



December 2014

# TRICARE<sup>®</sup> CHOICES

## At a Glance



[www.tricare.mil](http://www.tricare.mil)  
[www.tricare.mil/costs](http://www.tricare.mil/costs)

Visit the TRICARE Web site for more information on eligibility, enrollment, costs, and coverage. Enter your profile for individualized details based on your TRICARE program.

TRICARE is the Department of Defense's worldwide health care program available to eligible beneficiaries from any of the seven uniformed services—the U.S. Army, U.S. Navy, U.S. Air Force, U.S. Marine Corps, U.S. Coast Guard, Commissioned Corps of the U.S. Public Health Service, and the National Oceanic and Atmospheric Administration. *TRICARE Choices: At a Glance* provides an overview of TRICARE medical, dental, and pharmacy options in the United States, and their associated costs. Eligibility for TRICARE is determined by law and the services and information is maintained in the Defense Enrollment Eligibility Reporting System (DEERS). It is important for sponsors to keep DEERS records up to date. For eligibility, enrollment, cost, and coverage details, visit [www.tricare.mil](http://www.tricare.mil) or contact your regional contractor. See the *For Information and Assistance* section of this brochure for contact information.

TRICARE Program Options	2
Program Descriptions and Enrollment Costs	3
Costs of Covered Services	6
TRICARE Dental Options	8
TRICARE Pharmacy Program	10
Commonly Used Terms	11
For Information and Assistance	12



# TRICARE PROGRAM OPTIONS

You are eligible for different programs based on your beneficiary category, location, and entitlement to Medicare. Use the chart below to determine your options. Additional program details are listed in this brochure. Your options may change if you move, if your sponsor changes location or status, or if you have a life event such as getting married or becoming entitled to Medicare Part A. For assistance with health care coverage when moving or traveling, contact your regional contractor.

Beneficiary Types	Program Options <sup>1</sup>
<b>Active duty service members (ADSMs)</b> <i>(includes National Guard and Reserve members<sup>2</sup> called or ordered to active service for more than 30 consecutive days)</i>	<ul style="list-style-type: none"> <li>• TRICARE Prime</li> <li>• TRICARE Prime Remote</li> <li>• TRICARE Active Duty Dental Program</li> </ul>
<b>Active duty family members (ADFMs)</b> <i>(includes family members of National Guard and Reserve members<sup>2</sup> called or ordered to active service for more than 30 consecutive days and certain survivors)</i>	<ul style="list-style-type: none"> <li>• TRICARE Prime</li> <li>• TRICARE Prime Remote for Active Duty Family Members</li> <li>• TRICARE Standard and TRICARE Extra</li> <li>• TRICARE For Life (TFL) <i>(ADFMs must have Medicare Part A and Medicare Part B to participate in TFL.)<sup>3</sup></i></li> <li>• US Family Health Plan (USFHP)</li> <li>• TRICARE Dental Program (TDP)</li> </ul>
<b>Retired service members and eligible family members, survivors, Medal of Honor recipients, qualified former spouses, and others</b>	<ul style="list-style-type: none"> <li>• TRICARE Prime</li> <li>• TRICARE Standard and TRICARE Extra</li> <li>• TFL <i>(If entitled to premium-free Medicare Part A, the beneficiary must have Medicare Part B, regardless of age or place of residence, to keep TRICARE eligibility.)</i></li> <li>• USFHP</li> <li>• TRICARE Retiree Dental Program (TRDP)</li> </ul>
<b>National Guard and Reserve members<sup>2</sup> and their family members</b> <i>(qualified non-active duty members of the Selected Reserve, Retired Reserve, and certain members of the Individual Ready Reserve)</i>	<ul style="list-style-type: none"> <li>• TRICARE Reserve Select <i>(members of the Selected Reserve)</i></li> <li>• TRICARE Retired Reserve <i>(members of the Retired Reserve who have not reached age 60)</i></li> <li>• TDP</li> <li>• TRDP</li> </ul>

1. Qualified adult-age dependents may purchase coverage through the TRICARE Young Adult (TYA) program. For more information on TYA, see the Program Descriptions and Enrollment Costs section of this brochure.
2. The National Guard and Reserve includes the Army National Guard, Army Reserve, Navy Reserve, Marine Corps Reserve, Air National Guard, Air Force Reserve, and Coast Guard Reserve. For more information about benefits for the National Guard and Reserve, visit <http://ra.defense.gov>.
3. ADFMs who have Medicare Part A are not required to have Medicare Part B to remain eligible for TRICARE. ADSMs and ADFMs have a special enrollment period, which is available anytime the sponsor is on active duty or within eight months following either (1) the sponsor's termination of employment or (2) the end of TRICARE coverage, whichever is first. If you sign up for Medicare Part B after your special enrollment period, you may have to pay a premium surcharge for as long as you have Part B. The cost of Medicare Part B will go up 10 percent for each full 12-month period that you could have had Medicare Part B, but did not. **Note:** ADSMs and ADFMs with end-stage renal disease do not have a special enrollment period and, therefore, should enroll in Medicare Part B when first eligible to avoid paying the Part B premium surcharge for late enrollment.

## Continued Health Care Benefit Program: Option after TRICARE Eligibility Ends .....

The Continued Health Care Benefit Program (CHCBP) is a premium-based health care program available for purchase by former TRICARE-eligible members and their eligible family members, former spouses who have not remarried, emancipated children, and unmarried children by adoption or legal custody. CHCBP offers transitional coverage after TRICARE eligibility ends for up to 18 months for former service members and their family members, and up to 36 months for former spouses who have not remarried and for adult dependents. If you qualify, you can purchase CHCBP within 60 days of losing TRICARE or Transitional Assistance Management Program eligibility. CHCBP benefits and rules are similar to those under TRICARE Standard, but you must pay quarterly premiums. For fiscal year (FY) 2015 (October 1, 2014–September 30, 2015), quarterly premiums are \$1,275 per individual and \$2,868 per family. For more information, contact the CHCBP administrator, Humana Military, at **1-800-444-5445** or visit **Humana-Military.com**. **Note:** CHCBP enrollees are not legally entitled to space-available care at military hospitals or clinics.

