TRICARE® Standard and TRICARE Extra

A fee-for-service option that allows beneficiaries to see any TRICARE-authorized provider

USING TRICARE STANDARD® AND TRICARE EXTRA IN THE UNITED STATES

TRICARE Standard and TRICARE Extra allow you to manage your own health care and give you the freedom to seek care from any TRICARE-authorized provider you choose. TRICARE Standard and TRICARE Extra are available to non-active duty beneficiaries who are not able to, or choose not to, enroll in a TRICARE Prime option. There are no enrollment forms or fees, but you will have an annual deductible for outpatient services and cost-shares for most services. A deductible is the total amount you pay each year before TRICARE pays anything. A cost-share is the percentage or portion of costs that you pay for inpatient or outpatient care once your deductible is met. Visit www.tricare.mil/coveredservices for coverage details.

The key difference between TRICARE Standard and TRICARE Extra is in your choice of providers. With TRICARE Standard, you choose TRICARE-authorized providers outside of the TRICARE network and pay higher cost-shares. With TRICARE Extra, you choose providers within the TRICARE network, where available, and pay lower cost-shares. For cost details, visit www.tricare.mil/costs.

Sponsors should ensure that their family members are properly registered in the Defense Enrollment Eligibility Reporting System (DEERS) and have up-to-date uniformed services identification cards. Visit www.tricare.mil/deers for more information.

Note: TRICARE Extra is not available overseas.

TRICARE-AUTHORIZED PROVIDER TYPES

Understanding the different types of TRICARE-authorized providers will help you decide which option to choose—TRICARE Standard or TRICARE Extra. TRICARE-authorized providers meet TRICARE licensing and certification requirements to provide care to TRICARE beneficiaries. TRICARE-authorized providers may include doctors, hospitals, ancillary providers (*laboratories and radiology centers*), and pharmacies that meet TRICARE requirements. Before seeking care, be sure to call your provider's office to see if they are TRICARE-authorized. The following describes your provider options:

- You may be eligible to see a TRICARE provider (*military or civilian*) at a military hospital or clinic on a space-available basis.
- TRICARE network providers are TRICARE-authorized civilian providers who have a contract with your regional contractor to provide services to you. TRICARE network providers agree to accept a negotiated rate as the total charge for their services and to file claims for you. Your costs are lower when you see a network provider.
- Non-network providers are TRICARE-authorized civilian providers who have not established a contract with your regional contractor. Non-network providers may determine whether they are "participating" with TRICARE or "nonparticipating" on a claim-by-claim basis. Before getting care, ask whether your provider participates with TRICARE.
  - Participating providers agree to accept the TRICARE-allowable charge as payment in full. You are responsible for any deductibles or cost-shares.
  - Nonparticipating providers do not agree to accept the TRICARE-allowable charge as payment in full. They may charge up to 15 percent above the TRICARE-allowable charge. You are responsible for that amount in addition to any deductibles or cost-shares.

*This fact sheet is **not** all-inclusive. For additional information, please visit www.tricare.mil.*

GETTING CARE WITH TRICARE STANDARD: USE ANY TRICARE-AUTHORIZED PROVIDER

TRICARE Standard offers you the flexibility to see any TRICARE-authorized provider. If you need help choosing a provider, contact your regional contractor. Just remember that using a non-network provider means your costs will be higher.

GETTING CARE WITH TRICARE EXTRA: USE A TRICARE NETWORK PROVIDER

When you choose a provider within the TRICARE network, you are using the TRICARE Extra option, which means lower out-of-pocket costs and claims are filed for you. To find a TRICARE network provider, visit www.tricare.mil/findaprovider or contact your regional contractor.

INVITE YOUR PROVIDER TO BECOME TRICARE-AUTHORIZED

If your provider is not yet TRICARE-authorized, but is interested in treating TRICARE beneficiaries, let your provider know that it is not necessary to become a network provider and sign a contract with your regional contractor. Most providers with a valid professional license (*issued by a state or a qualified accreditation organization*) can become TRICARE-authorized and then TRICARE will pay them for covered services.

