



TRICARE® Program Options Costs

February 2012

Costs listed are for the **fiscal year (FY) October 1, 2011–September 30, 2012**, and are subject to change each FY on October 1. Costs are for care received from civilian providers or facilities. TRICARE Prime program costs also apply to beneficiaries using TRICARE Prime Remote and TRICARE Prime Remote for Active Duty Family Members (TPRADFMs). TRICARE Standard and TRICARE Extra cost-shares, deductibles, and catastrophic caps applicable to active duty family members (ADFM) also apply to beneficiaries using TRICARE Reserve Select (TRS). TRICARE Standard and TRICARE Extra cost-shares, deductibles, and catastrophic caps applicable to retired service members also apply to beneficiaries using TRICARE Retired Reserve.

TRICARE Prime Costs

Type of Care	ADSMs and ADFMs	Retirees, Their Families, and All Others
Outpatient Visits	\$0	\$12 copayment per visit
Clinical Preventive Services	\$0	\$0
Hospitalization	\$0	\$11 per day (\$25 minimum charge)
Emergency Services	\$0	\$30 copayment per visit
Outpatient Behavioral Health	\$0	<ul style="list-style-type: none"> • \$25/Individual visit • \$12/Medication management • \$17/Group visit • \$12/Psychological testing • \$12/Initial evaluation • \$12/Electroconvulsive therapy
Inpatient Behavioral Health <i>(includes partial hospitalization program [PHP] and residential treatment center [RTC] admissions)</i>	\$0	\$40 per day
Inpatient Skilled Nursing	\$0	\$11 per day (\$25 minimum charge)

TRICARE Prime Point-of-Service Option Costs

Point-of-service (POS) option costs apply to TRICARE Prime beneficiaries (except active duty service members, newborns/adoptees enrolled in TRICARE Prime in their first 60 days, or beneficiaries with other health insurance) who seek nonemergency care without referrals. POS does **not** apply to the initial eight behavioral health visits to a network provider per FY.

POS DEDUCTIBLE (OUTPATIENT SERVICES)	POS COST-SHARE (INPATIENT AND OUTPATIENT SERVICES)
<ul style="list-style-type: none"> • \$300/Individual • \$600/Family 	50% of the TRICARE-allowable charge after POS deductible is met

Annual Deductibles for Outpatient Care by Beneficiary Category*

BENEFICIARY CATEGORY	OUTPATIENT DEDUCTIBLE	
ADFMs and TRS (sponsor rank E-4 and below)	\$50/Individual	\$100/Family
ADFMs and TRS (sponsor rank E-5 and below)	\$150/Individual	\$300/Family
Retirees, Their Families, and All Others	\$150/Individual	\$300/Family
Family Members of National Guard and Reserve Activated in Support of a Contingency Operation (OEF, OIF, Noble Eagle)	\$0	

*Annual deductibles are based on the government's FY, October 1–September 30.

Catastrophic Caps by Beneficiary Category†

ADFMs	Retirees, Their Families, and All Others	National Guard and Reserve Members and Their Families
\$1,000 per FY	\$3,000 per FY	\$1,000 per FY

†The catastrophic cap is the maximum amount a beneficiary will pay per family, per FY. TRICARE Prime POS deductible, cost-share amounts, and TRS/TRR premiums are not applied to the catastrophic cap.

The information contained in these charts is **not** all-inclusive.



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TRICARE Standard and TRICARE Extra Costs

Outpatient cost-shares listed are for any civilian outpatient visits, including emergency care, after the annual deductible is met. See the “Annual Deductibles for Outpatient Care by Beneficiary Category” section for details on deductibles.