## PROGRAM DESCRIPTIONS AND ENROLLMENT COSTS

TRICARE program descriptions and enrollment costs are covered in the following chart. For more information on enrolling in a TRICARE program option, visit [www.tricare.mil/enroll](http://www.tricare.mil/enroll). TRICARE costs are subject to change. Visit [www.tricare.mil/costs](http://www.tricare.mil/costs) for the most up-to-date cost information.

Program	Description	Enrolling	Program Costs	Getting Care
<b>TRICARE Prime</b>	<ul style="list-style-type: none"> <li>Similar to a managed care or health maintenance organization option</li> <li>Available to active duty service members (ADSMs), active duty family members (ADFM)s, retirees, their families, survivors, and qualifying former spouses in specific geographic areas</li> </ul>	<ul style="list-style-type: none"> <li>Enrollment required</li> <li>Priority access for military hospitals and clinics</li> <li>No claims to file (<i>in most cases</i>)</li> <li>Retirees, their families, survivors, and qualifying former spouses pay annual enrollment fees</li> <li>Offers lowest out-of-pocket costs</li> </ul>	<ul style="list-style-type: none"> <li>ADSMs, ADFMs, surviving spouses (<i>during the first three years</i>), and surviving dependent children: no enrollment costs</li> <li>Fiscal year 2015 (<i>October 1, 2014–September 30, 2015</i>) annual fees for retired service members, their families, surviving spouses (<i>after the first three years</i>), eligible former spouses, and others: \$277.92/individual; \$555.84/family<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>Receive most care from primary care manager at a military hospital or clinic or within the TRICARE network<sup>2</sup></li> <li>Referrals and/or prior authorizations required for specialty care</li> </ul>
<b>TRICARE Prime Remote</b> <i>(includes TRICARE Prime Remote for Active Duty Family Members)</i>	<ul style="list-style-type: none"> <li>Benefit similar to TRICARE Prime for ADSMs living and working in remote locations and the eligible family members residing with the sponsor</li> </ul>	<ul style="list-style-type: none"> <li>Enrollment required</li> <li>No claims to file (<i>in most cases</i>)</li> <li>Offers same low out-of-pocket costs as TRICARE Prime</li> </ul>	<ul style="list-style-type: none"> <li>No enrollment costs</li> </ul>	<ul style="list-style-type: none"> <li>Receive care from TRICARE network providers (<i>or a TRICARE-authorized non-network provider if a network provider is unavailable</i>)</li> <li>Referrals and/or prior authorizations required for specialty care</li> </ul>
<b>TRICARE Standard</b>	<ul style="list-style-type: none"> <li>Fee-for-service option available worldwide to eligible non-ADSMs</li> </ul>	<ul style="list-style-type: none"> <li>No enrollment required</li> </ul>	<ul style="list-style-type: none"> <li>No enrollment costs</li> <li>Annual deductible and cost-shares apply<sup>3</sup></li> </ul>	<ul style="list-style-type: none"> <li>Receive care from TRICARE-authorized non-network providers</li> <li>No referrals required</li> <li>Some services require prior authorization</li> </ul>
<b>TRICARE Extra</b>	<ul style="list-style-type: none"> <li>Preferred provider option in areas with established TRICARE networks</li> </ul>	<ul style="list-style-type: none"> <li>No enrollment required</li> <li>Not available overseas</li> </ul>	<ul style="list-style-type: none"> <li>No enrollment costs</li> <li>Annual deductible and discounted cost-shares apply</li> </ul>	<ul style="list-style-type: none"> <li>Receive care from TRICARE network providers</li> <li>No referrals required</li> <li>Some services require prior authorization</li> </ul>

1. Active duty survivors and medically retired uniformed service members have their TRICARE Prime enrollment fees frozen at the rate in effect at the time they are classified in either category and enrolled.

2. Another TRICARE Prime option is the US Family Health Plan (USFHP), available in six areas of the United States. For more information, see the USFHP row on the following page.

3. Authorized providers who are not part of the TRICARE network of civilian providers may charge beneficiaries using TRICARE Standard up to 15 percent above the TRICARE-allowable charge for services. Beneficiaries are responsible for that additional 15 percent, along with applicable deductible and cost-share amounts. **Note:** Overseas, there may be no limit to the amount nonparticipating non-network providers may bill, and you are responsible for paying any amount that exceeds the TRICARE-allowable charge. Visit [www.tricare.mil/overseas](http://www.tricare.mil/overseas) for more information.

**Note:** Non-active duty beneficiaries may seek care at military hospitals or clinics on a space-available basis. Additionally, TRICARE Plus is a program that allows beneficiaries who normally are only able to get care at military hospitals or clinics on a space-available basis, and who are not enrolled in a TRICARE Prime option, to enroll and receive primary care appointments at military hospitals or clinics within the same primary care access standards as beneficiaries enrolled in a TRICARE Prime option. Continued Health Care Benefit Program and USFHP enrollees are not legally entitled to space-available care at military hospitals or clinics.

