Lesson Objectives

Medical Benefits

After this lesson, you should be able to:

- Describe the kinds of providers
- Identify eligibility criteria for the three TRICARE programs
- Identify how TRICARE Standard, Extra, and Prime work
- Describe the benefits extended to Transitional Survivors and Survivors, and distinguish between these two categories.

TRICARE

TRICARE is named for the three mainhealthcare options:

- Standard
- Extra
- Prime

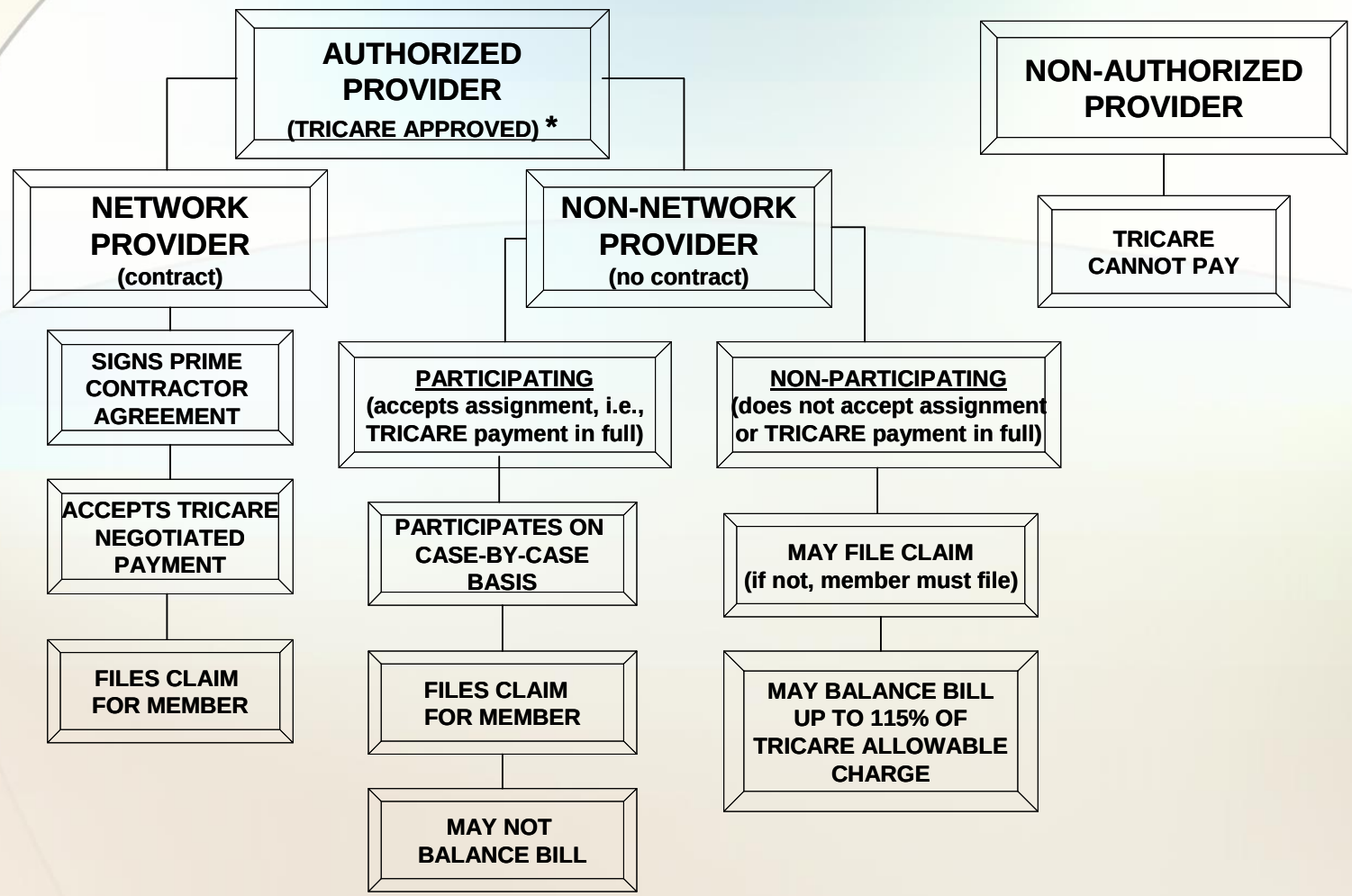
Three = Tri, hence TRICARE.