Type of Care	ADSMs and ADFMs	Retirees, Their Families, and All Others
Outpatient/ Emergency Visits <i>(includes behavioral health care)</i>	TRICARE Standard: 20% after the annual deductible is met TRICARE Extra: 15% after the annual deductible is met	TRICARE Standard: 25% after the annual deductible is met TRICARE Extra: 20% after the annual deductible is met
Hospitalization <i>(includes maternity)</i>	TRICARE Standard and TRICARE Extra: \$17.05 per day <i>(\$25 minimum charge per admission)</i>	TRICARE Standard: Lesser of \$708 per day or 25% of billed charges for institutional services, plus 25% cost-share for separately billed services TRICARE Extra: Lesser of \$250 per day or 25% of negotiated rate for institutional services, plus 20% cost-share for separately billed services
Inpatient Behavioral Health Care	TRICARE Standard and TRICARE Extra: \$20 per day <i>(\$25 minimum charge per admission)</i>	TRICARE Standard: <ul style="list-style-type: none"> • High-Volume Hospital: 25% of hospital-specific per diem • Low-Volume Hospital: Lesser of \$208 per day or 25% of billed charges • PHP: 25% of TRICARE-allowable charge, plus 25% of TRICARE-allowable charge for separately billed professional charges • RTC: 25% of TRICARE-allowable charge TRICARE Extra: 20% of total charges, plus 20% for separately billed services
Ambulatory Surgery	TRICARE Standard and TRICARE Extra: \$25	TRICARE Standard: 25% after the annual deductible is met TRICARE Extra: 20% after the annual deductible is met
Skilled Nursing Facility Care	TRICARE Standard and TRICARE Extra: \$17.05 per day <i>(\$25 minimum charge per admission)</i>	TRICARE Standard: 25% cost-share of allowed institutional services, plus 25% cost-share for separately billed professional charges TRICARE Extra: Lesser of \$250 per day copayment or 20% cost-share of total charges (negotiated fee schedule), plus 20% cost-share for separately billed charges (based on fee negotiated by contractor)

TRICARE Pharmacy Program Costs

Type of Pharmacy	Formulary Costs		Non-Formulary Costs (Tier 3)
	Generic (Tier 1)	Brand Name (Tier 2)	
Military Treatment Facility <i>(up to a 90-day supply)</i>	\$0	\$0	Not available
Pharmacy Home Delivery <i>(up to a 90-day supply)</i>	\$0	\$9	\$25 (unless medical necessity is established)
Network Retail Pharmacy <i>(up to a 30-day supply)</i>	\$5	\$12	\$25 (unless medical necessity is established)
Non-Network Retail Pharmacy <i>(up to a 30-day supply)</i>	TRICARE Prime and TPRADFM: POS fees apply 50% cost-share applies after POS deductible is met. TRICARE Standard and TRICARE Extra: Greater of \$12 or 20% of total cost after the annual deductible is met		TRICARE Prime and TPRADFM: POS fees apply 50% cost-share applies after POS deductible is met. TRICARE Standard and TRICARE Extra: Greater of \$25 or 20% of total cost after the annual deductible is met

