



TRICARE Program Options



Program Option	Program Details ⁽¹⁾	Provider Responsibility
TRICARE Prime	<ul style="list-style-type: none"> Managed care option available in TRICARE Prime Service Areas Most care received from a primary care manager (PCM) at a military treatment facility (MTF) or within the TRICARE network PCM referrals required for most specialty care 	<ul style="list-style-type: none"> Adhere to access standards <ul style="list-style-type: none"> 24 hours for urgent care 7 days (<i>1 week</i>) for routine care 28 days (<i>4 weeks</i>) for specialty and wellness care Collect copayment at time of service, if applicable Submit claims for beneficiaries Submit necessary prior authorization and referral requests
TRICARE Prime Remote <i>(including TRICARE Prime Remote for Active Duty Family Members)</i>	<ul style="list-style-type: none"> TRICARE Prime-like benefit for active duty families living (<i>and working</i>) in remote locations Care received from: <ul style="list-style-type: none"> TRICARE network provider TRICARE-authorized/certified provider (<i>if network provider not available</i>) 	<ul style="list-style-type: none"> Adhere to access standards <ul style="list-style-type: none"> 24 hours for urgent care 7 days (<i>1 week</i>) for routine care 28 days (<i>4 weeks</i>) for specialty and wellness care Submit claims for beneficiaries Submit necessary prior authorization and referral requests
TRICARE Standard	<ul style="list-style-type: none"> Fee-for-service option available worldwide Care received from TRICARE-authorized/certified providers No referrals required Some services require prior authorization 	<ul style="list-style-type: none"> Submit necessary prior authorization requests Collect beneficiary cost-share at time of service Cannot charge more than 15% above the TRICARE allowable charge Option to file claims on behalf of beneficiary
TRICARE Extra	<ul style="list-style-type: none"> Preferred-provider option available in areas with established TRICARE networks Care received from TRICARE network providers No referrals required Some services require prior authorization 	<ul style="list-style-type: none"> Submit necessary prior authorization requests Collect beneficiary cost-share at time of service Accept the negotiated rate as the TRICARE allowable charge Submit claims for beneficiaries
TRICARE For Life	<ul style="list-style-type: none"> TRICARE as a second payer to Medicare for TRICARE beneficiaries who also have Medicare Parts A and B Care received from any Medicare provider Administered by Wisconsin Physicians Service (WPS) 	<ul style="list-style-type: none"> Do not charge beneficiaries for services Submit claims to Medicare; Medicare will forward claims to TRICARE electronically for reimbursement Contact WPS at 1-866-773-0404 for assistance or visit www.tricare4u.com
TRICARE Pharmacy Program	<ul style="list-style-type: none"> Comprehensive drug coverage for all TRICARE beneficiaries based on a uniform formulary Pharmacy options include: MTF, TRICARE Mail Order Pharmacy, and retail pharmacies Some medications have quantity limits or require prior authorization Administered by Express Scripts, Inc. 	<ul style="list-style-type: none"> Prescribe generic over brand-name drugs Prescribe drugs on the uniform formulary Establish medical necessity for brand-name or non-formulary drugs Obtain prior authorization if necessary Visit the Express Scripts Web site at www.express-scripts.com
TRICARE Extended Care Health Option	<ul style="list-style-type: none"> Provides financial assistance to beneficiaries who qualify Offers integrated set of services and supplies beyond the basic TRICARE benefit 	<ul style="list-style-type: none"> Obtain prior authorization for services Network and participating providers must submit claims for beneficiaries
Transitional Assistance Management Program	<ul style="list-style-type: none"> Transitional health care available to service members and their families who qualify Care received through TRICARE Prime, TRICARE Standard, or TRICARE Extra; will be seamless to providers 	<ul style="list-style-type: none"> Follow normal TRICARE referral, prior authorization, and claims processes
Continued Health Care Benefit Program	<ul style="list-style-type: none"> Purchased, transitional health care program similar to TRICARE Standard Administered by Humana Military Healthcare Services, Inc. 	<ul style="list-style-type: none"> Submit prior authorization requests to Humana Military Submit claims to PGBA, LLC Contact Humana Military at 1-800-444-5445

1. For additional TRICARE program information, see Section 4 of the TRICARE Provider Handbook.



TRICARE Program Options Costs

TRICARE Prime Costs*

The chart below lists TRICARE Prime costs for care received from a TRICARE network provider or facility.

