

TRICARE® Prime Maternity Care



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This flyer is **not** all-inclusive. For additional information, please contact your regional contractor, local military treatment facility, overseas contractor, or TRICARE Area Office.

Maternity Care Coverage

TRICARE Prime 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

* Refer to your regional contractor's Web site for maternity ultrasound coverage information.

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 non-coital 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
- Unproven procedures (e.g., lymphocyte or paternal leukocyte immunotherapy for the treatment of recurrent miscarriages, salivary estriol test for preterm labor)

- Umbilical cord blood collection and storage, except when stem cells are collected for subsequent use in the treatment of tumor, blood, or lymphoid disease
- Private hospital rooms

Getting Maternity Care

Visit your primary care manager (PCM) as soon as you think you might be pregnant. If your PCM is not an obstetrician, he or she will refer you to one. You may see the same provider throughout your pregnancy, or you may request a change at any time. If you move to a new region, you must transfer your TRICARE Prime enrollment to the new region. Within 30 days of your move, submit a *TRICARE Prime Enrollment Application and PCM Change Form* (DD Form 2876) to your new regional contractor. Your previous PCM and regional contractor will work with your new provider to ensure continuity of care.

Maternity care services may require prior authorizations and referrals. Visit your regional contractor's Web site for more information.

TRICARE Prime Beneficiaries:† If you have a military treatment facility (MTF) PCM, you should receive maternity care at the MTF. If MTF care is unavailable, your PCM will refer you to a civilian network provider. All beneficiaries, except active duty service members (ADSMs), may use the point-of-service option to self-refer to an obstetrician, but you will pay higher out-of-pocket costs.

† If you are enrolled in the US Family Health Plan, please visit www.usfhp.com for more information.



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, contact your regional contractor for additional information.

Newborn Eligibility and Enrollment

You will continue to receive maternity care through the sixth week after your baby is born. Your baby will automatically be covered under TRICARE Prime or TPRADFM for the first 60 days after birth. To ensure continuous coverage for your baby after the first 60 days, **you must take both of the following steps:**

1. Register your baby in the Defense Enrollment Eligibility Reporting System (DEERS) at a uniformed services identification card-issuing facility. A birth certificate or certificate of live birth from the hospital is required. If your baby is not registered in DEERS within one year after the date of birth, DEERS will show “loss of eligibility,” and your child will lose TRICARE coverage until he or she is registered in DEERS.
2. After you register your baby in DEERS, enroll him or her in TRICARE Prime or TPRADFM within 60 days after birth via the Beneficiary Web Enrollment Web site at www.dmdc.osd.mil/appj/bwe/ or by submitting *DD Form 2876* to your regional contractor. If you do not enroll your baby by day 61, he or she will be covered under TRICARE Standard and TRICARE Extra.

Costs

ADSMs and active duty family members have no costs for maternity care under TRICARE Prime, TPR, and TPRADFM.

Other beneficiaries have copayments for their initial office visits and inpatient stays. Visit www.tricare.mil/costs for more information.

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 turn 21 (*or age 23 if enrolled in a full-time course of study at an approved institution of higher learning, and if the sponsor provides at least 50 percent of your financial support*)

Note: Maternity care for a TRICARE-eligible dependent daughter of an ADSM or retired service member is covered; however, care for the newborn grandchild is **not** covered under TRICARE.

If you lose eligibility, you may qualify for the Transitional Assistance Management Program or the Continued Health Care Benefit Program. 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.

* If you lose eligibility, you will automatically receive a certificate of creditable coverage, which serves as evidence of prior health care coverage under TRICARE.

For Information and Assistance

Please contact your regional contractor if you need more information about maternity care.

<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 Corp. 1-888-TRIWEST (1-888-874-9378) www.triwest.com</p>
<p>TRICARE Overseas Program International SOS Assistance, Inc. 1-877-451-8659 (<i>stateside toll-free</i>) www.tricare-overseas.com</p>	<p>Defense Enrollment Eligibility Reporting System (DEERS)—Update Information 1-800-538-9552 1-866-363-2883 (<i>TTY/TDD</i>) Fax: 1-831-655-8317 www.dmdc.osd.mil/appj/address/</p>	<p>Transitional Assistance Management Program www.tricare.mil/tamp</p> <p>Continued Health Care Benefit Program Humana Military Healthcare Services, Inc. 1-800-444-5445 www.humana-military.com</p>

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.

Please provide feedback on this flyer at www.tricare.mil/evaluations/feedback.

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