If you are pregnant, your care before, during and after childbirth and your associated costs are determined by 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 the following maternity care services 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
- Breast pumps, breast pump supplies and breast-feeding counseling

For more information on covered services, go to www.tricare.mil/coveredservices.

COSTS

Active duty service members (ADSMs) and active duty family members (ADFMs) have no costs for maternity care under any TRICARE Prime option. Others (including those enrolled in TRICARE Select, TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), TRICARE Young Adult (TYA) Select and the Continued Health Care Benefit Program (CHCBP), and retirees, their family members and all others) have copayments and/or cost-shares. Except for ADSMs, beneficiaries with a TRICARE Prime option may use the point-of-service (POS) option to self-refer to an obstetrician, but will pay higher out-of-pocket costs. For more information about the POS option, go to www.tricare.mil/pointofservice. For detailed cost information, go to www.tricare.mil/costs.
GETTING MATERNITY CARE

Your guidelines for getting care vary based on your TRICARE program option and whether you live stateside or overseas. Maternity care services may require referrals and/or prior authorizations.

<table>
<thead>
<tr>
<th>BENEFICIARY TYPE</th>
<th>GUIDELINES</th>
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<tr>
<td>TRICARE Prime</td>
<td>If your primary care manager (PCM) is at a military hospital or clinic, you should get maternity care at the military hospital or clinic. If maternity care is unavailable at your military hospital or clinic, your PCM will refer you to a civilian network provider. If you have a civilian PCM, your PCM will direct your maternity care or give you a referral to an obstetrician.</td>
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<tr>
<td>TRICARE Prime Remote (TPR)</td>
<td>If you have TPR 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.</td>
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<tr>
<td>TRICARE Select, TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR) and Continued Health Care Benefit Program (CHCBP)</td>
<td>You may get 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 for you. With a non-network provider, you may pay more out of pocket, and have to file your own claims. Non-network providers may charge up to 15 percent above the TRICARE-allowable charge, and you are responsible for that amount in addition to any deductible or cost-shares.</td>
</tr>
<tr>
<td>TRICARE Overseas Program (TOP) Prime and TOP Prime Remote</td>
<td>You should get maternity care from a military hospital or clinic if your PCM is located there. If you are not located near a military hospital or clinic, or care there is unavailable, your PCM will give you a referral to a purchased care sector provider (a TRICARE-authorized civilian provider in your overseas area). If you have TOP Prime Remote, your TOP Regional Call Center will help you coordinate care.</td>
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</table>
| TOP Select and Overseas TRS, TRR and CHCBP | You may seek care from almost any purchased care sector provider without a referral. Overseas providers are not required to bill TRICARE on your behalf. You should expect to pay up front for care and submit a claim with proof of payment to get money back. Outside the U.S. and U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands), 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 deductible, cost-shares and copayments. For more information, visit www.tricare.mil/overseas.

**Note:** Under TOP Select, you may receive care from any host nation provider without a referral. If you live or travel in the Philippines, you are required to see a certified provider for care. Additionally, TOP Select beneficiaries who reside in the Philippines and who seek care within designated Philippine locations are encouraged to see a TRICARE-preferred provider. Out-of-pocket cost are lower when using a preferred provider. For more information, visit www.tricare-overseas.com/philippines.htm. |
| TRICARE Young Adult (TYA) | Young adults who have purchased coverage under TYA follow the rules (including costs and provider choices) of the plan they have—either TYA Prime or TYA Select. |
| TRICARE Dental Program | During pregnancy, a third cleaning is covered in a 12-month period. |
NEWBORN AND ADOPTED CHILD ELIGIBILITY

All newborn and adopted children must be registered in the Defense Enrollment Eligibility Reporting System (DEERS) within 90 days (120 days if overseas). To do this, the sponsor must go to a uniformed services ID card office and present the child’s birth certificate, certificate of live birth from the hospital, record of adoption or letter of placement of your child into your home by a recognized placement or adoption agency or the court.

