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

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How We Compare

To see how we compare visit www.tricare.mil/plans
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.

<table>
<thead>
<tr>
<th>How We Compare</th>
<th>TRICARE PRIME OPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PLANS</strong></td>
<td>US FAMILY HEALTH PLAN</td>
</tr>
<tr>
<td>REFERRAL FORM</td>
<td>NOT REQUIRED</td>
</tr>
<tr>
<td>CHOICE OF SPECIALIST</td>
<td>YES</td>
</tr>
<tr>
<td>ASSIGNMENT TO MILITARY CLINIC</td>
<td>NO</td>
</tr>
<tr>
<td>PERSONAL MEMBERSHIP CARD</td>
<td>YES</td>
</tr>
<tr>
<td>EYEGLASSES**/ DENTAL BENEFIT</td>
<td>YES @ $0 COST</td>
</tr>
<tr>
<td>GYM REIMBURSEMENT ***</td>
<td>$125-$250 ANNUALLY</td>
</tr>
</tbody>
</table>

*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

- Meridian Health
- Stony Brook University
- The Children's Hospital of Philadelphia
- Northwell Health
- Crystal Run Healthcare
- AtlantiCare
- Virtua
- Western Connecticut Health Network
- Backus
- Jefferson
- Penn Medicine
- ORMC Orange Regional Medical Center
- Hartford HealthCare
- AdvantageCare Physicians
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

Oral Evaluation, Cleaning, Bitewings and X-rays

$0 cost
### Healthplex Preventive Dental Service

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

1 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)

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

1 Benefit begins the first of the month following your 90th day of enrollment. Benefit selections apply to full calendar year.
2 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
* For Retiree families only.
Enrollment is Easy

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
and click on “ENROLL NOW”
Our Presenters

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Pennsylvania

(Please note, Pennsylvania presenters are not listed in the given text.)
Questions?
Thank You for Joining our Webinar

Call Us 800-241-4848  Option #3

US FAMILY HEALTH PLAN  TRICARE®