Types of Providers

There are several types of providers and charges under the TRICARE program.

- **Authorized** providers can either be **Network** or **Non-network**.
- Non-network providers can be **Participating** or **Non-participating**.
- TRICARE will only help pay for care given by authorized providers.

Types of Providers



Note: * Beginning 1 September 2004, Medicare certified providers are considered TRICARE Authorized.

Source: CFR 199.6 – Authorized Providers

Authorized Providers

An authorized provider is an individual, institution/organization, or supplier who is certified by TRICARE to provide benefits under TRICARE and is either:

- Licensed by the state

  OR

- Accredited by a national organization or meets other standards of the medical community

TRICARE contractors must verify a provider's authorized status before they can pay for services received from that provider.

If the provider is not authorized, TRICARE cannot help pay the bill.

Network and non-Network Providers

Authorized providers can be :

- **A Network Provider.** A network provider is an individual or institution/organization who serves TRICARE beneficiaries through a contractual agreement, thereby becoming a member of the TRICARE network.

- **A Non-network Provider**. A non-network provider is one who has no contractual relationship with the contractor to provide care to TRICARE beneficiaries.

Non-Network: Participating Provider

A Non-Network Provider can be either a participating or non-participating provider.

- **A Participating Provider.** A participating provider is a health care individual, institution/organization who participates in TRICARE, or in other words, accepts assignments, and agrees to accept the TRICARE allowable charge (including your cost share and deductible, if any) as payment in full for provided services.
  - Individual providers can participate on a case-by-case basis. The provider or the beneficiary files the claim and the provider receives the check from TRICARE.
  - Hospitals that participate in Medicare must, by law, also participate in TRICARE for inpatient care.
- For outpatient care, hospitals and providers have the choice of whether or not to participate.

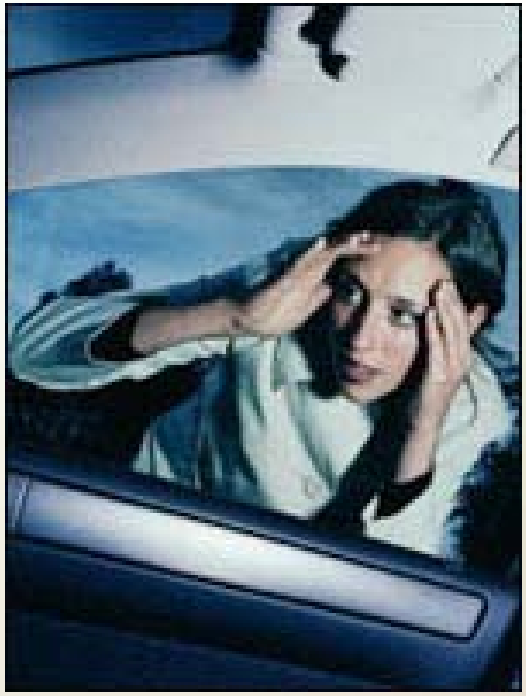
Non-Network: Non-participating Provider

- **A Non-participating Provider.** A non-participating provider does not agree to participate or accept the TRICARE-determined allowable cost or charge as the total fee for the services.
  - A non-participating provider looks to the beneficiary, not TRICARE, for payment of his or her charges. In such cases, TRICARE pays the beneficiary directly.
  - The beneficiary then pays the provider.
- A Non-participating provider can charge a beneficiary up to 115% of the TRICARE allowable charge.
  - In such cases, TRICARE pays the beneficiary, who then pays the applicable cost shares/deductibles, as well as the additional 15%.

An Option for Everyone

There are **costs and advantages** to each of the three main TRICARE programs:

- **TRICARE Standard**
- **TRICARE Extra**
- **TRICARE Prime**



TRICARE Standard

- TRICARE Standard is a fee-for-service option where the beneficiary pays for the freedom to seek care from any TRICARE-authorized provider for TRICARE covered services. Beneficiaries contribute to a cost share for every service they receive.

- Standard beneficiaries are able to seek most services without having to get a referral or authorization.
  - Note: Authorizations are required for certain services.

- TRICARE Standard is available for all TRICARE-eligible beneficiaries, except active duty service members, and dependent parents and parents-in-law.

