Module 3:
TRICARE Options

Module Objectives

After this module, you should be able to:

- Describe some of the key features of the TRICARE Standard, Extra, and Prime options
- Outline the charges associated with these TRICARE options
- List some of the TRICARE provider types

TRICARE

In 1993, the following three TRICARE basic options were introduced:

- **TRICARE Standard, a fee-for-service option**
- **TRICARE Extra, a preferred provider option**
- **TRICARE Prime, a managed care option**

There are certain costs and advantages associated with each of these options

TRICARE Standard

- TRICARE Standard is a fee-for-service option, which offers the greatest flexibility but may require the beneficiary to pay up front and file for reimbursement
- Beneficiaries using TRICARE Standard pay higher out-of-pocket costs per visit compared to the other basic TRICARE options
- TRICARE Standard beneficiaries have the freedom to choose any TRICARE-authorized provider for TRICARE-covered services
- An advantage of using the TRICARE Standard option is the freedom to choose from a larger provider pool without having to get prior authorization for most TRICARE-covered medical services

TRICARE Standard

Eligibility

- Must be registered in DEERS
- Available to all TRICARE-eligible beneficiaries except:
  - Active duty service members

Enrollment

- No enrollment forms or fees

Military Treatment Facility (MTF) Access

- On a space-available basis

TRICARE Standard Costs

Status	Active duty family members of E1–E4	Active duty family member of E5 and above	Retirees/retiree family members and survivors
Enrollment Fee	$0	$0	$0
Cost Share after Deductibles	20% of the TRICARE allowable charge	20% of the TRICARE allowable charge	25% of the TRICARE allowable charge
Deductibles	$50 for individuals/$100 for families	$150 for individuals/$300 for families	$150 for individuals/$300 for families
Catastrophic Cap	$1,000 per family per fiscal year	$1,000 per family per fiscal year	$3,000 per family per fiscal year

NOTE: A catastrophic cap is the maximum amount per fiscal year a beneficiary pays out-of-pocket for TRICARE-covered services or supplies.

TRICARE Extra

- TRICARE Extra is a preferred provider option, which allows beneficiaries to receive maximum benefits by using a network provider
- When TRICARE Standard beneficiaries receive care from a TRICARE network provider, they are using the TRICARE Extra option for that episode of care
- The advantage of using a TRICARE network provider is that the TRICARE Standard beneficiary receives a five percent discount off their cost share

TRICARE Extra

Eligibility

- Must be registered in DEERS
- Available to all TRICARE-eligible beneficiaries except:
  - Active duty service members
  - Dependent parents
  - Dependent parents-in-law

Enrollment

- No enrollment fees or forms

MTF Access

- On a space-available basis

TRICARE Extra Costs

Status	Active duty family member of E1-E4	Active duty family member of E5 and above	Retirees/retiree family members and survivors
Enrollment Fee	$0	$0	$0
Cost Share after Deductibles	15% of the fee negotiated by the regional contractor	15% of the fee negotiated by the regional contractor	20% of the fee negotiated by the regional contractor
Deductibles	$50 for individuals/$100 for families	$150 for individuals/$300 for families	$150 for individuals/$300 for families
Catastrophic Cap	$1,000 per family per fiscal year	$1,000 per family per fiscal year	$3,000 per family per fiscal year

NOTE: The catastrophic cap is the maximum amount per fiscal year a beneficiary pays out-of-pocket for TRICARE-covered services or supplies.

TRICARE Prime

- TRICARE Prime is a managed care similar to a civilian health maintenance organization (HMO)
- TRICARE Prime enrollees get their routine and urgent medical care delivered and/or managed by their assigned Primary Care Manager
- Prime enrollees may receive care at a Military Treatment Facility (MTF) or from any civilian TRICARE-network provider
- An advantage of using the TRICARE Prime option is that it offers the lowest out-of-pocket costs per episode of care when compared to the other TRICARE options

TRICARE Prime

Eligibility

- Must be registered in DEERS
- Available to the following beneficiaries:
  - Active duty service members
  - Active duty family members
  - Retirees, retiree family members, and eligible survivors
  - Certain Guard/Reserve members and their eligible family members
  - Medal of Honor recipients and their eligible members

Enrollment

- Enrollment is required
- Retirees and retiree family members pay an annual enrollment fee

MTF Access

- Have access to care priority at military treatment facilities

TRICARE Prime Costs

Status	Active duty family members of E1–E4	Active duty family member of E5 and above	Retirees/retiree family members and survivors
Enrollment Fee	$0	$0	$230 - individual $460 - family
Co-payments	$0	$0	$12 - outpatient visit $17 - mental health group visit $20 – ambulance service occurrence $25 - mental health individual visit $30 - emergency room visit
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

NOTE: The catastrophic cap is the maximum amount per fiscal year a beneficiary pays out-of-pocket for TRICARE-covered services or supplies.

