# TRICARE Program Options

<table>
<thead>
<tr>
<th>Program Option</th>
<th>Program Details</th>
<th>Provider Responsibility</th>
</tr>
</thead>
</table>
| **TRICARE Prime** | • Managed care option available in TRICARE Prime Service Areas  
• Most care received from a primary care manager (PCM) at a military treatment facility (MTF) or within the TRICARE network  
• PCM referrals required for most specialty care | • Adhere to access standards  
• 24 hours for urgent care  
• 7 days (1 week) for routine care  
• 28 days (4 weeks) for specialty and wellness care  
• Collect copayment at time of service, if applicable  
• Submit claims for beneficiaries (network providers)  
• Submit necessary prior authorization and referral requests |
| **TRICARE Prime Remote** (including TRICARE Prime Remote for Active Duty Family Members) | • TRICARE Prime-like benefit for active duty families living (and working) in remote locations  
• Care received from:  
  • TRICARE network provider  
  • TRICARE-certified provider (if network provider not available)  
• Submit necessary prior authorization requests  
• Collect beneficiary cost-share  
• Participating providers submit claims for beneficiaries | • Adhere to access standards  
• 24 hours for urgent care  
• 7 days (1 week) for routine care  
• 28 days (4 weeks) for specialty and wellness care  
• Submit claims for beneficiaries (network providers)  
• Submit necessary prior authorization and referral requests |
| **TRICARE Standard** | • Fee-for-service option available worldwide  
• Care received from TRICARE-certified providers  
• No referrals required  
• Some services require prior authorization | • Submit necessary prior authorization requests  
• Collect beneficiary cost-share  
• Accept the negotiated rate as the TRICARE allowable charge  
• Submit claims for beneficiaries |
| **TRICARE Extra** | • For TFL beneficiaries with other health insurance (OHI), the claim is paid in the following order:  
  1. Medicare; 2. OHI; 3. TRICARE.  
• Care received from any Medicare provider  
• Administered by Wisconsin Physicians Service (WPS) | • Do not charge beneficiaries for services  
• Submit claims to Medicare; Medicare will forward claims to TRICARE electronically for reimbursement, except when there is a Medicare supplement  
• Contact WPS at 1-866-773-0404 for assistance or visit www.tricare4u.com. Do not contact TriWest. |
| **TRICARE Pharmacy Program** | • Comprehensive drug coverage for all TRICARE beneficiaries based on a uniform formulary  
• Pharmacy options include: MTF, TRICARE Mail Order Pharmacy, and retail pharmacies  
• Some medications have quantity limits or require prior authorization  
• Administered by Express Scripts, Inc. | • Prescribe generic over brand-name drugs  
• Prescribe drugs on the uniform formulary  
• Establish medical necessity for brand-name or non-formulary drugs  
• Obtain prior authorization from Express Scripts if necessary  
• Contact Express Scripts for assistance  
  • Retail: 1-866-DOD-TRRx (1-866-363-8779)  
  • Mail Order: 1-866-DOD-TMOP (1-866-363-8667) | • Submit necessary prior authorization requests  
• Collect beneficiary cost-share  
• Network and participating providers must submit claims for beneficiaries |
| **TRICARE Extended Care Health Option** | • Provides financial assistance to beneficiaries who qualify  
• Offers integrated set of services and supplies beyond the basic TRICARE benefit | • Obtain prior authorization for services  
• Network and participating providers must submit claims for beneficiaries |
| **Transitional Assistance Management Program** | • Transitional health care available for up to 180 days to service members and their families who qualify  
• Care received through TRICARE Prime, TRICARE Standard, or TRICARE Extra; will be seamless to providers | • Follow normal TRICARE referral, prior authorization, and claims processes |
| **Continued Health Care Benefit Program** | • Purchased, transitional health care program similar to TRICARE Standard  
• Administered by Humana Military Healthcare Services, Inc. | • Submit prior authorization requests to Humana Military  
• Submit claims to PGBA, LLC  
• Contact Humana Military at 1-800-444-5445 (Do not contact TriWest.) |

1. For additional TRICARE program information, see Section 4 of the TRICARE Provider Handbook.

The information in this chart may contain updates that were not printed in the TRICARE Provider Handbook.
TRICARE Prime Costs*

The chart below lists TRICARE Prime costs for care received from a TRICARE network provider or facility.

* Costs on this chart are effective 10/1/05 and are subject to change each fiscal year on October 1. Costs will be higher if the beneficiary uses the point-of-service (POS) option. TRICARE Prime beneficiaries are not responsible for an annual deductible. There are no costs, except copayments for pharmacy, for using TRICARE Prime Remote (including TRICARE Prime Remote for Active Duty Family Members) unless the beneficiary uses the POS option.

TRICARE Standard and TRICARE Extra Costs

The outpatient cost-share is the amount that beneficiaries pay for any civilian outpatient visits, including emergency care, after the annual deductible is met. Inpatient cost-share amounts are subject to change annually each fiscal year (FY) on October 1. Annual deductibles apply as follows:

- **Active duty family members (sponsor rank E-4 and below):** $50/person or $100/family per FY
- **Active duty family members (sponsor rank E-5 and above):** $150/person or $300/family per FY
- **Retired service members and all others:** $150/person or $300/family per FY

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>ADSMs</th>
<th>ADFMs</th>
<th>Retired Service Members and All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
<td>• $0</td>
<td>• $0</td>
<td>• $11 per day ($25 minimum per stay)</td>
</tr>
<tr>
<td>Outpatient</td>
<td>• $0</td>
<td>• $0</td>
<td>• $12</td>
</tr>
<tr>
<td>Clinical Preventive</td>
<td>• $0</td>
<td>• $0</td>
<td>• $0</td>
</tr>
<tr>
<td>Emergency</td>
<td>• $0</td>
<td>• $0</td>
<td>• $30</td>
</tr>
<tr>
<td>Inpatient Behavioral Health</td>
<td>• $0</td>
<td>• $0</td>
<td>• $40 per day</td>
</tr>
<tr>
<td>Outpatient Behavioral Health</td>
<td>• $0</td>
<td>• $0</td>
<td>• $25 (individual visit)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• $17 (group visit)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• $12 (initial evaluation, medication management, psychological testing, electroconvulsive therapy)</td>
</tr>
</tbody>
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TRICARE Pharmacy Program Costs

<table>
<thead>
<tr>
<th>Type of Pharmacy</th>
<th>Formulary Costs</th>
<th>Non-formulary Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTF (up to a 90-day supply)</td>
<td>• $0</td>
<td>• N/A</td>
</tr>
<tr>
<td>TRICARE Mail Order Pharmacy (up to a 90-day supply)</td>
<td>• $3</td>
<td>• $22 (unless medical necessity is established)</td>
</tr>
<tr>
<td>TRICARE Retail Pharmacy Network (up to a 30-day supply)</td>
<td>• $3</td>
<td>• $22 (unless medical necessity is established)</td>
</tr>
</tbody>
</table>
| Non-network Retail Pharmacy (up to a 30-day supply) | • Non-TRICARE Prime: Greater of $9 or 20% of total cost after deductible  
• TRICARE Prime: POS option applies | • Non-TRICARE Prime: Greater of $22 or 20% of total cost after deductible 
• TRICARE Prime: POS option applies |