



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 treatment facility (MTF) 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*)
- 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 maternity ultrasounds that are medically necessary 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 you have an MTF primary care manager (PCM), you should receive maternity care at the MTF. If MTF care is unavailable, your PCM will refer you to a civilian network provider. If you see a civilian PCM, your doctor will direct your care. All beneficiaries, except active duty service members (ADSMs), may use the point-of-service (POS) option to self-refer to an obstetrician, but will pay higher out-of-pocket costs. If you move to a new location where TRICARE Prime is available, you may transfer your TRICARE Prime enrollment by phone (*ADSMs and active duty family members [ADFMs] only*), mail, or online. Your previous PCM and regional contractor will work with your new provider to ensure continuity of care.

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.

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

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: ADSMs should visit their PCM as soon as they think they are pregnant. ADFMs should receive maternity care from the MTF if the PCM is at the MTF. If you are not located near an MTF, or MTF care is unavailable, your PCM will refer you to a civilian network 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 prior authorizations. For more information, contact your PCM, MTF, TOP Regional Call Center, or TRICARE Service Center (TSC).

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 for reimbursement with proof of payment.

Note: Beneficiaries who live in the Philippines are required to visit approved providers. Visit www.tricare.mil/pacific for a list of approved providers.

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 or adoption as long as one other family member is enrolled in TRICARE Prime, TPR, or TPRADFM. If you are a new parent, you must take **both** of the following steps **within 60 days of the date of birth or adoption** to ensure that your child has continuous TRICARE Prime or TPRADFM coverage after the first 60 days:

Step 1: 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.

Step 2: Enroll your child in TRICARE Prime or TPRADFM **within 60 days** after birth via the Beneficiary Web Enrollment Web site, accessible at www.tricare.mil/bwe. You may also enroll your child by submitting a *TRICARE Prime Enrollment Application and PCM Change Form* (DD Form 2876) to your regional contractor or TSC.

If you do not enroll your child by day 61, he or she will be covered under TRICARE Standard and TRICARE Extra until you enroll him or her in a different option. If your child is not registered in DEERS within one year after the date of birth or adoption, DEERS will show “loss of eligibility,” and your child will lose TRICARE coverage until he or she is registered in DEERS.

TOP Prime and TOP Prime Remote Beneficiaries: Overseas parents have 120 days to enroll a newborn child in TOP Prime or TOP Prime Remote. You may enroll your child by submitting *DD Form 2876* to your TOP Regional Call Center or TSC.

TRICARE Standard and TRICARE Extra and TOP Standard Beneficiaries: If no family member is enrolled in TRICARE Prime, TPR, or TPRADFM at the time of your child’s birth or adoption, he or she is automatically covered by TRICARE Standard and TRICARE Extra. 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 and is only offered stateside, where available.

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 received in the TSC or postmarked within 60 days of birth or adoption.

TYA Beneficiaries: Maternity care for TYA beneficiaries is covered; however, a TYA beneficiary’s child will not be covered by TRICARE.

COSTS

ADSMs and ADFMs have no costs for maternity care under TRICARE Prime, TOP Prime, TPR, TOP Prime Remote, and TPRADFM. Other beneficiaries (*including TRICARE Standard, TRS, and TRR*) have copayments and/or cost-shares. TRICARE Prime, TOP Prime, TPR, TOP Prime Remote (*except ADSMs*), and TPRADFM beneficiaries may use the POS option to self-refer to an obstetrician, but will pay higher out-of-pocket costs. For detailed cost information, see the tables on pages 3–5 of this fact sheet.

TRICARE Prime Beneficiary Costs

The costs in the following table apply to TRICARE Prime, TPR, TPRADFM, TOP Prime, and TOP Prime Remote beneficiaries seeking maternity care. These costs are effective for fiscal year 2012 (*October 1, 2011–September 30, 2012*) and are subject to change each year on October 1.