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TRICARE® Programs

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<p>TRICARE Prime</p>	<p>TRICARE Prime is available to active duty service members (ADSMs) and their families, retired service members and their families, eligible former spouses, and survivors under age 65, as well as individuals age 65 or older who are not entitled to premium-free Medicare Part A.</p> <p>TRICARE Prime enrollees are treated under a health maintenance organization-style model and are assigned to primary care managers (PCMs). Beneficiaries and their PCMs are responsible for following the referral process when additional health care services are needed. Prime requires referral oversight within network and offers a low out of pocket for retirees and their families. (There is no copay required from active duty Prime families). Other Prime members have a set copay for all outpatient services (with the exception of preventive)</p> <p>National Guard and Reserve members called to active duty for more than 30 consecutive days become eligible for TRICARE. They are considered ADSMs and may enroll in TRICARE Prime or TRICARE Prime Remote (TPR). Family members of these National Guard and Reserve members may also become eligible for TRICARE if the National Guard or Reserve member (sponsor) is called to active duty for more than 30 consecutive days.</p> <p>TPR and TRICARE Prime Remote for Active Duty Family Members (TPRADFM) provide TRICARE Prime coverage to ADSMs (including activated National Guard and Reserve members and their families) and their families in remote locations through a civilian network of TRICARE-authorized providers, institutions, and suppliers (network or non-network). ADSMs and their families who live and work more than 50 miles or a one-hour drive time from an MTF designated as adequate to provide primary care may be eligible to enroll in TPR or TPRADFM.</p>
<p>TRICARE Standard & Extra</p>	<p>TRICARE Standard and Extra are available to all TRICARE-eligible beneficiaries except ADSMs.</p> <p>TRICARE Standard has no referral oversight and requires cost share and deductible responsibility. Standard will have a percentage cost share for all services (with the exception of most preventive). The Standard beneficiary's cost share is lower if the provider is in the Humana Military network. The advantage to the network provider is less out of pocket to collect and no TRICARE referral requirements.</p>
<p>TRICARE Standard</p>	<p>TRICARE Standard beneficiaries can choose to see any TRICARE-authorized provider, with no referral necessary. TRICARE Standard patients who see network providers for their care are using the TRICARE Extra benefit, which offers lower out-of-pocket costs. The TRICARE Extra option is similar to a preferred provider organization model.</p> <p>TRICARE Reserve Select (TRS) is a premium-based health plan offered by the Department of Defense (DoD) that provides comprehensive health care coverage to members of the National Guard and Reserve who meet specific eligibility requirements. TRS offers comprehensive coverage and patient cost-shares and deductibles similar to TRICARE Standard and Extra. TRS members may access care from any TRICARE-authorized provider, hospital, or pharmacy—network or non-network.</p>
<p>TRICARE Eligible Beneficiaries</p>	<p>TRICARE is the DoD health care program offered to qualified beneficiaries in and out of the United States. ADSMs and their families, retired military members and their families, and Reserve/Guard and their families with “active” enrollment in the Department of Defense are qualified to receive TRICARE health care benefits.</p> <p>More than 2.8 million persons in the South Region are eligible for TRICARE benefits. Humana Military is the contractor for Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee (except for the Ft. Campbell area) and Texas (except for the El Paso area).</p> <p>ADSMs are required to be Prime. All other eligible beneficiaries can elect the Prime program or the Standard and Extra program (using the Extra option by seeing network providers). A current military ID card or authorization letter of eligibility will identify the TRICARE eligible beneficiary for you. You will need to “check eligibility” to confirm the eligible status and verify the Prime or Standard and Extra program of the beneficiary.</p>

Military Identification Cards



Active duty service members (ADSMs), family members over the age of 10, retirees and family members will have one of the two valid military ID cards displayed below. Providers should ensure patients have a valid military ID card or authorization letter of eligibility. Be sure to check the expiration date and make a copy of both sides of the ID card if necessary for your patient files. An ID card alone is not proof of eligibility. Please see the “Verifying Eligibility” section of this chart for more information.

DOD benefits number/Member ID or SSN or Sponsor SSN: Providers may verify the beneficiary’s eligibility using the information supplied on the card. As new military ID cards are issued, a new member ID will replace the Sponsor SSN. This new member ID can still be used to verify eligibility. Humana Military’s web-based eligibility check option allows you to use either the sponsor SSN or the new member ID to verify eligibility.

Expiration Date: Check the expiration date on the ID card in the box titled “EXPIRATION DATE” (should read “INDEF” for retirees). If expired, the beneficiary must update his or her information in the Defense Enrollment Eligibility Reporting System (DEERS) and be issued a valid card. Eligibility for TRICARE benefits will be determined by the eligibility response received from DEERS which may be more current than the information on the ID cards.

Civilian: Check the back of the ID card to verify eligibility for TRICARE civilian care. The center section of the card should read “YES” under the box titled “CIVILIAN.”