## PROGRAM DESCRIPTIONS AND ENROLLMENT COSTS

Program	Description	Enrolling	Program Costs	Getting Care
<b>TRICARE Reserve Select (TRS)</b>	<ul style="list-style-type: none"> <li>Premium-based health care plan that qualified Selected Reserve members may purchase for themselves and/or their family members</li> <li>Coverage and costs for care similar to TRICARE Standard for ADFMs<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>Enrollment required</li> <li>Available worldwide</li> <li>Offers member-only and member-and-family coverage</li> <li>Must qualify for and purchase TRS to participate</li> <li>Initial two-month premium payment due with enrollment form</li> </ul>	<ul style="list-style-type: none"> <li>Monthly premiums, annual deductible, and cost-shares apply</li> <li>Calendar Year (CY) 2014 TRS member-only monthly premium: \$51.68</li> <li>CY 2014 TRS member-and-family monthly premium: \$204.29</li> </ul>	<ul style="list-style-type: none"> <li>Receive care from any TRICARE-authorized provider (<i>network or non-network</i>)</li> <li>No referrals required</li> <li>Some services require prior authorization</li> </ul>
<b>TRICARE Retired Reserve (TRR)</b>	<ul style="list-style-type: none"> <li>Premium-based health care plan that qualified Retired Reserve members may purchase for themselves and/or their family members until reaching age 60</li> <li>Coverage and costs for care similar to TRICARE Standard for retirees<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>Enrollment required</li> <li>Available worldwide</li> <li>Offers member-only and member-and-family coverage</li> <li>Must qualify for and purchase TRR to participate</li> <li>Initial two-month premium payment due with enrollment form</li> </ul>	<ul style="list-style-type: none"> <li>Monthly premiums, annual deductible, and cost-shares apply</li> <li>CY 2014 TRR member-only monthly premium: \$390.99</li> <li>CY 2014 TRR member-and-family monthly premium: \$956.65</li> </ul>	<ul style="list-style-type: none"> <li>Receive care from any TRICARE-authorized provider (<i>network or non-network</i>)</li> <li>No referrals required</li> <li>Some services require prior authorization</li> </ul>
<b>TRICARE For Life (TFL)</b>	<ul style="list-style-type: none"> <li>TRICARE's Medicare-wraparound coverage available to TRICARE beneficiaries entitled to Medicare Part A and who have Medicare Part B, regardless of age or place of residence</li> </ul>	<ul style="list-style-type: none"> <li>No enrollment required</li> <li>Must be entitled to premium-free Medicare Part A and have Medicare Part B</li> </ul>	<ul style="list-style-type: none"> <li>No enrollment costs</li> <li>If you are entitled to Medicare Part A, you must pay Medicare Part B premiums to maintain your TFL coverage. See "TRICARE For Life Costs" on the following page for more information.</li> </ul>	<ul style="list-style-type: none"> <li>Receive care from Medicare-participating, nonparticipating, or opt-out providers</li> <li><b>Note:</b> Out-of-pocket expenses will be incurred if you receive services from opt-out providers.<sup>2</sup></li> <li>Includes TRICARE pharmacy benefits</li> </ul>
<b>US Family Health Plan (USFHP)<sup>3</sup></b>	<ul style="list-style-type: none"> <li>TRICARE Prime option available through networks of community not-for-profit health care systems in six areas of the United States</li> </ul>	<ul style="list-style-type: none"> <li>Enrollment required</li> </ul>	<ul style="list-style-type: none"> <li>Enrollment costs are the same as TRICARE Prime</li> </ul>	<ul style="list-style-type: none"> <li>Receive care from primary care providers in the health care system where you are enrolled</li> <li>Primary care providers will refer you for specialty care</li> </ul>

1. Authorized providers who are not part of the TRICARE network of civilian providers may charge beneficiaries using TRICARE Standard up to 15 percent above the TRICARE-allowable charge for services. Beneficiaries are responsible for that additional 15 percent, along with applicable deductible and cost-share amounts. **Note:** Overseas, there may be no limit to the amount that nonparticipating non-network providers may bill, and you are responsible for paying any amount that exceeds the TRICARE-allowable charge. Visit [www.tricare.mil/overseas](http://www.tricare.mil/overseas) for more information.

2. Providers who opt out of Medicare enter into private contracts with patients and are not allowed to bill Medicare. Therefore, Medicare does not pay for health care services received from opt-out providers. When you see an opt-out provider, TFL generally pays the amount it would have paid if Medicare had processed the claim (normally 20 percent of the allowable charge), and you are responsible for paying the remainder of the billed charges.

3. If you choose to enroll in USFHP, you may not access space-available care at military hospitals or clinics or use military pharmacies. Additionally, you are not eligible to use the other program options listed in this brochure. If you decide to disenroll from USFHP or move out of one of its designated services areas, you may regain eligibility for other TRICARE programs.

## PROGRAM DESCRIPTIONS AND ENROLLMENT COSTS

Program	Description	Enrolling	Program Costs	Getting Care
<b>TRICARE Young Adult (TYA)</b>	<ul style="list-style-type: none"> <li>Premium-based health care plan available for purchase by qualified adult-age dependents who have aged out of TRICARE benefits</li> <li>Offers TRICARE Prime or TRICARE Standard coverage worldwide</li> <li>TYA includes medical and pharmacy benefits, but excludes dental coverage</li> </ul>	<ul style="list-style-type: none"> <li>Enrollment required</li> <li>Sponsor's status determines whether a dependent is eligible for TYA Prime or TYA Standard</li> <li>Initial two-month premium payment due with enrollment form</li> </ul>	<ul style="list-style-type: none"> <li>Monthly premiums apply</li> <li>CY 2014 TYA Prime monthly premium: \$180</li> <li>CY 2014 TYA Standard monthly premium: \$156</li> </ul>	<ul style="list-style-type: none"> <li>TYA Prime beneficiaries have the same provider choice and costs as other TRICARE Prime beneficiaries</li> <li>TYA Standard beneficiaries have the same provider choice and costs as other TRICARE Standard beneficiaries</li> </ul>

### TRICARE For Life Costs

If you are entitled to Medicare Part A, you generally must have Medicare Part B to remain TRICARE-eligible, regardless of age or place of residence. This is a requirement based on federal law governing these programs. If you are eligible for TRICARE and have Medicare Part A and Medicare Part B, you are automatically covered by TRICARE For Life (TFL).