TRICARE Prime

The following beneficiaries **must** enroll in TRICARE Prime:

- **Active duty service members (ADSMs)**
  - TRICARE Prime is their only TRICARE option
  - ADSMs have access to care priority at military treatment facilities
- **National Guard members**
  - When on Federal active duty orders for more than 30 consecutive days
- **Reservists**
  - When on active duty orders for more than 30 consecutive days

TRICARE Prime

Enrollment Process:

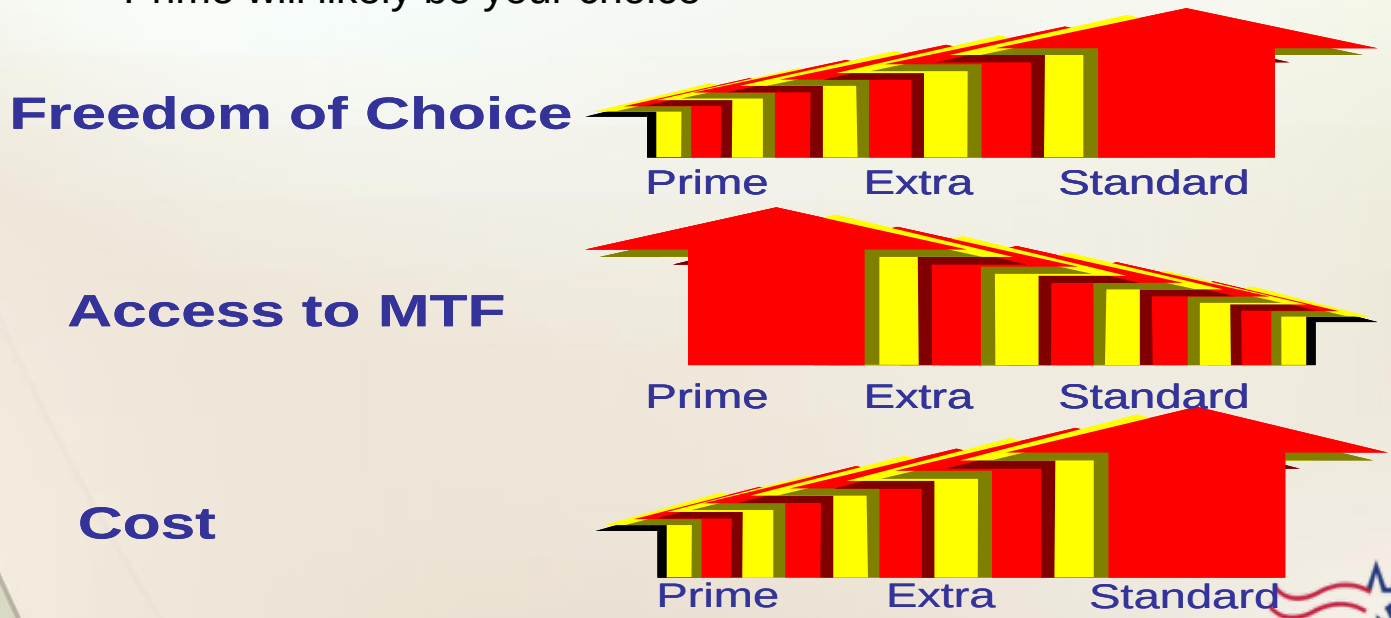
- All Prime-eligible beneficiaries must complete an enrollment form, which may be:
  - Submitted to regional contractor via mail
  - Submitted to local TRICARE Service Center
  - Completed online via Beneficiary Web Enrollment Website
    - Retirees and retiree family members must also submit an initial 3-month payment
- Enrollment in TRICARE Prime follows the **20th-of-the-month rule**
  - When enrollment form is submitted before the 20th of the month, Prime coverage begins on the first day of the next month
  - When enrollment form is submitted on the 21st through the end of the month, Prime coverage begins on the first day of the second month

NOTE: The 20th of the month rule does not apply to active duty service members; active duty service members are enrolled immediately

