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 have no costs for maternity care under any TRICARE Prime option. Others (including those using TRICARE Standard and TRICARE Extra, TRICARE Reserve Select (TRS), TRICARE Retired Reserve (TRR), TRICARE Young Adult (TYA) Standard 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 in the U.S. 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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<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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<td>TRICARE Standard and TRICARE Extra, 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>
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<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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| TOP Standard 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 and cost-shares. For more information, visit www.tricare.mil/overseas.  

**Note:** If you live or travel in the Philippines, you must use certified providers. Those with TOP Standard may also be required to follow the rules of the Philippine Demonstration. 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 Standard. |
| TRICARE Dental Program | During pregnancy, a third cleaning is covered in a 12-month period. |
NEWBORN AND ADOPTED CHILD ELIGIBILITY AND ENROLLMENT

All newborn and adopted children must be registered in the Defense Enrollment Eligibility Reporting System (DEERS). 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 one year after the date of birth or adoption, your child will lose all TRICARE coverage until he or she is registered in DEERS. 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 Prime® and TRICARE Prime Remote

Children of ADSMs are automatically covered as TRICARE Prime beneficiaries for 60 days after birth or adoption. For retirees, children are covered under TRICARE Prime for 60 days after birth or adoption as long as one other family member has TRICARE Prime.

To make sure your child has continuous TRICARE Prime coverage on day 61 and after, register your child in DEERS and enroll him or her in TRICARE Prime by using the Beneficiary Web Enrollment website at www.dmdc.osd.mil/appj/bwe, calling your regional contractor or submitting a TRICARE Prime Enrollment, disenrollment, and Primary Care Manager (PCM) Change Form (DD Form 2876) to your regional contractor.

If you don’t enroll your child in a TRICARE Prime option by day 61, he or she will be covered under TRICARE Standard and TRICARE Extra.

TRICARE Overseas Program Prime and TRICARE Overseas Program Prime Remote

Register your child in DEERS and enroll him or her in TOP Prime or TOP Prime Remote within 120 days of birth or adoption. You may enroll your child by calling your Global TRICARE Service Center (choose option 4 from the TOP Regional Call Center menu) or by submitting DD Form 2876 to the TOP contractor or your local TRICARE Service Center.

TRICARE Standard® and TRICARE Extra and TRICARE Overseas Program Standard

If no family member is enrolled in a TRICARE Prime option at the time of your child’s birth or adoption, your child is automatically covered by TRICARE Standard and TRICARE Extra or TOP Standard. Coverage will be continuous as long as you register your child in DEERS within 365 days of birth or adoption.

Note: TRICARE Extra is not available overseas.

TRICARE Reserve Select® and TRICARE Retired Reserve®

Your child will be covered by TRS or TRR if you purchased coverage, registered him or her in DEERS and enrolled him or her in TRS or TRR. To enroll your child in TRS or TRR, complete the Reserve Component Health Coverage Request form (DD Form 2896-1) by logging into the DMDC Reserve Component Purchased TRICARE Application at www.dmdc.osd.mil/appj/reservetricare. Submit your child’s enrollment form to your regional contractor within 60 days 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.

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 CHCBP.
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 Standard and TRICARE Extra or TOP Standard, 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.

LOOKING FOR More Information?

This brochure is not all-inclusive. For additional information, please go to www.tricare.mil.

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.

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