When using TFL, TRICARE is the second payer after Medicare unless you have other health insurance. In that case, TRICARE is the last payer. You have minimal out-of-pocket costs with TFL. There are no TFL enrollment fees, but you are required to have Medicare Part A and pay Medicare Part B premiums. Visit [www.medicare.gov](http://www.medicare.gov) for the current Medicare Part B premium amounts, which vary by income level. For additional information about the TFL program, visit [www.tricare.mil/tfl](http://www.tricare.mil/tfl). You may also contact Wisconsin Physicians Service (WPS), which is contracted to provide customer service and process medical claims. For contact information, see the *For Information and Assistance* section of this brochure. The following chart highlights your TFL out-of-pocket costs. For detailed cost information, visit [www.tricare.mil/costs](http://www.tricare.mil/costs).

Type of Service	Medicare Pays	TRICARE Pays	You Pay
<b>Covered by TRICARE and Medicare</b>	Medicare-authorized amount	TRICARE-allowable amount	Nothing
<b>Covered by Medicare only</b>	Medicare-authorized amount	Nothing	Medicare deductible and cost-share
<b>Covered by TRICARE only</b>	Nothing	TRICARE-allowable amount	TRICARE deductible and cost-share
<b>Not covered by TRICARE or Medicare</b>	Nothing	Nothing	Billed charges ( <i>which may exceed the Medicare- or TRICARE-allowable amount</i> )

### TRICARE For Life and Department of Veterans Affairs Benefits

If you are eligible for both TFL and Department of Veterans Affairs (VA) benefits and elect to use your TFL benefit for non-service connected care, you will incur out-of-pocket expenses when seeing a VA provider. By law, TRICARE can only pay up to 20 percent of the TRICARE-allowable amount. If you receive care at a VA facility, you may be responsible for the remaining amount. When using your TFL benefit, your least expensive option is to see a Medicare-participating or nonparticipating provider. If you want to seek care from a VA provider, check with WPS to confirm coverage details and to determine what will be covered by TRICARE.

## COSTS OF COVERED SERVICES

### TRICARE Prime®<sup>1</sup>

(includes TRICARE Prime Remote, TRICARE Prime Remote for Active Duty Family Members, and TRICARE Young Adult Prime)

### TRICARE Standard® and TRICARE Extra

(includes TRICARE Reserve Select®, TRICARE Retired Reserve®, and TRICARE Young Adult Standard)

	ADSMs and ADFMs	Retirees, Their Families, and All Others	ADFMs and TRS	Retirees, Their Families, TRR, and All Others
<b>Annual Deductible</b>	\$0	\$0	<b>Pay grades E-4 and below:</b> \$50 (individual); \$100 (family) <b>Pay grades E-5 and above:</b> \$150 (individual); \$300 (family) <b>Family members of National Guard and Reserve members called or ordered to active service for more than 30 consecutive days in support of a contingency operation:</b> \$0	\$150 (individual); \$300 (family)
<b>Outpatient Visits<sup>2</sup></b> (including mental health care)	\$0 copayment per visit	\$12 copayment per visit	<b>Standard:</b> 20% after the annual deductible is met <b>Extra:</b> 15% after the annual deductible is met	<b>Standard:</b> 25% after the annual deductible is met <b>Extra:</b> 20% after the annual deductible is met
<b>Clinical Preventive Services</b>	\$0 copayment per service	\$0 copayment per service	<b>Standard:</b> <sup>3</sup> 20% after the annual deductible is met <b>Extra:</b> <sup>3</sup> 15% after the annual deductible is met	<b>Standard:</b> <sup>3</sup> 25% after the annual deductible is met <b>Extra:</b> <sup>3</sup> 20% after the annual deductible is met
<b>Durable Medical Equipment, Prosthetics, Orthotics, and Supplies</b>	\$0 copayment	20% of negotiated fee	<b>Standard:</b> 20% after the annual deductible is met <b>Extra:</b> 15% after the annual deductible is met	<b>Standard:</b> 25% after the annual deductible is met <b>Extra:</b> 20% after the annual deductible is met
<b>Hospitalization</b> (non-military hospital or clinic)	\$0 per day	\$11 per day (\$25 minimum charge)	<b>Standard:</b> \$17.65 per day (\$25 minimum charge)  <b>Extra:</b> \$17.65 per day (\$25 minimum charge)	<b>Standard:</b> \$744 per day or 25% of billed charges for institutional services, whichever is less, plus 25% cost-share for separately billed services <b>Extra:</b> \$250 per day or 25% of billed charges for institutional services, whichever is less, plus 20% cost-share for separately billed services

1. In addition to the costs listed above, point-of-service (POS) charges may apply if TRICARE Prime beneficiaries seek nonemergency care from a TRICARE-authorized provider without a referral from the primary care manager (PCM). See "Point-of-Service Option" in the Commonly Used Terms section of this brochure for more information.

2. If laboratory or X-ray services are performed by an office visit provider on a date different from the office visit or performed by a different provider (e.g., an independent laboratory or radiology facility), even if performed on the same day as the related office visit, the beneficiary owes a separate applicable copayment or cost-share for those services. Copayments and cost-shares will not apply for laboratory or X-ray services when they are provided for certain clinical preventive services.

3. Certain clinical preventive services do not have cost-shares (e.g., well-woman exam). Call your regional contractor for more information.

