

2026 Updates Plan Benefits Chart

Cost for Active-Duty
Family Members
Group A* /
Group B**

Cost for Retirees,
Family Members,
and Survivors
Group A* /
Group B**

Cost for members
enrolled in
Medicare Part B
Group A* /
Group B**

Outpatient Services (subject to medical review)			
Office visits (Primary Care)	\$0	\$26	\$0
Specialty office visits	\$0	\$39	\$0
Maternity care (prenatal, postnatal)	\$0	\$0	\$0
Well-child care (birth to age 6)	\$0	\$0	\$0
Routine physical examinations ¹	\$0	\$0	\$0
X-ray and lab tests ²	\$0	\$0	\$0
Ambulatory surgery (same day)	\$0	\$79	\$0
Physical, Speech and Occupational therapy (when medically necessary)	\$0	\$39	\$0
Cardiac Rehabilitation ³	\$0	\$39	\$0
Inpatient Services (subject to medical review)			
Hospitalization (semiprivate room and board)	\$0	\$198 per admission	\$0
Physician services	\$0	\$0	\$0
General nursing services	\$0	\$0	\$0
Diagnostic tests, including lab and X-ray	\$0	\$0	\$0
Operating room, anesthesia, and supplies	\$0	\$0	\$0
Medically necessary supplies and services	\$0	\$0	\$0
Physical, Speech and Occupational therapy (when medically necessary)	\$0	\$0	\$0
Mental Health Services (subject to medical review)			
Outpatient care individual	\$0	\$39 per visit	\$0
Outpatient care group	\$0	\$39 per visit	\$0
Partial hospitalization, mental health	\$0	\$39 per visit	\$0
Inpatient hospital psychiatric care	\$0	\$198 per admission	\$0
Substance Abuse Treatment (subject to medical review)			
Outpatient care individual	\$0	\$39 per visit	\$0
Outpatient group/family therapy	\$0	\$39 per visit	\$0
Inpatient services (up to 7 days for detoxification per year)	\$0	\$198 per admission	\$0
Inpatient rehabilitation	\$0	\$39 per visit	\$0
Other Services			
Ambulance ground services ⁴ (when medically necessary)	\$0	\$52	\$0
Ambulance air services ⁴ (when medically necessary)	\$0	\$20	\$0
Dental care (basic preventive care)	Reduced fees	Reduced fees	Reduced fees
Durable medical equipment	\$0	20%	\$0
Emergency room services ⁵ (including out of area)	\$0	\$79	\$0
Urgent Care Center	\$0	\$39	\$0
Routine eye examination (1 per Plan year)	\$0	\$0	\$0
Radiation / chemotherapy office visits	\$0	\$39	\$0
Prescription drugs co-pays ⁶ (Participating Retail) (up to a 30 day supply)	\$16 generic, \$48 brand \$85 non-pref brand	\$16 generic, \$48 brand \$85 non-pref brand	\$16 generic, \$48 brand \$85 non-pref brand
Prescription drugs co-pays ⁶ (Home Delivery Available) (up to a 90 day supply)	\$14 generic, \$44 brand \$85 non-pref brand	\$14 generic, \$44 brand \$85 non-pref brand	\$14 generic, \$44 brand \$85 non-pref brand
Skilled nursing facility care	\$0	\$39 per day	\$0
Home health care (part-time skilled nursing care)	\$0	\$0	\$0
Out of area (emergency services only)	\$0	\$79	\$0
Catastrophic Cap			
(Maximum out-of-pocket expense per family)	\$1,000* / \$1,324** per plan year	\$3,000* / \$4,635** per plan year	\$3,000* / \$4,635** per plan year
Premium Fee ⁷			
(Annual prices shown. Quarterly and Monthly are available)	\$0	\$381.96* / individual \$765* / family \$462.96** / individual \$927** / family	\$0 (with proof of Part B enrollment)

Footnotes to Plan Benefits Chart

1. Routine Physical Examinations – while there is no co-pay for a Routine Physical; an office visit co-pay may be assessed if other procedures (not considered routine) are conducted during the examination.
2. If lab services are provided on the same day as the office visit and a co-pay is collected for the visit, no additional co-pay will be collected. No co-pay will be collected when services are billed and provided as clinical preventive services. Exceptions: Co-pay may be required for certain radiation oncology, vascular and pulmonary procedures and studies. Contact Customer Service for details.
3. Outpatient treatment following the initial intake evaluation and testing is limited to a maximum of 36 sessions per cardiac event.
4. Upon arrival of the ambulance and member refuses transport, the member is liable/responsible for services rendered.
5. Unless you are admitted to the hospital, in which case only the inpatient co-payment applies.
6. Prescription drug availability is limited to drugs prescribed by a Plan provider and covered as a Plan benefit. Availability of non-emergency prescriptions when out of the area is also limited.

Limitations to Benefits

The Plan does not provide coverage and will not pay for:

- Services not considered medically necessary or clinically appropriate for diagnosis and treatment as determined by a physician
- Services or procedures that are experimental or of a research nature, except for approved NCI trials
- Any services (including vaccinations) provided for employment, licensing, immigration, recreational travel, or other administrative reasons
- Cosmetic, plastic, or reconstructive surgery not related to medical treatment
- Most custodial or convalescent care (caring for someone's daily needs, such as eating, dressing and simple bandage changes) in an institution or at home
- Routine dental care and dental X-rays; treatment of teeth, gums, alveolar process or gingival issues; cranial mandibular disorders, and other issues related to the joint. (Call United Concordia at 866-357-3304 for information on discounts provided by Johns Hopkins USFHP)
- Services provided or charges incurred prior to the effective date of coverage under the Plan
- Services provided or received after the date your coverage is terminated under the Plan

Note: This list is not complete and other limitations may exist.

Examples of Specific Exclusions and Limitations

- Abortions (routine)
- Acupuncture and acupressure
- Artificial insemination, in vitro fertilization and other such therapies to induce pregnancy
- Autopsy and postmortem
- Aversion therapy (including electric shock and the use of chemicals for alcoholism, except for disulfiram, which is covered for the treatment of alcoholism)
- Chiropractic and naturopathic services
- Corrective lenses and frames
- Counseling services, unless medically necessary
- Cutting nails, trimming corns or calluses (except if diabetic or peripheral vascular disease)
- Education or training