To invite your provider to become TRICARE-authorized, visit www.tricare.mil/findaprovider and click "Invite a Provider to Join TRICARE" to download a flyer to give to your doctor. The flyer explains the benefits of being TRICARE-authorized and includes information about the authorization process.

GETTING CARE OVERSEAS

TRICARE Overseas Program (TOP) Standard is available in overseas locations and works the same as the stateside TRICARE Standard program, except that you receive care from host nation providers or at military hospitals and clinics (*on a space-available basis*). TRICARE Extra is **not** available overseas. If you live or travel overseas and see a host nation provider, you may have to pay for services up front and then file a claim with the TOP contractor for reimbursement. To locate an overseas provider, contact the TOP Regional Call Center where you are located or visit www.tricare-overseas.com.

Overseas, there may be no limit to the amount that non-participating non-network providers may bill, and you are responsible for paying any amount that exceeds the TRICARE-allowable charge in addition to your deductibles and cost-shares. For more information, visit www.tricare.mil/overseas.

Sponsors should ensure that their family members are properly registered in the Defense Enrollment Eligibility Reporting System (DEERS) and have up-to-date uniformed services identification cards. Visit www.tricare.mil/deers for more information.

Note: If you live or travel in the Philippines, you are required to see a certified provider for care. Additionally, TOP Standard beneficiaries who reside in the Philippines and who seek care within designated Philippine Demonstration areas must see approved demonstration providers to ensure TRICARE cost-shares their claims, unless they request and receive waivers from Global 24 Network Services. For more information, visit www.tricare-overseas.com/philippines.htm.

REFERRALS AND PRIOR AUTHORIZATIONS

Although you do not need referrals to receive care under TRICARE Standard and TRICARE Extra or TOP Standard, some services may require prior authorization. For details about prior authorization requirements, contact your regional contractor. See the *For Information and Assistance* section of this fact sheet for contact information.

FILING CLAIMS

When you use TRICARE Extra, the TRICARE network provider files your claims for you. If you receive care from a non-network provider, you are using TRICARE Standard, and you may be required to file your own claims. You must also file claims for overseas care. For care received in the United States, submit claims to the regional contractor for the area where you live. For care received overseas, submit claims to the TOP contractor. You must submit proof of payment with all claims for care received overseas. For more information, visit www.tricare.mil/proofofpayment.

In the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands*), claims must be filed within one year of the date of service or date of inpatient discharge. Outside the United States and U.S. territories, claims must be filed within three years. You are responsible for making sure your claims are received. For more information, call your regional contractor or visit www.tricare.mil/claims.

COORDINATING CLAIMS WITH OTHER HEALTH INSURANCE

If you have other health insurance (OHI), fill out a *TRICARE Other Health Insurance Questionnaire*, available at www.tricare.mil/forms, and submit it to your regional contractor, so they can coordinate your benefits and help ensure that your claims are not delayed or denied. If you have OHI, you must follow all the rules of that plan. Your OHI is considered your primary insurance and pays before TRICARE. You or your provider must file health care claims with your OHI before filing with TRICARE. After your OHI determines the amount it will pay, submit a copy of the payment determination and the itemized bill with your TRICARE claim. For more OHI information, visit www.tricare.mil/ohi.

Note: National health insurance programs overseas are considered OHI. If you are enrolled in such programs, seek guidance from your TOP Regional Call Center before getting care from a host nation provider.

TRICARE STANDARD AND TRICARE EXTRA COSTS

This section highlights your costs when using TRICARE Standard and TRICARE Extra. Remember, TRICARE Standard and TRICARE Extra can be used interchangeably, and the option you use determines your out-of-pocket expense. If you have additional questions, contact your regional contractor. See the *For Information and Assistance* section of this fact sheet for contact information.