## COSTS OF COVERED SERVICES

### TRICARE Prime<sup>1</sup>

(includes TRICARE Prime Remote, TRICARE Prime Remote for Active Duty Family Members, and TRICARE Young Adult Prime)

### TRICARE Standard and TRICARE Extra

(includes TRICARE Reserve Select, TRICARE Retired Reserve, and TRICARE Young Adult Standard)

	ADSMs and ADFMs	Retirees, Their Families, and All Others	ADFMs and TRS	Retirees, Their Families, TRR, and All Others
<b>Ambulance Services</b>	\$0 copayment per occurrence	\$20 copayment per occurrence	<b>Standard:</b> 20% of the allowable charge <b>Extra:</b> 15% of the allowable charge	<b>Standard:</b> 25% of the allowable charge <b>Extra:</b> 20% of the allowable charge
<b>Emergency Services</b>	\$0 copayment per visit	\$30 copayment per visit	<b>Standard:</b> 20% after the annual deductible is met <b>Extra:</b> 15% after the annual deductible is met	<b>Standard:</b> 25% after the annual deductible is met <b>Extra:</b> 20% after the annual deductible is met
<b>Ambulatory Surgery</b>	\$0 copayment	\$25 copayment	<b>Standard:</b> \$25 <b>Extra:</b> \$25	<b>Standard:</b> 25% after the annual deductible is met <b>Extra:</b> 20% after the annual deductible is met
<b>Outpatient Mental Health</b>	\$0 copayment per visit	\$25 ( <i>individual visit</i> ), \$17 ( <i>group visit</i> )	<b>Standard:</b> 20% after the annual deductible is met <b>Extra:</b> 15% after the annual deductible is met	<b>Standard:</b> 25% after the annual deductible is met <b>Extra:</b> 20% after the annual deductible is met
<b>Inpatient Mental Health</b>	\$0 per day	\$40 per day	<b>Standard:</b> \$20 per day (\$25 <i>minimum charge</i> )  <b>Extra:</b> \$20 per day (\$25 <i>minimum charge</i> )	<b>Standard:</b> <ul style="list-style-type: none"> <li>High-volume hospital: 25% of the hospital-specific per diem</li> <li>Low-volume hospital: \$218 per day or 25% of the billed charges, whichever is less</li> </ul> <b>Extra:</b> 20% of allowable charges for institutional services, plus 20% cost-share for separately billed services
<b>Inpatient Skilled Nursing<sup>2</sup></b>	\$0 per day	\$11 per day (\$25 <i>minimum charge</i> )	<b>Standard:</b> \$17.65 per day (\$25 <i>minimum charge</i> )  <b>Extra:</b> \$17.65 per day (\$25 <i>minimum charge</i> )	<b>Standard:</b> 25% of allowable charges for institutional services, plus 25% cost-share for separately billed services  <b>Extra:</b> \$250 per day or 20% of billed charges for institutional services, whichever is less, plus 20% cost-share for separately billed services

1. In addition to the costs listed above, POS charges may apply if TRICARE Prime beneficiaries seek nonemergency care from a TRICARE-authorized provider without a referral from the PCM. See "Point-of-Service Option" in the Commonly Used Terms section of this brochure for more information.

2. TRICARE does not cover purely custodial care. Skilled nursing facility care is only available in the United States and U.S. territories (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands).

## TRICARE DENTAL OPTIONS

This section highlights your dental program options and costs when using the TRICARE Active Duty Dental Program (ADDP), the TRICARE Dental Program (TDP), or the TRICARE Retiree Dental Program (TRDP). These dental options are separate from TRICARE health care options. Your out-of-pocket expenses for any of the costs listed in this section are **not** applied to the TRICARE catastrophic cap. For more information, visit [www.tricare.mil/dental](http://www.tricare.mil/dental).

Dental Program Options	Beneficiary Types	Description of Program Options
<b>TRICARE Active Duty Dental Program</b>	<ul style="list-style-type: none"> <li>Active duty service members (ADSMs) enrolled in TRICARE Prime or TRICARE Prime Remote</li> <li>National Guard and Reserve members called or ordered to active service for more than 30 consecutive days</li> </ul>	<ul style="list-style-type: none"> <li>Benefit administered by United Concordia Companies, Inc.</li> <li>For ADSMs who are either referred for care by a military dental clinic to a civilian dentist or have a duty location and live greater than 50 miles from a military dental clinic</li> </ul>
<b>TRICARE Dental Program<sup>1</sup></b>	<ul style="list-style-type: none"> <li>Eligible active duty family members</li> <li>Survivors</li> <li>National Guard and Reserve members and their family members</li> <li>Individual Ready Reserve members and their family members</li> </ul>	<ul style="list-style-type: none"> <li>Benefit administered by MetLife</li> <li>Voluntary enrollment and worldwide portable coverage</li> <li>Single and family plans with monthly premiums</li> <li>Lower specialty care cost-shares for pay grades E-1 through E-4</li> <li>Comprehensive coverage for most dental services</li> <li>100% coverage for most preventive and diagnostic services</li> </ul>
<b>TRICARE Retiree Dental Program</b>	<ul style="list-style-type: none"> <li>Retired service members and their eligible family members</li> <li>Retired National Guard and Reserve members and their eligible family members</li> <li>Certain survivors</li> <li>Medal of Honor recipients and their immediate family members and survivors</li> </ul>	<ul style="list-style-type: none"> <li>Benefit administered by Delta Dental of California</li> <li>Voluntary enrollment and worldwide portable coverage</li> <li>Single, dual, and family plans</li> <li>Premium rates vary by location</li> <li>100% coverage for most preventive and diagnostic services</li> </ul>

1. The TDP is divided into two geographical service areas: stateside (or CONUS) and overseas (or OCONUS). The TDP stateside service area includes the 50 United States, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands. The TDP overseas service area includes areas not in the stateside service area and covered services provided aboard a ship or vessel outside the territorial waters of the stateside service area, regardless of the dentist's office address.