Type of Care	ADSMs	ADFMs	Retired Service Members and All Others
Inpatient	• \$0	• \$0	• \$11 per day (\$25 minimum per stay)
Outpatient	• \$0	• \$0	• \$12
Clinical Preventive	• \$0	• \$0	• \$0
Emergency	• \$0	• \$0	• \$30
Inpatient Behavioral Health	• \$0	• \$0	• \$40 per day
Outpatient Behavioral Health	• \$0	• \$0	• \$25 (individual visit) • \$17 (group visit) • \$12 (initial evaluation, medication management, psychological testing, electroconvulsive therapy)

* Costs are subject to change each fiscal year on October 1. Costs will be higher if beneficiaries use the TRICARE point-of-service (POS) option. TRICARE Prime beneficiaries are not responsible for an annual deductible. There are no costs for using TRICARE Prime Remote (including TRICARE Prime Remote for Active Duty Family Members) unless the beneficiary uses the POS option.

TRICARE Standard and TRICARE Extra Costs

The outpatient cost-share is the amount that beneficiaries pay for any civilian outpatient visits, including emergency care, after the annual deductible is met. Inpatient cost-share amounts are subject to change annually each fiscal year (FY) on October 1. Annual deductibles apply as follows:

- **Active duty family members (sponsor rank E-4 and below):** \$50/person or \$100/family per FY
- **Active duty family members (sponsor rank E-5 and above):** \$150/person or \$300/family per FY
- **Retired service members and all others:** \$150/person or \$300/family per FY

Type of Care	ADFMs	Retired Service Members and All Others
Outpatient Visits <i>(includes behavioral health)</i>	TRICARE Extra: • 15% of negotiated rate TRICARE Standard: • 20% of TRICARE allowable charge	TRICARE Extra: • 20% of negotiated rate TRICARE Standard: • 25% of TRICARE allowable charge
Hospitalization <i>(includes maternity and skilled nursing facilities)</i>	TRICARE Extra/Standard: • Greater of \$14.35/day or \$25 minimum charge/admission	TRICARE Extra: • Lesser of \$250/day or 25% of institutional services negotiated rate, plus 20% of negotiated rate for separately billed professional services TRICARE Standard: • Lesser of \$535/day or 25% of TRICARE allowable charge for institutional services, plus 25% of TRICARE allowable charge for separately billed professional services
Inpatient Behavioral Health Care	TRICARE Extra/Standard: • Greater of \$20/day or \$25/admission	TRICARE Extra: • 20% of total institutional charges, plus 20% of negotiated rate for separately billed professional services TRICARE Standard: • High-volume Hospitals: 25% of hospital-specific per diem, plus 25% of TRICARE allowable charge for separately billed professional services • Low-volume Hospitals: Lesser of \$175/day or 25% of billed institutional charges, plus 25% of TRICARE allowable charge for separately billed professional services

TRICARE Pharmacy Program Costs

Type of Pharmacy	Formulary Costs		Non-formulary Costs
	Tier 1 (Generic)	Tier 2 (Brand Name)	Tier 3
MTF (up to a 90-day supply)	• \$0	• \$0	• N/A
TMOP (up to a 90-day supply)	• \$3	• \$9	• \$22 (unless medical necessity is established)
TRRx (up to a 30-day supply)	• \$3	• \$9	• \$22 (unless medical necessity is established)
Non-network Retail (up to a 30-day supply)	• Non-TRICARE Prime: Greater of \$9 or 20% of total cost after deductible • TRICARE Prime: POS option applies		• Non-TRICARE Prime: Greater of \$22 or 20% of total cost after deductible • TRICARE Prime: POS option applies