Prohibition of Waiving Cost-Shares and Deductibles

When using TRICARE Standard and TRICARE Extra, you are responsible, under law, to pay annual deductibles and cost-shares associated with your care. The law prohibits health care providers from waiving the deductible or cost-shares and requires providers to make reasonable efforts to collect these amounts. Providers who offer to waive deductibles and cost-shares, or who advertise that they will do so, can be suspended or excluded as TRICARE-authorized providers.

Balance Billing and Violation of Participation Agreements

Nonparticipating providers in the United States may charge up to 15 percent above the TRICARE-allowable charge. This amount is your responsibility and will not be reimbursed by TRICARE. Participating providers are prohibited from balance billing—billing you for any amount in excess of the TRICARE-allowable charge, less any applicable cost-share you pay. Once a participating provider marks "yes" on the claim form for that service, he or she cannot later revoke or cancel that decision. Participating providers who attempt to fraudulently collect higher payments are in violation of the participation agreement.

Note: Non-network providers may choose to participate on a claim-by-claim basis.

Annual Outpatient Deductible

When using TRICARE Standard and TRICARE Extra, you are required to meet an annual deductible each fiscal year (FY) (*October 1–September 30*) for outpatient services before cost-sharing begins. The annual deductible varies based on your beneficiary category and type of coverage (*individual or family*). **Note:** Active duty service members may not use TRICARE Standard or TRICARE Extra.

Beneficiary Category	Outpatient Deductible	
Active Duty Family Members (ADFMs) and TRICARE Reserve Select (TRS) (*pay grade E-4 and below*)	$50/Individual	$100/Family
ADFMs and TRS (*pay grade E-5 and above*)	$150/Individual	$300/Family
Retired Service Members, Their Families, and All Others	$150/Individual	$300/Family
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	$0	

Health Care Costs

The costs listed are for care received in civilian facilities. These costs are effective for FY 2014 (*October 1, 2013–September 30, 2014*) and are subject to change each year on October 1.

Type of Care	TRICARE Standard[1]	TRICARE Extra[1]
Outpatient Visits	**Active Duty Family Members (ADFMs):** 20% after the annual deductible is met **Retirees, Their Families, and All Others:** 25% after the annual deductible is met	**ADFMs:** 15% after the annual deductible is met **Retirees, Their Families, and All Others:** 20% after the annual deductible is met
Clinical Preventive Services[2]	**ADFMs:** 20% after the annual deductible is met **Retirees, Their Families, and All Others:** 25% after the annual deductible is met	**ADFMs:** 15% after the annual deductible is met **Retirees, Their Families, and All Others:** 20% after the annual deductible is met

1. The cost for inpatient care provided at a military hospital or clinic is $17.65 per day for ADFMs and retiree family members.

2. No cost-shares are required for routine immunizations, well-child visits, and certain preventive screening exams.

Health Care Costs (*continued*)