TRICARE Standard

- There are no enrollment fees or forms for TRICARE Standard; TRICARE eligible beneficiaries simply have to show a valid Uniformed Services ID card.
- Beneficiaries may be required to file their own claims, depending on the provider's procedures.
- Beneficiaries can still receive care from a military treatment facility on a space-available basis only.
- For retired service members, retiree family members, and ADFMs who have employer-sponsored health insurance, TRICARE Standard may be used as a secondary payor.

TRICARE Extra

- TRICARE Extra is a preferred-provider type option, available to all TRICARE-eligible Standard beneficiaries (except active duty service members).
- It is similar to TRICARE Standard in that there are no enrollment forms or fees. **The major difference between TRICARE Standard and TRICARE Extra is that the resulting cost share paid by the beneficiary after the annual deductible is 5% less than using TRICARE Standard.**
- Beneficiaries select civilian physicians and specialists from a list of providers in the Managed Care Support Contractors (MCSC) network.
  - The provider files the beneficiary's claim forms.
- Beneficiaries can still receive care from a military treatment facility on a space-available basis only.

TRICARE Prime

- TRICARE Prime is somewhat different from the other two options in that it uses a managed care approach, similar to a civilian health maintenance organization (HMO).
  - TRICARE Prime/Prime Remote are the only options available for ADSMs and is free for these members.
  - The program focuses on preventive care, encouraging health maintenance.
- Other beneficiaries that may enroll in Prime are active duty familiy members, retirees and their family members or survivors, and certain Reserve Component members and their family members.
- TRICARE Prime requires enrollment and beneficiaries are assigned a Primary Care Manager (PCM), who is responsible for the coordination of their health care needs, including referrals for specialty care.
- Beneficiaries are not required to claims with this option.

TRICARE Prime

- TRICARE Prime is portable as long as a beneficiary moves from one TRICARE Prime location to another.
  - A beneficiary is covered when he/she has a Permanent Change of Station (PCS), goes on Temporary Duty/Temporary Additional Duty (TDY/TAD), or is on leave and requires emergency or urgent care.
  - Beneficiaries are to contact their Primary Care Managers or the regional contractor when seeking care from other than their PCM or if admitted to a facility after an emergency room visit.
- Service members should check with their managed care support contractor and the Military Medical Support Office (MMSO) when traveling to get authorization for urgent care.

TRICARE Prime: Access Standards

TRICARE Prime access standards establish the length of time it should take to see a provider based on the type of care being sought.

	Urgent Care	Routine Care	Referred/ Specialty Care	Wellness/ Preventive Care
Appointment wait time	Within 24 hours	Within 7 calendar days	Within 4 weeks	Within 4 weeks
Drive Time	Within 30 minutes from home	Within 30 minutes from home	Within 60 minutes from home	Within 30 minutes from home
Wait time in office	Not to exceed 30 minutes for non-emergency situations			

TRICARE

TRICARE UNIVERSITY

Costs

For TRICARE covered services:

•Standard and Extra beneficiaries are responsible for **annual deductibles and cost shares.**

•Prime beneficiaries are responsible for **co-pays and point of service charges.**

All programs have a catastrophic cap - the catastrophic cap is the maximum amount per fiscal year a beneficiary pays for TRICARE-covered services or supplies.

Costs: TRICARE Standard

Status	ADFM E1 – E4	ADFM E5 and up	Retirees/retiree family members under age 65
Enrollment Fee	0	0	0
Cost Shares	20% of negotiated fee	20% of negotiated fee	25% of negotiated fee
Deductibles	$50 individual $100 family	$150 individual $300 family	$150 individual $300 family
Catastrophic Cap	$1,000 per family per fiscal year	$1,000 per family per fiscal year	$3,000 per family per fiscal year

TRICARE

Costs: TRICARE Extra

Status	ADFM E1 – E4	ADFM E5 and up	Retirees/retiree family members under age 65
Enrollment Fee	0	0	0
Cost Shares	15% of negotiated fee	15% of negotiated fee	20% of negotiated fee
Deductibles	$50 individual $100 family	$150 individual $300 family	$150 individual $300 family
Catastrophic Cap	$1,000 per family per fiscal year	$1,000 per family per fiscal year	$3,000 per family per fiscal year

Costs: TRICARE Prime

Status	ADFM E1 – E4	ADFM E5 and up	Retirees/retiree family members under age 65
Enrollment Fee	0	0	$230 individual $460 family
Cost Shares	0	0	Co-pays: $12 outpatient $17 mental health group session $25 mental health $30 emergency
Deductibles	0	0	0
Catastrophic Cap	$1,000 per family per fiscal year	$1,000 per family per fiscal year	$3,000 per family per fiscal year

TRICARE

Eligibility

TRICARE Standard

Available to all TRICARE-eligible beneficiaries, except active duty service members, and dependent parents and parents-in-law.

