal Year Deductible (*Applicable To Outpatient Services*)¹

| Active Duty Family Members ² | TRICARE Reserve Select® Members | Retirees, Their Family Members, and All Others |
|--|--|--|
| Pay grades E-4 and below: \$50/individual or \$100/family | Pay grades E-4 and below: \$50/individual or \$100/family | \$150/individual or \$300/family |
| Pay grades E-5 and above: \$150/individual or \$300/family | Pay grades E-5 and above: \$150/individual or \$300/family | |

1. Applies when you choose to deliver at home or as an outpatient, with the exception of birthing-center delivery.

2. Family members of National Guard and Reserve members who are activated for more than 30 consecutive days in support of a contingency operation can have their deductible waived.

TRICARE Standard and TRICARE Extra Global Maternity Care Fee (*If You Deliver in a Hospital as an Inpatient*) Includes Prenatal Care, Inpatient Professional Services for Delivery, and Postnatal Care

| Active Duty Family Members ¹ | TRICARE Reserve Select Members ¹ | Retirees, Their Family Members, and All Others ¹ | |
|--|--|---|--|
| \$17.65 per day (\$25 minimum charge) ² There is no separate cost-share for separately billed professional charges. | \$17.65 per day (\$25 minimum charge) ² There is no separate cost-share for separately billed professional charges. | Network Provider | \$250 per day or 25% of billed charges for institutional services, whichever is less, plus 20% cost-share for separately billed professional charges |
| | | Non-Network Provider | \$744 per day or 25% of billed charges for institutional services, whichever is less, plus 25% cost-share for separately billed professional charges |

1. Maternity care for a sponsor's TRICARE-eligible dependent daughter is covered; however, care for the newborn grandchild is not covered under TRICARE, unless the newborn's father is a sponsor or the newborn is adopted by a sponsor.

2. Example: If your hospital stay lasts one day, your charge for the stay will be \$25. If your stay lasts more than one day, your charge will be \$17.65 multiplied by the number of days of your stay.

TRICARE Standard and TRICARE Extra Newborn Cost-Share for Hospital Services

| Active Duty Family Members ¹ | TRICARE Reserve Select Members ¹ | Retirees, Their Family Members, and All Others ¹ | |
|--|--|---|---|
| There is no separate cost-share for hospital services or separately billed professional charges. | \$17.65 per day (\$25 <i>minimum charge</i>) ² | Network Provider | <ul style="list-style-type: none"> • Newborn date of admission matches date of birth: The cost-share will be the number of hospital days minus three, multiplied by \$250 or 25% of TRICARE contractor-negotiated charges for institutional services, whichever is less, plus 20% cost-share of separately billed contractor-negotiated professional charges. • Newborn admitted after date of birth: The cost-share will be the number of hospital days for the newborn multiplied by \$250 or 25% of TRICARE contractor-negotiated charges for institutional services, whichever is less, plus 20% cost-share of separately billed contractor-negotiated professional charges. |
| | | Non-Network Provider | <p>Diagnosis-Related Group (DRG) Hospital</p> <ul style="list-style-type: none"> • Newborn date of admission matches date of birth: The cost-share will be the number of hospital days minus three multiplied by \$744 or 25% of billed charges for institutional services, whichever is less, plus 25% cost-share of allowable separately billed professional charges. • Newborn admitted after date of birth: The cost-share will be the number of hospital days for the newborn multiplied by \$744 or 25% of billed charges for institutional services, whichever is less, plus 25% cost-share of allowable separately billed professional charges. <p>DRG-Exempt Hospital</p> <ul style="list-style-type: none"> • The cost-share will be 25% of allowed charges for institutional services, plus 25% cost-share of allowable separately billed professional charges. |

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2. Example: If your hospital stay lasts one day, your charge for the stay will be \$25. If your stay lasts more than one day, your charge will be \$17.65 multiplied by the number of days of your stay.