## TRICARE Dental Option Premiums, Cost-Shares, and Annual Maximums

### TRICARE Active Duty Dental Program Costs

Active duty service members (ADSMs) receive most dental care from military dental clinics at no cost. However, if you are an ADSM enrolled in TRICARE Prime Remote or you live or work more than 50 miles from a military dental clinic, you are covered automatically by the ADDP. The ADDP supplements military dental care by providing routine, specialty, and emergency dental services. There are no out-of-pocket costs when using the ADDP. However, for services that require prior authorization (e.g., *orthodontics*, *crowns*), ADSMs may be responsible for the cost of care if they do not obtain a prior authorization from the ADDP contractor, United Concordia Companies, Inc. An Appointment Control Number is required for any civilian care. For additional information about the ADDP, visit [www.addp-ucci.com](http://www.addp-ucci.com).



## TRICARE DENTAL OPTIONS

### TRICARE Dental Program Monthly Premiums (February 1, 2014–January 31, 2015)

Sponsor Status	Sponsor-Only Premium	Single Premium <sup>1</sup> (one family member, excluding sponsor)	Family Premium (more than one family member, excluding sponsor)	Sponsor-and-Family Premium
Active Duty	N/A	\$10.96	\$32.89	N/A
Selected Reserve	\$10.96	\$27.40	\$82.23	\$93.19
Individual Ready Reserve	\$27.40	\$27.40	\$82.23	\$109.63

1. If both the sponsor and a single family member are enrolled, the premium due is the total of the sponsor-only premium and the single premium.

### TRICARE Retiree Dental Program Monthly Premiums

Monthly premiums for the TRDP vary depending on your location and type of plan (*single, dual, or family*). The premium year is January 1–December 31, and new premium rates are effective each January 1. If you move or change your enrollment option, your monthly premium rate may change. To view the premium rate for your region, visit [www.trdp.org](http://www.trdp.org).

### TRICARE Dental Program and TRICARE Retiree Dental Program Cost-Shares and Maximums

The percentage paid is based on the allowable amount for each procedure. Your out-of-pocket costs may be higher if care is received from a nonparticipating provider. For more information about dental costs, visit [www.tricare.mil/costs](http://www.tricare.mil/costs).

Type of Service	TRICARE Dental Program	TRICARE Retiree Dental Program
Diagnostic, Preventive (except sealants)	0%	0%
Sealants, Consultation/ Office Visit, Basic Restorative	20%	20%
Endodontic, Periodontic, Oral Surgery	Pay grades E-1 through E-4: 30% All others: 40%	40%
Prosthodontic, Implant, Orthodontic	50%	50% <sup>1</sup>
Annual Deductible	\$0	\$50 per enrollee, per contract year; \$150 cap per family
Annual Maximum	\$1,300 per enrollee, per contract year for non-orthodontic services. Payments for certain diagnostic and preventive services are not applied.	
Orthodontic Lifetime Maximum	\$1,750 per enrollee, per lifetime for orthodontic services. Orthodontic diagnostic services are applied to the \$1,300 annual maximum. <sup>2</sup>	
Dental Accident Maximum	\$1,200 per enrollee, per contract year.	

1. Cast crowns, onlays, bridges, partial and full dentures, orthodontics, and dental implants are covered at 50 percent after the first 12 months of continuous TRDP enrollment, unless the beneficiary is enrolled within four months of the sponsor's retirement.
2. Orthodontic treatment is available for enrolled family members (non-spouse) until reaching age 21, or age 23 if enrolled in a full-time course of study at an approved institution of higher learning and the sponsor provides over 50 percent of the financial support. Orthodontic treatment is also available for spouses and National Guard and Reserve sponsors until reaching age 23. In all cases, coverage is effective until the end of the month in which the member reaches the applicable age limit.

## TRICARE PHARMACY PROGRAM

The TRICARE pharmacy benefit, administered by Express Scripts, Inc., provides prescription medications for all eligible beneficiaries. Costs for prescriptions are based on the category under which the drug is classified—formulary or non-formulary and generic or brand name—and where the prescription is filled: a military pharmacy, TRICARE Pharmacy Home Delivery, a TRICARE retail network pharmacy, or a non-network pharmacy. The chart below summarizes the costs for prescription drugs. Use the formulary search tool at [www.tricare.mil/pharmacyformulary](http://www.tricare.mil/pharmacyformulary) to find costs for specific medications, required forms, and medication limitations. If medical-necessity criteria are met, non-formulary prescriptions may be filled at the formulary costs. The Department of Defense Pharmacy and Therapeutics Committee may set quantity limits on some medications. You can convert prescriptions for medications you take on a regular basis from a retail pharmacy to home delivery by calling the Express Scripts Member Choice Center. See the *For Information and Assistance* section of this brochure for contact information. For more information, visit [www.tricare.mil/pharmacy](http://www.tricare.mil/pharmacy).

TRICARE retail network pharmacies are only available in the United States and the U.S. territories of Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands. Currently, there are no retail network pharmacies in American Samoa. Overseas, you will be required to pay up front at host nation pharmacies and file a claim for reimbursement with the TRICARE Overseas Program claims processor.

Many vaccines are covered under the TRICARE pharmacy benefit when administered by the pharmacist at a TRICARE retail network pharmacy. There is no copayment for covered vaccines. For more information, visit [www.tricare.mil/vaccines](http://www.tricare.mil/vaccines). TRICARE covers smoking-cessation medications including prescription and over-the-counter medications, available at no cost through military pharmacies and TRICARE Pharmacy Home Delivery. Smoking-cessation medications are not covered when purchased at retail pharmacies. For more information, visit [www.tricare.mil/tobacco cessation](http://www.tricare.mil/tobacco cessation).

**Note:** Copayments are subject to change. There are no pharmacy costs for ADSMs. US Family Health Plan (USFHP) enrollees must fill prescriptions through USFHP pharmacies.