Type of Care	TRICARE Standard[1]	TRICARE Extra[1]
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies	**ADFMs:** 20% after the annual deductible is met **Retirees, Their Families, and All Others:** 25% after the annual deductible is met	**ADFMs:** 15% after the annual deductible is met **Retirees, Their Families, and All Others:** 20% after the annual deductible is met
Hospitalization	**ADFMs:** $17.65 per day (*$25 minimum charge*)[2] **Retirees, Their Families, and All Others:** $744 per day or 25% of billed charges for institutional services, whichever is less, plus 25% cost-share for separately billed services	**ADFMs:** $17.65 per day (*$25 minimum charge*)[2] **Retirees, Their Families, and All Others:** $250 per day or 25% of billed charges for institutional services, whichever is less, plus 20% cost-share for separately billed services
Emergency Services	**ADFMs:** 20% after the annual deductible is met **Retirees, Their Families, and All Others:** 25% after the annual deductible is met	**ADFMs:** 15% after the annual deductible is met **Retirees, Their Families, and All Others:** 20% after the annual deductible is met
Ambulatory Surgery	**ADFMs:** $25 **Retirees, Their Families, and All Others:** 25% after the annual deductible is met	**ADFMs:** $25 **Retirees, Their Families, and All Others:** 20% after the annual deductible is met
Outpatient Behavioral Health	**ADFMs:** 20% after the annual deductible is met **Retirees, Their Families, and All Others:** 25% after the annual deductible is met	**ADFMs:** 15% after the annual deductible is met **Retirees, Their Families, and All Others:** 20% after the annual deductible is met
Inpatient Behavioral Health	**ADFMs:** $20 per day (*$25 minimum charge*)[2] **Retirees, Their Families, and All Others:** • High-volume hospital: 25% of the hospital-specific per diem • Low-volume hospital: $218 per day or 25% of the billed charges, whichever is less	**ADFMs:** $20 per day (*$25 minimum charge*)[2] **Retirees, Their Families, and All Others:** 20% of the total charge, plus 20% cost-share for separately billed services
Inpatient Skilled Nursing[3]	**ADFMs:** $17.65 per day (*$25 minimum charge*)[2] **Retirees, Their Families, and All Others:** 25% of allowed charges for institutional services, plus 25% cost-share for separately billed services	**ADFMs:** $17.65 per day (*$25 minimum charge*)[2] **Retirees, Their Families, and All Others:** $250 per day or 20% of billed charges for institutional services, whichever is less, plus 20% cost-share for separately billed services

1. *The cost for inpatient care provided at a military hospital or clinic is $17.65 per day for ADFMs and retiree family members.*
2. *Example: If your hospital stay lasts one day, your charge for the stay will be $25. If your hospital stay lasts more than one day, your charge will be $17.65 (*or $20 for inpatient behavioral health*) multiplied by the number of days of your stay.*
3. *There are also some health care services that are covered by TRICARE only within the United States and U.S. territories (*American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands*), but are not covered overseas (*e.g., skilled nursing facility care, home health care services and hospice care*).*

Catastrophic Cap

The catastrophic cap is the maximum out-of-pocket amount you will pay each FY for TRICARE-covered services. You are not responsible for any amounts above the catastrophic cap in a given FY, except for services that are not covered, and the additional 15 percent that nonparticipating providers may charge above the TRICARE-allowable charge. The catastrophic cap amount is based on your beneficiary category and is not affected by the program option you use.

Active Duty Family Members and TRICARE Reserve Select®	Retirees, Their Families, and All Others
$1,000 per family, per fiscal year (FY)	$3,000 per family, per FY

FOR INFORMATION AND ASSISTANCE

You can sign up to receive TRICARE news and publications via e-mail at www.tricare.mil/subscriptions. You will receive e-mail messages from the Defense Manpower Data Center directing you to milConnect to get correspondence related to your TRICARE benefit. You should provide your e-mail address in milConnect to make sure you receive important information about your TRICARE benefit. Visit http://milconnect.dmdc.mil to sign up.

TRICARE North Region Health Net Federal Services, LLC 1-877-TRICARE (1-877-874-2273) www.hnfs.com	**TRICARE South Region** Humana Military, a division of Humana Government Business 1-800-444-5445 Humana-Military.com	**TRICARE West Region** UnitedHealthcare Military & Veterans 1-877-988-WEST (1-877-988-9378) www.uhcmilitarywest.com
TRICARE Overseas Program (TOP) Regional Call Center—Eurasia-Africa[1] +44-20-8762-8384 (*overseas*) 1-877-678-1207 (*stateside*) tricarelon@internationalsos.com	**TOP Regional Call Center—Latin America and Canada**[1] +1-215-942-8393 (*overseas*) 1-877-451-8659 (*stateside*) tricarephl@internationalsos.com	**TOP Regional Call Centers—Pacific**[1] Singapore: +65-6339-2676 (*overseas*) 1-877-678-1208 (*stateside*) sin.tricare@internationalsos.com Sydney: +61-2-9273-2710 (*overseas*) 1-877-678-1209 (*stateside*) sydtricare@internationalsos.com

1. For toll-free contact information, visit www.tricare-overseas.com.

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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