Beneficiary Costs

Type of Service	Active Duty Service Members (ADSMs) 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) ²
Inpatient Professional Services for Newborn Care (<i>not included in global maternity care fee</i>)	\$0	\$11 per day (\$25 minimum charge) ²
Newborn Cost-Share for Hospital Services	\$0	Newborn date of admission matches date of birth: \$11 per day (\$25 minimum charge) ² applies to the 4th and subsequent days of the newborn's inpatient stay. Newborn admitted after date of birth: \$11 per day (\$25 minimum charge) ² 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 (all-inclusive rate); or Maternity Care Ending in Childbirth in Hospital-Based Outpatient Birthing Room	\$0	\$25 per day

1. Maternity care for an ADSM's or retired service member's TRICARE-eligible dependent daughter is covered; however, care for the newborn grandchild is not covered under TRICARE.

2. Example: If your stay lasts one or two days, your charge for the stay will be \$25. If your stay lasts for more than two days, your charge will be \$11 multiplied by the number of days of your stay.

TRICARE Standard and TRICARE Extra Beneficiary Costs

The costs in the following tables apply to TRICARE Standard and TRICARE Extra, TOP Standard, TRS, and TRR beneficiaries seeking maternity care. TRR beneficiaries' costs can be found in the retiree column. These costs are effective for fiscal year 2012 (*October 1, 2011–September 30, 2012*) and are subject to change each year on October 1.

Annual Fiscal Year Deductible (*applicable to outpatient services*)¹

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

TRICARE Standard and TRICARE Extra Beneficiary Costs (continued)

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	
\$17.05 per day (\$25 minimum charge) ² There is no separate cost-share for separately billed professional charges.	\$17.05 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	\$708 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 an active duty service member's or retired service member's TRICARE-eligible dependent daughter is covered; however, care for the newborn grandchild is not covered under TRICARE.

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 \$17.05 multiplied by the number of days of your stay.

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.	\$17.05 per day (\$25 minimum charge) 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 \$708 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 \$708 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.

1. Maternity care for an active duty service member's or retired service member's TRICARE-eligible dependent daughter is covered; however, care for the newborn grandchild is not covered under TRICARE.

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 \$17.05 multiplied by the number of days of your stay.

TRICARE Standard and TRICARE Extra Beneficiary Costs (*continued*)

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 mother's care.

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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	Birthing center: Lesser of 25% of birthing center rate or 25% of billed charge. Hospital-based outpatient birthing room: Lesser of 25% of group rate or 25% of billed charge.	

1. Maternity care for an active duty service member's or retired service member's TRICARE-eligible dependent daughter is covered; however, care for the newborn grandchild is not covered under TRICARE.

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 23 if enrolled in a full-time course of study at an approved institution of higher learning and if your sponsor provides over 50 percent of the financial support*)
- You are disenrolled for nonpayment or loss of eligibility from TRS, TRR, or TYA.

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.

If you lose 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 MTF administrative channels*) to determine if you are eligible for ongoing MTF care.

For more information, please visit www.tricare.mil.

FOR INFORMATION AND ASSISTANCE

<p> TRICARE North Region Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) www.hnfs.com</p>	<p> TRICARE South Region Humana Military Healthcare Services, Inc. 1-800-444-5445 www.humana-military.com</p>	<p> TRICARE West Region TriWest Healthcare Alliance 1-888-TRIWEST (1-888-874-9378) www.triwest.com</p>
<p>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</p>	<p>TOP Regional Call Center—Latin America and Canada¹ +1-215-942-8393 (<i>overseas</i>) 1-877-451-8659 (<i>stateside</i>) tricarephl@internationalsos.com</p>	<p>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>) sydtricare@internationalsos.com</p>
<p>TRICARE Reserve Select www.tricare.mil/trs TRICARE Retired Reserve www.tricare.mil/trr</p>	<p>TRICARE Young Adult www.tricare.mil/tya</p>	<p>TRICARE Dental Program http://mybenefits.metlife.com/tricare</p>
<p>Continued Health Care Benefit Program Humana Military Healthcare Services, Inc. 1-800-444-5445 www.tricare.mil/chcbp</p>	<p>Transitional Assistance Management Program www.tricare.mil/tamp</p>	<p>milConnect Web Site—Update DEERS Information http://milconnect.dmdc.mil</p>

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

An Important Note about TRICARE Program Information

At the time of printing, 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 treatment facility guidelines and policies may be different than those outlined in this product.** For the most recent information, contact your TRICARE regional contractor, TRICARE Service Center, or local military treatment facility.

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