### Pharmacy Copayments

Pharmacy Types	Formulary Drug Costs		Non-Formulary Drug Costs (Tier 3) <sup>1</sup>
	Generic (Tier 1)	Brand Name (Tier 2)	
<b>Military Pharmacy</b> <i>(up to a 90-day supply)</i>	\$0	\$0	Not available
<b>TRICARE Pharmacy Home Delivery</b> <i>(up to a 90-day supply)</i>	\$0	\$13	\$43
<b>TRICARE Retail Network Pharmacy</b> <i>(up to a 30-day supply)</i>	\$5	\$17	\$44
<b>Non-Network Pharmacy</b> <i>(up to a 30-day supply)</i>	<p><b>TRICARE Prime/TRICARE Prime Remote for Active Duty Family Members (TPRADFM):</b> 50% cost-share applies after the point-of-service (POS) deductible is met</p> <p><b>TRICARE Standard and TRICARE Extra:</b> \$17 or 20% of the total cost (<i>whichever is greater</i>) after the annual deductible is met</p>	<p><b>TRICARE Prime/TPRADFM:</b> 50% cost-share applies after the POS deductible is met</p> <p><b>TRICARE Standard and TRICARE Extra:</b> \$17 or 20% of the total cost (<i>whichever is greater</i>) after the annual deductible is met</p>	<p><b>TRICARE Prime/TPRADFM:</b> 50% cost-share applies after the POS deductible is met</p> <p><b>TRICARE Standard and TRICARE Extra:</b> \$44 or 20% of the total cost (<i>whichever is greater</i>) after the annual deductible is met</p>

1. Approval is required for active duty service members (ADSMs). Non-formulary drugs may be obtained free of charge by ADSMs only if medical necessity is established. All other beneficiaries will pay the copayments listed above. Medical-necessity information should be submitted along with the prescription. For more information, visit [www.tricare.mil/pharmacy](http://www.tricare.mil/pharmacy).

## TRICARE Health Plan Costs

### Enrollment Fee

The annual payment TRICARE Prime enrollees are required to make. There are no TRICARE Prime enrollment fees for ADSMs or ADFMs. Enrollment fee amounts are set by federal law.

### Premium

Regular and recurring payments that beneficiaries in premium-based TRICARE programs (*i.e.*, TRS, TRR, and TYA) and CHCBP are required to make. Premium amounts are a percentage of the total cost of health care coverage.

### Medicare Part B Premium

The monthly payment that Medicare enrollees make to cover services provided under Medicare Part B, including provider services, outpatient care, home health care, durable medical equipment, and some preventive services. People who are entitled to Medicare Part A due to age or another reason are considered Medicare-eligible and must generally have Medicare Part B to keep the TRICARE benefit.

### Annual Deductible

The annual amount a beneficiary must pay for covered outpatient benefits before TRICARE begins to cost-share. TRICARE Prime beneficiaries and families of National Guard and Reserve members activated in support of a contingency operation do not have an annual deductible, unless they are using the point-of-service (POS) option.

### Catastrophic Cap

The catastrophic cap is the maximum out-of-pocket amount an individual or family pays each FY (*October 1–September 30*) for TRICARE-covered services. Beneficiaries are not responsible for any amounts above the catastrophic cap in a given FY, except for services that are not covered, POS charges, and the additional 15 percent that nonparticipating providers may charge above the TRICARE-allowable charge. **Note:** POS deductibles, cost-share amounts, and TRS, TRR, TYA, and CHCBP premiums are not creditable to the catastrophic cap.

**ADFM and TRS:** \$1,000 per family, per FY

**Retirees, their families, TRR, and all others:** \$3,000 per family, per FY

### Copayment

The fixed amount a TRICARE Prime enrollee (*except ADSMs or ADFMs*) will pay for health care services.

### Cost-Share

The percentage a TRICARE beneficiary must pay for covered inpatient and outpatient services (*other than the annual deductible or disallowed amounts*). The cost-share depends on the TRICARE option used and the sponsor's status (*i.e.*, *active duty or retired*).

## TRICARE Provider Types and Responsibilities

There are two types of TRICARE-authorized providers: network and non-network. Network providers have a signed agreement with your regional contractor to provide care, and agree to file claims for you. Non-network providers do not have a signed agreement with your regional contractor and are considered “out of network.” Non-network providers may choose to participate on a claim-by-claim basis. When they participate on a claim, they agree to accept payment directly from TRICARE and accept the TRICARE-allowable charge (*including the applicable patient cost-shares paid by you*) as payment in full for their services. When providers do not participate on a claim, they do not agree to accept the TRICARE-allowable charge or file your claims and may charge up to 15 percent above the TRICARE-allowable charge. This amount is your responsibility and will not be reimbursed by TRICARE.

Network providers and participating non-network providers are prohibited from balance billing, which occurs when a provider bills a TRICARE beneficiary for the remainder of the bill after TRICARE has paid the allowable charge. If a non-network provider does not participate on a claim, he or she may bill no more than 115 percent of the TRICARE-allowable charge.