TRICARE Standard and TRICARE Extra Professional Services Fee (If You Choose To Deliver at Home or as an Outpatient)

| Active Duty Family Members ¹ | TRICARE Reserve Select Members ¹ | Retirees, Their Family Members, and All Others ¹ | |
|---|--|--|--|
| Network Provider | 15% of the TRICARE contractor-negotiated fee for the mother's care | 15% of the TRICARE contractor-negotiated fee for the mother's care | 20% of the TRICARE contractor-negotiated fee for the mother's care |
| Non-Network Provider | 20% of the allowable charge for the mother's care | 20% of the allowable charge for the mother's care | 25% of the allowable charge for the mother's care |

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TRICARE Standard and TRICARE Extra Prenatal Care, Outpatient Delivery, and Postnatal Care Provided by TRICARE-Authorized Birthing Center (*All-Inclusive Rate*); or Maternity Care Ending in Childbirth in Hospital-Based Outpatient Birthing Room

| Active Duty Family Members ¹ | TRICARE Reserve Select Members ¹ | Retirees, Their Family Members, and All Others ¹ | |
|---|---|---|---|
| \$25 | \$25 | Network Provider | 20% of the TRICARE contractor-negotiated fee |
| | | Non-Network Provider | <p>Birthing center: Lesser of 25% of birthing center rate or 25% of billed charge</p> <p>Hospital-based outpatient birthing room: Lesser of 25% of group rate or 25% of billed charge</p> |

1. Maternity care for a sponsor's TRICARE-eligible dependent daughter is covered; however, care for the newborn grandchild is not covered under TRICARE, unless the newborn's father is a sponsor or the newborn is adopted by a sponsor.

IF YOU LOSE TRICARE ELIGIBILITY WHILE PREGNANT

You may lose TRICARE eligibility, including maternity coverage, if:







- You are an ADSM and you separate (*not retire*) from the military
- Your ADSM spouse separates (*not retires*) from the military
- You divorce your ADSM or retired sponsor and do not qualify for former-spouse benefits
- You are an unmarried daughter of an ADSM or retired service member and you reach age 21 (*or age 23 if enrolled in a full-time course of study at an approved institution of higher learning, and if the sponsor provides over 50 percent of the financial support*)
- You are disenrolled from TRS, TRR, or TYA for nonpayment or loss of eligibility

Depending on the reason for losing eligibility, you may qualify for the Transitional Assistance Management Program, TYA, or the Continued Health Care Benefit Program (CHCBP). TYA and CHCBP require premium payments. If you are an ADSM who is pregnant at the time of release from active duty, you may also work with your service (*unit personnel and military hospital or clinic administrative channels*) to determine if you are eligible for ongoing care at a military hospital or clinic.

You will automatically receive a certificate of creditable coverage if you lose TRICARE eligibility. The certificate serves as evidence of prior health care coverage under TRICARE.

For more information, visit www.tricare.mil.

FOR INFORMATION AND ASSISTANCE

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|  TRICARE North Region Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) www.hnfs.com |  TRICARE South Region Humana Military, a division of Humana Government Business 1-800-444-5445 Humana-Military.com |  TRICARE West Region UnitedHealthcare Military & Veterans 1-877-988-WEST (1-877-988-9378) www.uhcmilitarywest.com |
|  TRICARE Overseas Program (TOP) Regional Call Center—Eurasia-Africa¹ +44-20-8762-8384 (<i>overseas</i>) 1-877-678-1207 (<i>stateside</i>) tricarelon@internationalsos.com |  TOP Regional Call Center—Latin America and Canada¹ +1-215-942-8393 (<i>overseas</i>) 1-877-451-8659 (<i>stateside</i>) tricarephi@internationalsos.com |  TOP Regional Call Centers—Pacific¹ Singapore: +65-6339-2676 (<i>overseas</i>) 1-877-678-1208 (<i>stateside</i>) sin.tricare@internationalsos.com Sydney: +61-2-9273-2710 (<i>overseas</i>) 1-877-678-1209 (<i>stateside</i>) sydricare@internationalsos.com |
| TRICARE Reserve Select www.tricare.mil/trs TRICARE Retired Reserve www.tricare.mil/trr | TRICARE Young Adult www.tricare.mil/tya | TRICARE Dental Program www.metlife.com/tricare |
| Continued Health Care Benefit Program Humana Military 1-800-444-5445 www.tricare.mil/chcbp | Transitional Assistance Management Program www.tricare.mil/tamp | milConnect Web Site http://milconnect.dmdc.mil |

1. For toll-free contact information, visit www.tricare-overseas.com.

An Important Note About TRICARE Program Information

At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. **Military hospital and clinic guidelines and policies may be different than those outlined in this publication.** For the most recent information, contact your TRICARE regional contractor or local military hospital or clinic. The TRICARE program meets the minimum essential coverage requirement under the Affordable Care Act. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.