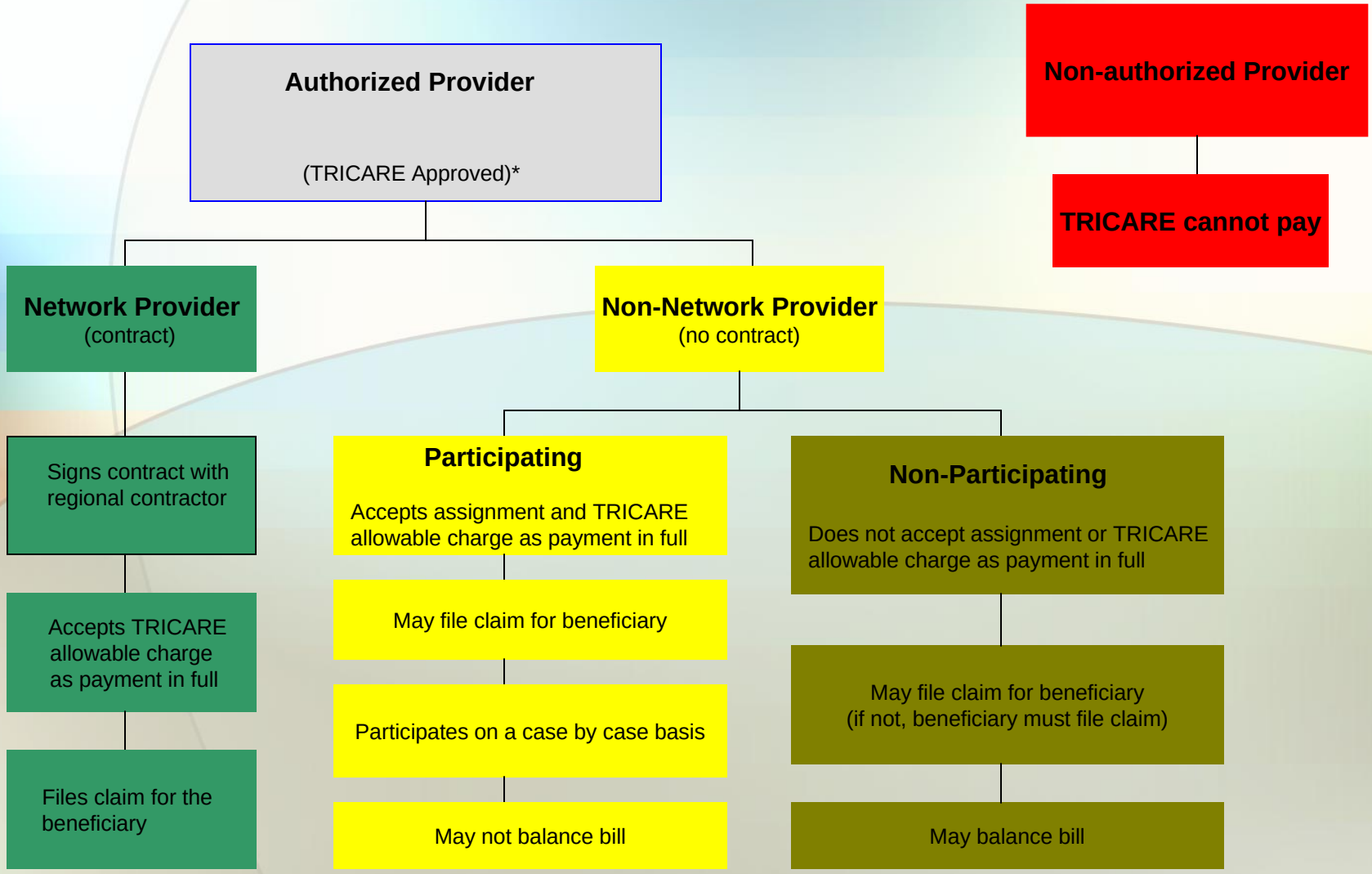
Choosing the Right Option

Understanding some of the key features of each of the basic TRICARE options will help you choose the right option for yourself and your family members

- If freedom of choice from a larger provider pool is most important to you, TRICARE Standard will likely be your choice
- If freedom of choice within the TRICARE network and cost share discounts are important to you, TRICARE Extra will likely be your choice
- If priority access to care within the military treatment facility, cost savings, and having your medical care managed are most important to you, TRICARE Prime will likely be your choice



Types of Providers



Note: * Medicare certified providers are considered TRICARE authorized per CFR 199.6 - Authorized Providers

Authorized Providers

- Authorized providers are individuals, institutions, organizations, or suppliers of medical equipment who are certified to provide medical care and supplies to TRICARE beneficiaries
- They must meet the following criteria:
  - Licensure by the state, or
  - Accreditation by a national organization, or
  - Meet other standards of the medical community

Note: Before getting care, beneficiaries should ask the provider if they are a TRICARE-authorized provider. If the provider is not, TRICARE cannot pay the bill.

Network and Non-Network Providers

- **Network providers** serve TRICARE beneficiaries through a contractual agreement with the regional contractor, which makes them a member of the TRICARE Prime network

- **Non-network providers** have no contractual agreement with the regional contractor; however, they may still serve TRICARE beneficiaries. There are two types of non-network providers:

  - **Participating, non-network provider**
    - Agree to treat TRICARE beneficiaries on a case-by-case basis
    - Agree to accept the TRICARE allowable charge as payment in full

  - **Non-participating, non-network provider**
    - Agree to treat TRICARE beneficiaries on a case-by-case basis
    - Does not accept the TRICARE allowable charge as payment in full
    - May charge the beneficiary 15% more than the TRICARE allowable charge, (which is referred to as balance billing) but may not balance bill more than 15%

You've Completed Module 3: TRICARE Options

You should now be able to:

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- List some of the TRICARE provider types