TRICARE Extra

Available to all TRICARE-eligible Standard beneficiaries (as above).

TRICARE Prime (where available)

- Active duty service members
- Active duty family members
- Retirees, retiree family members, and eligible survivors who are not Medicare eligible
- Certain Reserve component members and their family members
- Medal of Honor recipients and their families

Choosing An Option for Healthcare

- The main challenge for most beneficiaries is deciding which TRICARE option-TRICARE Standard, TRICARE Extra, or TRICARE Prime-is best for them.

- Essentially, the more freedom of choice a beneficiary has in selecting the healthcare provider, the more expensive care becomes.

Choosing An Option for Healthcare

Here are some helpful strategies to help beneficiaries make that decision:

- If **freedom of choice** is most important to beneficiaries, **TRICARE Standard** will likely be their preferred choice for health care.
- If **priority access to the Military Treatment Facility** is most important to beneficiaries, **TRICARE Prime** (where available) will give them the best priority access.
- If **cost savings** is most important to beneficiaries, **TRICARE Prime** is their best health care choice with TRICARE Extra as the next best choice.

	MORE....		....less
Freedom of Choice	Standard	Extra	*Prime*
Access to MTF	Prime	Extra	*Standard*
Cost	Standard	Extra	*Prime*

Care at Department of Veterans Affairs (VA) Health Care Facilities

- Many Veterans Affairs (VA) health care facilities participate in regional TRICARE networks and many provide primary care for ADSMs and their family members. Many even provide specialty care to all TRICARE beneficiaries.

- Contact the TRICARE regional office to find out if a participating VA facility can provide care or if a separate Department of Defense-Veterans Affairs agreement exists.

Transitional Survivors and Survivors

- Eligible family members whose sponsor died while on active duty for more than 30 consecutive days can continue their TRICARE coverage as either **Transitional Survivors** or **Survivors**.

- Coverage is TRICARE Standard/Extra by default. However, both **Transitional Survivors** and **Survivors** are eligible to enroll in TRICARE Prime or TRICARE Overseas Program (TOP) Prime should they desire.

- **Transitional Survivors** pay active duty family member (ADFM) payment rates, while **Survivors** pay at the retiree payment rates.