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<p>Verifying Eligibility</p>	<p>TRICARE beneficiaries should present their military ID card at the time of service. The military ID card may be used to verify eligibility for care.</p> <p>Providers may verify Prime or Standard, Extra, TRICARE Reserve Select, TRICARE Retired Reserve, and the Continued Health Care Benefit Program eligibility in one of the following ways:</p> <ul style="list-style-type: none"> • www.humana-military.com. The “Check Eligibility” feature allows you to see your patient’s current status along with the TRICARE copay/ cost share, OHI, and cat cap. • www.mytricare.com. Access the Provider Portal to check eligibility. • www.availability.com. Checking eligibility through Availability is currently available in Texas, Oklahoma and Florida. • Call Humana Military’s 1-800-444-5445 interactive voice response (IVR) line. <p>You have the right to collect “out of pocket” prior to seeing a TRICARE patient or, if it is easier, file the claim first. Both the patient EOB and the provider Remittance will include copay or cost share amounts owed. Eligibility is also verified as part of the prior authorization process.</p>
<p>Verifying Coverage</p>	<p>Humana Military suggests providers use the online “code inquiry” feature at www.humana-military.com. By looking up the service or procedure code, you can determine whether the service requires a referral or the service is exempt from referral requirements, if you are seeing a TRICARE Prime member. The code inquiry feature will also assist in identifying services and procedures considered as “non-covered” or that may be on the “government no-pay list” at www.tricare.mil.</p> <p>If you do not have web capability or access to www.humana-military.com, our 1-888-444-5445 IVR line can provide the same coverage information by code or service/procedure description.</p>

TRICARE® Active Duty Service Members

Active duty service members (ADSMs) are enrolled in either TRICARE Prime or TRICARE Prime Remote (TPR), depending on where they live and work. If enrolled in TRICARE Prime, most care is received at military treatment facilities (MTFs). If the MTF cannot provide the care, the ADSM is referred to a civilian provider with payment from funds under the Supplemental Health Care Program (SHCP). If enrolled in TPR, most care is received from a TRICARE network primary care manager (PCM), if available. If a network provider is not available, ADSMs receive care from a TRICARE-authorized provider.

Health Care Management for Active Duty Service Members

Note: There are no copayments or cost-shares for ADSMs using TRICARE Prime or TPR.

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PROVIDER RESPONSIBILITIES	COVERAGE DETAILS
<p>Obtaining Referrals and Prior Authorization</p>	<p>TRICARE Prime ADSMs: The MTF or the Military Medical Support Office (MMSO) will authorize referral and prior authorization requests for specialty care with Humana Military Healthcare Services, Inc. (Humana Military).</p> <p>TPR ADSMs: Referrals and authorizations coordinated by the service points of contact (SPOCs) at the MMSO and Humana Military.</p>
<p>Services Requiring Prior Authorization</p>	<p>TRICARE Prime ADSMs: Require prior authorization (except for emergencies) for all inpatient and outpatient services from civilian network or non-network providers.</p> <p>TPR ADSMs: Require prior authorization for all inpatient and specialty outpatient services. They do not need referrals, prior authorization, or fitness-for-duty reviews to receive primary care.</p>
<p>Filing Claims for Reimbursement</p>	<p>ADSM claims are paid at the negotiated rate for network providers. The same balance-billing limitations applicable to TRICARE apply to the SHCP. All claims for ADSMs under TRICARE Prime or TPR should be submitted to:</p> <p>TRICARE South Region Claims Department P.O. Box 7031 Camden, SC 29020-7031</p>

Behavioral Health Care Requirements

ADSMs are required to receive behavioral health care services at MTFs, if applicable, except in emergencies or in accordance with TRICARE Prime Remote regulations.

Except in the case of an emergency, ADSMs **must** have a referral and prior authorization from ValueOptions, Inc. (ValueOptions) at **1-800-700-8646** to seek **any** behavioral health care from a civilian network or non-network provider, including the first eight outpatient visits.

ADSMs using TPR must receive civilian behavioral health care with prior authorization from ValueOptions and the SPOCs at the MMSO