If your child is not registered in DEERS within the allotted time period, they will only be able to receive care on a space-available basis at a military hospital or clinic. The sponsor will only then be able to enroll the child after another Qualifying Life Event (QLE) or during the next open enrollment period. Newborn and adopted children of TRS or TRR members cannot become qualified for coverage and enrolled in TRS or TRR until registered in DEERS. Visit www.dmdc.osd.mil/rsl to find a uniformed services ID card office in your area.

TRICARE Reserve Select® and TRICARE Retired Reserve®

Your child will be covered by TRS or TRR if you purchased family coverage, registered him or her in DEERS and enrolled him or her in TRS or TRR. For information about covering your child with TRS or TRR family coverage, visit www.tricare.mil/trs or www.tricare.mil/trr. Submit your child’s enrollment form to your regional contractor within 90 days (120 days if overseas) of birth or adoption.

TRICARE Young Adult

Under TYA, newborn and newly adopted children are not covered by TRICARE unless the child’s other parent is a sponsor or the child is adopted by a sponsor. They will also not be able to receive care from a military hospital or clinic.

Continued Health Care Benefit Program

If your child is born or adopted under CHCBP coverage, you may not need to register him or her in DEERS. Contact the CHCBP contractor, Humana Military, to enroll your child in the CHCBP.

AUTOMATIC ENROLLMENT OF ACTIVE DUTY FAMILY MEMBERS

Once registered in DEERS, children of ADSMs will be automatically enrolled in a TRICARE plan based on where they live. For children of retirees, there is no automatic enrollment process. Children of retirees must first be registered in DEERS within 90 days (120 days if overseas), and then the family must contact their TRICARE contractor to enroll them in a desired TRICARE plan.

Stateside Automatic Enrollment

Stateside children of ADSMs are automatically enrolled in TRICARE Prime as long as:

- They are registered in DEERS
- They live in a stateside Prime Service Area (PSA). If they don’t live in a PSA, the child will be automatically enrolled in TRICARE Select.

Within the 90 days of the automatic enrollment, you may choose to change your child’s coverage to another TRICARE plan or US Family Health Plan (USFHP), if eligible. After 90 days, you must wait until another QLE or the open enrollment period to enroll your child in a different TRICARE plan.

Overseas Automatic Enrollment

Overseas children of ADSMs are automatically enrolled in TOP Select when they are registered in DEERS. You may elect to change their coverage to TOP Prime or TOP Prime Remote within 120 days of birth or adoption. You may only enroll your child in a TOP Prime option if you are a command-sponsored ADFM.

HOW TO ENROLL OR CHANGE ENROLLMENT

Stateside, to enroll your child in TRICARE Select or USFHP online, by phone or by mail:

- Go to the Beneficiary Web Enrollment (BWE) website at www.dmdc.osd.mil/appj/bwe.
- Call your regional contractor or USFHP customer service representative.
- Mail your enrollment form. Find forms online at www.tricare.mil/forms.
To enroll your child in an overseas plan by phone or mail:

- Call your Global TRICARE Service Center (choose option 4 from the TOP Regional Call Center menu).
- Mail your enrollment form. Find forms online at www.tricare.mil/forms.

Note: CHCBP does not offer online or phone enrollment. Visit www.tricare.mil/chcbp for more information.

**IF YOU TAKE AN EXTENDED TRIP**

If you have TRICARE Prime and plan to travel for more than 30 days, you may keep your current TRICARE Prime enrollment or transfer your enrollment if TRICARE Prime is available in your new location. If you keep your TRICARE Prime enrollment in your original enrolled location, you need to coordinate with your PCM to get referrals for nonemergency health care services you get in the location you are visiting. To transfer your enrollment, contact your regional contractor. Overseas, different rules apply. Contact your TOP Regional Call Center for guidance.

If you are using TRICARE Select or TOP Select, you may get care from any TRICARE-authorized provider (unless local country restrictions apply) in your new location without a referral.

**IF YOU LOSE TRICARE ELIGIBILITY**

You may lose TRICARE eligibility, including maternity coverage, for various reasons related to life events and sponsor status changes. Depending on the reason for losing eligibility, you may qualify for continued coverage under the Transitional Assistance Management Program, TYA or 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.

Visit www.tricare.mil/maternitycare for more information.