Transitional Survivors & Survivors: Spouses' Qualification Criteria

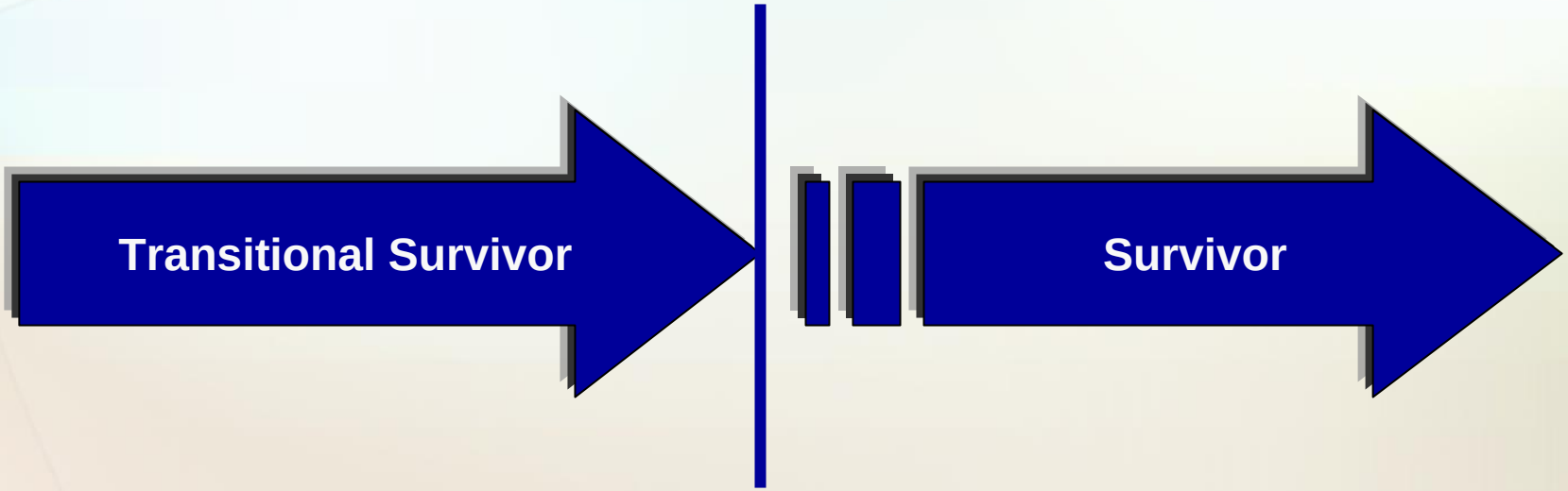
Spouses

Spouses are categorized as Transitional Survivors for three years from the date of death of their sponsor.

After three years, the surviving spouse converts to Survivor status and TRICARE benefits continue at the retiree payment rate.

Spouses

3 years from date of the Sponsor's Death



Transitional Survivors & Survivors: Children Qualification Criteria

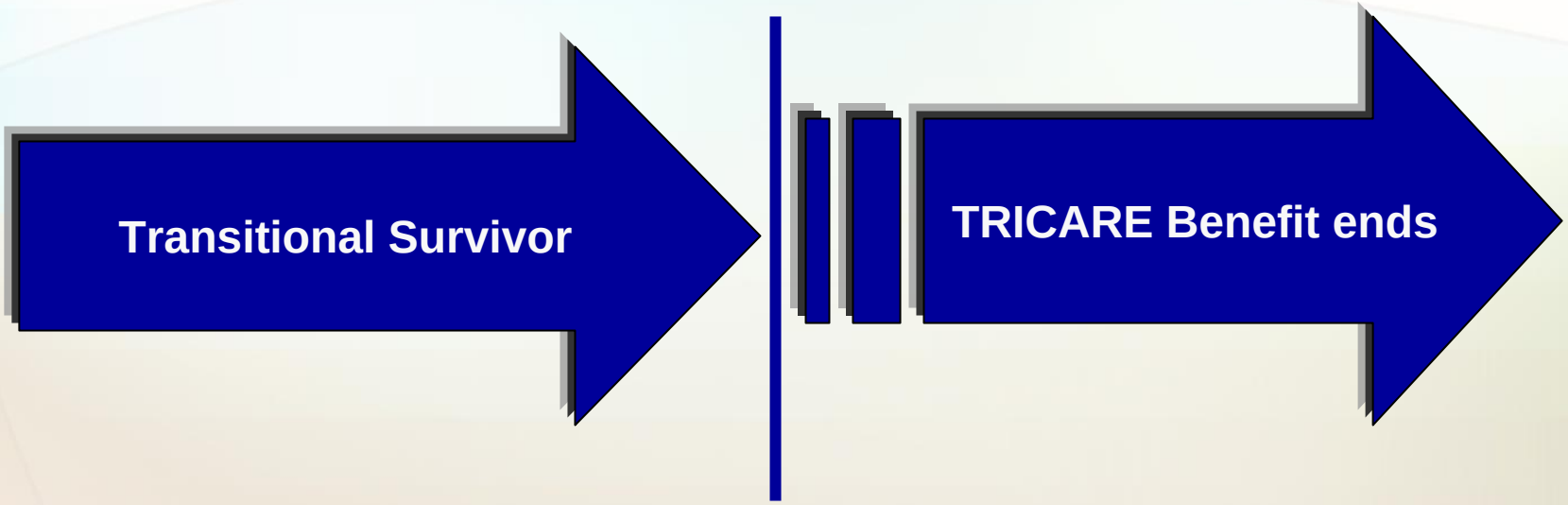
Children

Transitional Survivor status for children ends at the time the child loses TRICARE eligibility.