## Point-of-Service Option

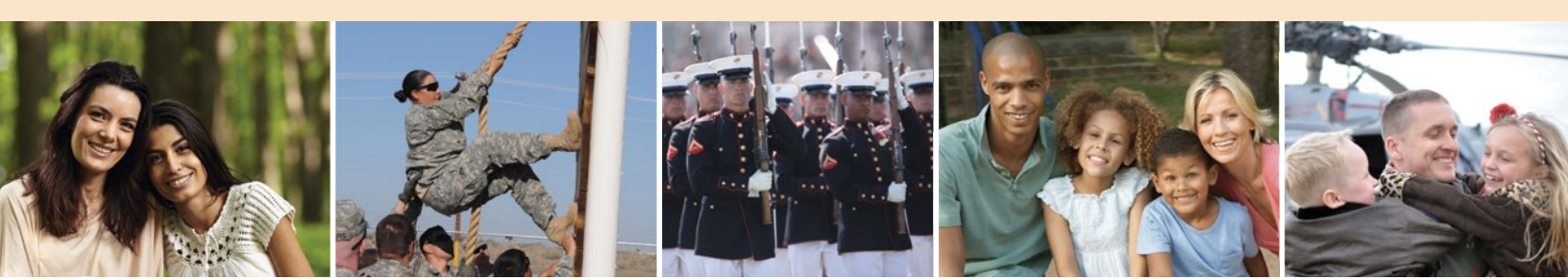
The POS option allows TRICARE Prime beneficiaries to pay additional out-of-pocket costs to receive nonemergency care from any TRICARE-authorized provider without requesting a referral. Out-of-pocket expenses you pay under the POS option are not applied to your annual catastrophic cap. **Note:** The POS option does not apply to ADSMs, newborns or newly adopted children in the first 60 days after birth or adoption, emergency care, clinical preventive care received from a network provider, the first eight mental health care outpatient visits per FY to a network provider authorized under TRICARE regulations to see patients independently for a medically diagnosed and covered condition, or beneficiaries with other health insurance.

**POS deductible:** \$300 (*individual*); \$600 (*family*)

**POS cost-share:** 50 percent after POS deductible is met

## Prohibition of Waiving Cost-Shares and Deductibles

When using TRICARE Standard and TRICARE Extra, TRS, and TRR, you are responsible, under law, to pay an annual deductible and cost-shares associated with your care. The law prohibits health care providers from waiving the deductible or cost-shares, and providers who offer or advertise that they will do so can be suspended or excluded as TRICARE-authorized providers.



## FOR INFORMATION AND ASSISTANCE

You can sign up to receive TRICARE news and publications via e-mail at [www.tricare.mil/subscriptions](http://www.tricare.mil/subscriptions). To sign up for benefits correspondence by e-mail, visit <http://milconnect.dmdc.mil>. The Affordable Care Act, also known as the health care reform law, requires that individuals maintain health insurance or other health coverage that meets the definition of “minimum essential coverage” beginning in 2014. The TRICARE program meets the minimum essential coverage requirement. Most people who do not meet this provision of the law will be required to pay a fee for each month they do not have adequate coverage. The fee will be collected each year with federal tax returns. For more information, visit [www.tricare.mil/aca](http://www.tricare.mil/aca). You can also find other health care coverage options at [www.healthcare.gov](http://www.healthcare.gov).

<p><b>TRICARE North Region</b> Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) 1-800-555-2605 (<i>TRICARE Reserve Select</i>) <a href="http://www.hnfs.com">www.hnfs.com</a></p>	<p><b>TRICARE South Region</b> Humana Military, a division of Humana Government Business 1-800-444-5445 1-877-298-3408 (<i>National Guard and Reserve</i>) 1-877-249-9179 (<i>active duty programs</i>) Warrior Navigation and Assistance Program: 1-888-4GO-WNAP (1-888-446-9627) <a href="http://Humana-Military.com">Humana-Military.com</a></p>	<p><b>TRICARE West Region</b> UnitedHealthcare Military &amp; Veterans 1-877-988-WEST (1-877-988-9378) <a href="http://www.uhcmilitarywest.com">www.uhcmilitarywest.com</a></p>
<p><b>TRICARE For Life</b> <a href="http://www.tricare.mil/tfl">www.tricare.mil/tfl</a> Wisconsin Physicians Service (WPS) 1-866-773-0404 1-866-773-0405 (<i>TDD/TTY</i>) <a href="http://www.TRICARE4u.com">www.TRICARE4u.com</a></p>	<p><b>milConnect Web Site</b> <a href="http://milconnect.dmdc.mil">http://milconnect.dmdc.mil</a></p>	<p><b>TRICARE Pharmacy Program</b> <a href="http://www.tricare.mil/pharmacy">www.tricare.mil/pharmacy</a> Express Scripts, Inc. 1-877-363-1303 Express Scripts Member Choice Center (<i>convert retail prescriptions to home delivery</i>): 1-877-363-1433 <a href="http://www.express-scripts.com/TRICARE">www.express-scripts.com/TRICARE</a></p>
<p><b>TRICARE Active Duty Dental Program</b> <a href="http://www.tricare.mil/addp">www.tricare.mil/addp</a> United Concordia Companies, Inc. 1-866-984-ADDP (1-866-984-2337) <a href="http://www.addp-ucci.com">www.addp-ucci.com</a></p>	<p><b>TRICARE Dental Program</b> <a href="http://www.tricare.mil/tdp">www.tricare.mil/tdp</a> MetLife 1-855-MET-TDP1 (1-855-638-8371) (<i>stateside</i>) 1-855-MET-TDP2 (1-855-638-8372) (<i>overseas</i>) 1-855-MET-TDP3 (1-855-638-8373) (<i>TDD/TTY</i>) <a href="http://www.metlife.com/tricare">www.metlife.com/tricare</a></p>	<p><b>TRICARE Retiree Dental Program</b> <a href="http://www.tricare.mil/trdp">www.tricare.mil/trdp</a> Delta Dental of California 1-888-838-8737 <a href="http://www.trdp.org">www.trdp.org</a></p>
<p><b>US Family Health Plan</b> <a href="http://www.tricare.mil/usfhp">www.tricare.mil/usfhp</a> 1-800-74-USFHP (1-800-748-7347) <a href="http://www.usfhp.com">www.usfhp.com</a></p>	<p><b>TRICARE Web Site</b> <a href="http://www.tricare.mil">www.tricare.mil</a></p>	<p><b>Military Health System Web Site</b> <a href="http://www.health.mil">www.health.mil</a></p>

### **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.

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