TRICARE Prime®
Point-of-Service Option

Non-active duty TRICARE® Prime beneficiaries may receive care without a referral for higher out-of-pocket costs

The point-of-service (POS) option allows TRICARE Prime and TRICARE Prime Remote for Active Duty Family Members enrollees to receive nonemergency medically necessary TRICARE-covered services from any TRICARE-authorized provider without requesting a referral from a primary care manager. You pay more out-of-pocket when using the TRICARE POS option. POS charges do not apply to TRICARE beneficiaries covered under other TRICARE programs.

The POS option does not apply to:

- Active duty service members (ADSMs)
- Newborn and adopted children during the first 60 days after birth or adoption
- Emergency care
- Clinical preventive care received from a network provider
- Beneficiaries with other health insurance (OHI)

TRICARE PRIME OPTIONS OVERSEAS

TRICARE Overseas Program (TOP) Prime and TOP Prime Remote enrollees may use the POS option to receive nonemergency medically necessary TRICARE-covered services from any host nation provider without a referral.

Note: If you live or travel in the Philippines, you are required to see a certified provider for care. For more information, visit www.tricare-overseas.com/philippines.htm.

Overseas, the POS option does not apply to:

- ADSMs
- Newborn and adopted children during the first 120 days after birth or adoption
- Emergency care
- Clinical preventive care received from a network host nation provider
- Beneficiaries with OHI

This fact sheet is not all-inclusive. For additional information, go to www.tricare.mil.
DEDUCTIBLES AND COST-SHARES

The chart below explains what beneficiaries enrolled in a TRICARE Prime option pay when using the POS option for medically necessary TRICARE-covered services.

To understand what are TRICARE-covered services, visit www.tricare.mil/coveredservices/isitcovered.

<table>
<thead>
<tr>
<th>CHARGES</th>
<th>INDIVIDUAL</th>
<th>FAMILY</th>
</tr>
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<tbody>
<tr>
<td>Point-of-service (POS) deductible per fiscal year (FY) (October 1–September 30) for outpatient care only</td>
<td>$300</td>
<td>$600</td>
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<tr>
<td>POS cost-share for outpatient care</td>
<td>50% of TRICARE-allowable charge after annual POS deductible is met</td>
<td></td>
</tr>
<tr>
<td>POS cost-share for inpatient care</td>
<td>50% of TRICARE-allowable charge after annual POS deductible is met</td>
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<tr>
<td>Any additional charges by nonparticipating providers²</td>
<td>The beneficiary is responsible for payment. Nonparticipating providers in the United States have the legal right to charge up to 15% above the TRICARE-allowable charge for services. Overseas, there may be no limit to the amount that nonparticipating non-network providers may bill.</td>
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</tbody>
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1. POS deductibles and cost-share amounts are not creditable to your FY catastrophic cap.
2. Nonparticipating providers are non-network providers who have not agreed to accept the TRICARE-allowable charge.

EXPLANATION OF BENEFITS

The explanation of benefits (EOB) is a statement TRICARE sends you and the provider after you get care. The EOB documents the results of the claims process, shows the amount applied to your annual deductible, and lists any POS charges, if applicable. For more information about the TRICARE Prime POS option, contact your regional contractor or visit www.tricare.mil/pointofservice.
An Important Note About TRICARE Program Information
At the time of publication, this information is current. It is important to remember that TRICARE policies and benefits are governed by public law and federal regulations. Changes to TRICARE programs are continually made as public law and/or federal regulations are amended. Military hospital and clinic guidelines and policies may be different than those outlined in this publication. For the most recent information, contact your TRICARE regional contractor or local military hospital or clinic. The TRICARE program meets the minimum essential coverage requirement under the Affordable Care Act.