

## SUMMARY OF BEHAVIORAL HEALTH BENEFITS

### TRICARE PRIME

All Prime beneficiaries must seek care from a network provider/facility or Point of Service charges will apply (even for the initial 8 unmanaged visits)

ANNUAL OUTPATIENT DEDUCTIBLE			CATASTROPHIC CAP
Active Duty Service Member (ADSM)	\$0		Does Not Apply
Active Duty Family Member (ADFM E-4 and below)	\$0		\$1,000 per Fiscal Year (Oct 1-Sep 30)*
Active Duty Family Member (ADFM E-5 and above)	\$0		\$1,000 per Fiscal Year (Oct 1-Sep 30)*
Retirees/Others	\$0		\$3,000 per Fiscal Year (Oct 1-Sep 30)*

POINT OF SERVICE (POS) DEDUCTIBLE (applies only to outpatient services)			POINT OF SERVICE (POS) COST SHARE (applies to both inpatient and outpatient services)
Per Individual	\$300		50% after POS deductible has been met
Per Family	\$600		50% after POS deductible has been met

\* POS Deductibles do not apply to Catastrophic Cap

TYPE OF CARE	ADSM	ADFM	RETIREE/OTHER
Individual Therapy <sup>1</sup>	\$0	\$0	\$12 initial visit/\$25 per visit with network provider
Family Therapy <sup>1</sup>	\$0	\$0	\$12 initial visit/\$25 per visit with network provider
Group Therapy <sup>1</sup>	\$0	\$0	\$17 per visit with network provider
Emergency Room Visit	\$0	\$0	\$30 per visit
Partial Hospitalization Program (PHP) <sup>2</sup>	\$0	\$0	\$40 per day at network facility
Inpatient Hospital <sup>3</sup>	\$0	\$0	\$40 per day at network facility
Residential Treatment Center (RTC) <sup>4</sup>	\$0	\$0	\$40 per day at network facility
Inpatient Detoxification <sup>5</sup>	\$0	\$0	\$40 per day at network facility
Inpatient Rehabilitation <sup>6</sup>	\$0	\$0	\$40 per day at network facility

## SUMMARY OF BEHAVIORAL HEALTH BENEFITS

### TRICARE EXTRA

ANNUAL OUTPATIENT DEDUCTIBLE			CATASTROPHIC CAP
Active Duty Family Member (ADFM E-4 and below)	\$50 per individual \$100 per family		\$1,000 per Fiscal Year (Oct 1-Sep 30)*
Active Duty Family Member (ADFM E-5 and above)	\$150 per individual \$300 per family		\$1,000 per Fiscal Year (Oct 1-Sep 30)*
Family Member of National Guard and Reserve Component activated in support of Contingency Operation (ADFM E-1 and above)	\$0		\$1,000 per Fiscal Year (Oct 1-Sep 30)*
Retirees/Others	\$150 per individual \$300 per family		\$3,000 per Fiscal Year (Oct 1-Sep 30)*

TYPE OF CARE	ADFM		RETIREE/OTHER
Individual Therapy <sup>1</sup>	15% of negotiated fee after annual deductible		20% of negotiated fee after annual deductible
Family Therapy <sup>1</sup>	15% of negotiated fee after annual deductible		20% of negotiated fee after annual deductible
Group Therapy <sup>1</sup>	15% of negotiated fee after annual deductible		20% of negotiated fee after annual deductible
Emergency Room Visit	15% of negotiated fee after annual deductible		20% of negotiated fee after annual deductible
Partial Hospitalization Program (PHP) <sup>2</sup>	\$20 per day (\$25 minimum)		20% of negotiated facility rate plus 20% of professional charges
Inpatient Hospital <sup>3</sup>	\$20 per day (\$25 minimum)		20% of negotiated facility rate plus 20% of professional charges
Residential Treatment Center (RTC) <sup>4</sup>	\$20 per day (\$25 minimum)		20% of negotiated facility rate plus 20% of professional charges
Inpatient Detoxification <sup>5</sup>	\$20 per day (\$25 minimum)		20% of negotiated facility rate plus 20% of professional charges
Inpatient Rehabilitation <sup>6</sup>	\$20 per day (\$25 minimum)		20% of negotiated facility rate plus 20% of professional charges

## SUMMARY OF BEHAVIORAL HEALTH BENEFITS

### TRICARE STANDARD

ANNUAL OUTPATIENT DEDUCTIBLE			CATASTROPHIC CAP
Active Duty Family Member (ADFM E-4 and below)	\$50 per individual \$100 per family		\$1,000 per Fiscal Year (Oct 1-Sep 30)*
Active Duty Family Member (ADFM E-5 and above)	\$150 per individual \$300 per family		\$1,000 per Fiscal Year (Oct 1-Sep 30)*
Family Member of National Guard and Reserve Component activated in support of Contingency Operation (ADFM E-1 and above)	\$0		\$1,000 per Fiscal Year (Oct 1-Sep 30)*
Retirees/Others	\$150 per individual \$300 per family		\$3,000 per Fiscal Year (Oct 1-Sep 30)*

TYPE OF CARE	ADFM		RETIREE/OTHER
Individual Therapy <sup>1</sup>	20% of allowable charges after annual deductible		25% of allowable charges after annual deductible
Family Therapy <sup>1</sup>	20% of allowable charges after annual deductible		25% of allowable charges after annual deductible
Group Therapy <sup>1</sup>	20% of allowable charges after annual deductible		25% of allowable charges after annual deductible
Emergency Room Visit	20% of allowable charges after annual deductible		25% of allowable charges after annual deductible
Partial Hospitalization Program (PHP) <sup>2</sup>	\$20 per day (\$25 minimum)		25% of allowed charges plus 25% of allowed professional charges
Inpatient Hospital <sup>3</sup>	\$20 per day (\$25 minimum)		\$ 197/day or 25% of billed charges, whichever is less, plus 25% of professional charges
Residential Treatment Center (RTC) <sup>4</sup>	\$20 per day (\$25 minimum)		25% of allowed charges
Inpatient Detoxification <sup>5</sup>	\$20 per day (\$25 minimum)		\$ 197/day or 25% of billed charges, whichever is less, plus 25% of professional charges
Inpatient Rehabilitation <sup>6</sup>	\$20 per day (\$25 minimum)		\$ 197/day or 25% of billed charges, whichever is less, plus 25% of professional charges

<sup>1</sup> outpatient visits are limited to no more than twice per week (individual, family and group)

<sup>2</sup> partial hospitalization programs (PHP) are limited to 60 days per fiscal year (Oct 1 - Sep 30)

<sup>3</sup> inpatient hospitalization is limited to 30 days per fiscal year (Oct 1 - Sep 30) for ages 19 and over and 45 days per fiscal year for ages under 19 years

<sup>4</sup> residential treatment center (RTC) care is limited to 150 days per fiscal year (Oct 1 - Sep 30)

<sup>5</sup> inpatient detoxification is limited to no more than 7 days consecutively and counts toward the inpatient hospitalization day limits

<sup>6</sup> inpatient rehabilitation is limited to 21 days and counts toward the inpatient hospitalization day limits