- This is typically at age 21 (or 23 if enrolled in a full-time course of study in a secondary school or in a full-time course of study in an institution of higher education.)
- If the child himself/herself joins the military
- If the child marries
- Any other circumstance that drives loss of eligibility

Children

Loss of Eligibility



Transitional Survivors & Survivors: Incapacitated Children Qualification Criteria

Incapacitated Children

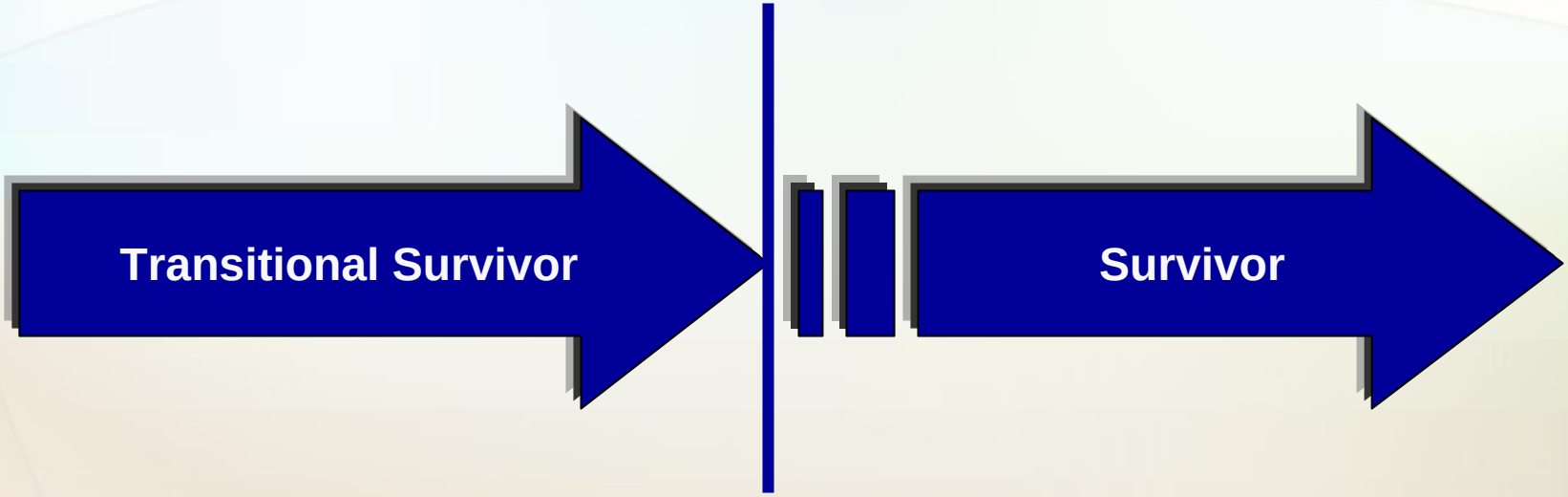
Incapacitated Children retain their Transitional Survivor status until (whichever comes last):

- Three years from the sponsor's date of death, **OR**
- Their 21st birthday, **OR**
- Their 23rd birthday if enrolled in a fulltime course of study in a secondary school or in a full-time course of study in an institution of higher education.

After which, they are reclassified as **Survivors** and are covered as a retired family member unless they lose TRICARE eligibility.

Incapacitated Children

3 Years, Age 21 or Age 23*
Whichever Comes Last



Transitional Survivors & Survivors: Qualification Criteria

Based upon what you just learned, let's look at some scenarios for the Transitional Survivor Determination

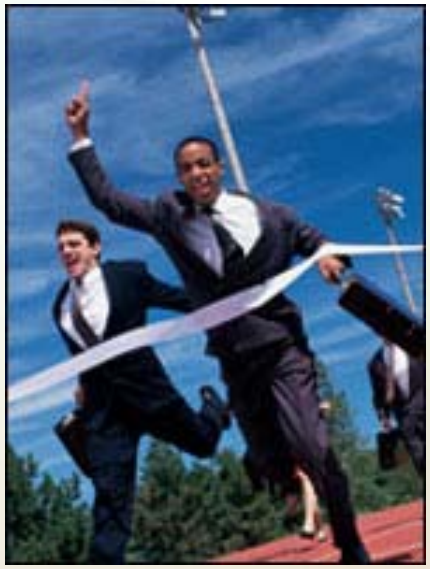
Age at Sponsor's Death:	**Transitional Survivor Benefits Until**
• Age 19 (not student)	→ Age 21
• Age 19 (student)	→ Age 23
• Age 21 (not student, incapacitated)	→ Age 24, then Survivor
• Age 25 (incapacitated)	→ Age 28, then Survivor

- Incapacitated @ sponsor's death <u>or</u>
  Incapacitated within Transitional Survivor status* → 3 years from the date of the sponsor's death or until 21/23, whichever is later

- *Child must be determined to be incapacitated by age 21, or 23 if a full-time student; based on service determination

Summary

Congratulations, you've finished Medical Benefits!

You should now be able to:

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