

# TRICARE® Plans Comparison Chart



Use this side-by-side comparison to get a better understanding of the plans offered to your TRICARE patients. This chart is not all-inclusive. Please visit [www.tricare-west.com](http://www.tricare-west.com) for additional plan and benefit information.

	TRICARE Prime	TRICARE Prime Remote	TRICARE Select	TRICARE For Life
<b>What is it?</b>	A managed care option offering the most affordable and comprehensive coverage.	A managed care option offering the most affordable and comprehensive coverage to active duty families in remote U.S. locations.	A preferred provider network available to all non-active duty beneficiaries. Most freedom of choice.	TRICARE For Life offers secondary coverage to TRICARE beneficiaries who have both Medicare Part A & B.
<b>What are the main features?</b>	<ul style="list-style-type: none"> <li>• Enrollment required</li> <li>• Enhanced vision coverage and preventive services</li> <li>• Most care is received from the primary care manager (PCM)</li> <li>• Time and distance access standards</li> <li>• Fewer out-of-pocket costs</li> <li>• Provider files claims (in most cases)</li> </ul>	<ul style="list-style-type: none"> <li>• Enrollment required</li> <li>• Enhanced vision coverage and preventive services</li> <li>• May or may not have an assigned PCM</li> <li>• Time and distance access standards</li> <li>• Fewer out-of-pocket costs</li> <li>• Provider files claims (in most cases)</li> </ul>	<ul style="list-style-type: none"> <li>• Enrollment required</li> <li>• Beneficiaries can get care from any TRICARE-authorized provider, network or non-network (out-of-pocket costs vary)</li> <li>• Referrals not required, but some care may require prior authorization</li> <li>• Beneficiary may have to pay for services up front and file their own claims for reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>• Medicare Part A &amp; B required</li> <li>• Get care from any TRICARE-authorized provider</li> <li>• Minimal out-of-pocket costs (aside from Medicare Part B premium)</li> <li>• Provider files claims (in most cases)</li> </ul>
<b>How do patients receive care?</b>	<ul style="list-style-type: none"> <li>• Receives most care from their assigned PCM (military or network provider)</li> <li>• PCM refers patient to specialist for care they can't provide</li> </ul>	<ul style="list-style-type: none"> <li>• Receives most care from their PCM (network provider, if available)</li> <li>• May have non-network PCM if a network provider isn't available</li> <li>• PCM refers patient to specialist for care they can't provide</li> </ul>	<ul style="list-style-type: none"> <li>• Receives care from any TRICARE-authorized provider, network or non-network</li> <li>• Referrals are not required</li> <li>• Some services may require prior authorization</li> </ul>	Receive care by making an appointment with any authorized provider
<b>Who is responsible for filing claims?</b>	Provider files claims in most cases.	Provider files claims in most cases.	<ul style="list-style-type: none"> <li>• Network providers will file claims.</li> <li>• If care is received from a non-network provider, the beneficiary may have to file their own claims.</li> </ul>	In most cases, the provider will file the claims with Medicare. Medicare will pay its portion and automatically forward the claim electronically to TRICARE for processing.
<b>What is the annual deductible?</b>	<ul style="list-style-type: none"> <li>• No annual deductible.</li> <li>• If using the <b>Point of Service option</b> option:                             <ul style="list-style-type: none"> <li>• \$300 individual</li> <li>• \$600 family</li> </ul> </li> </ul> <p><i>Note: Active duty service members can't use the Point-of-Service option.</i></p>	<ul style="list-style-type: none"> <li>• No annual deductible.</li> <li>• If using the <b>Point of Service option</b> option:                             <ul style="list-style-type: none"> <li>• \$300 individual</li> <li>• \$600 family</li> </ul> </li> </ul> <p><i>Note: Active duty service members can't use the Point-of-Service option.</i></p>	<p><i>Active Duty Family Members (sponsor rank E-4 and below):</i></p> <ul style="list-style-type: none"> <li>• \$50/individual</li> <li>• \$100/family</li> </ul> <p><i>Active Duty Family Members (sponsor rank E-5 and above):</i></p> <ul style="list-style-type: none"> <li>• \$150/individual</li> <li>• \$300/family</li> </ul> <p><i>All Others:</i></p> <ul style="list-style-type: none"> <li>• \$150/individual</li> <li>• \$300/family</li> </ul> <p><i>Note: The annual deductible is waived for Guard/Reserve family members whose sponsor was activated in support of a contingency operation.</i></p>	For services covered by Medicare and TRICARE, there is no annual deductible.
<b>Cost for an outpatient visit?</b>	<p><b>Primary Care:</b></p> <p>Group A: Active Duty Family Members: \$0 Retirees and Their Family Members: \$20</p> <p>Group B: Active Duty Family Members: \$0 Retirees and Their Family Members: \$20</p> <p><b>Specialty Care:</b></p> <p>Group A: Active Duty Family Members: \$0 Retirees and Their Family Members: \$30</p> <p>Group B: Active Duty Family Members: \$0 Retirees and Their Family Members: \$30</p>	<p><b>Primary Care:</b></p> <p>Group A: Active Duty Family Members: \$0 Retirees and Their Family Members: \$20</p> <p>Group B: Active Duty Family Members: \$0 Retirees and Their Family Members: \$20</p> <p><b>Specialty Care:</b></p> <p>Group A: Active Duty Family Members: \$0 Retirees and Their Family Members: \$30</p> <p>Group B: Active Duty Family Members: \$0 Retirees and Their Family Members: \$30</p>	<p><b>Primary Care:</b></p> <p>Group A: Active Duty Family Members Network: \$21 Non-network: 20% Retirees and Their Family Members Network: \$28 Non-network: 25%</p> <p>Group B: Active Duty Family Members Network: \$15 Non-network: 20% Retirees and Their Family Members Network: \$25 Non-network: 25%</p> <p><b>Specialty Care:</b></p> <p>Group A: Active Duty Family Members Network: \$31 Non-network: 20% Retirees and Their Family Members Network: \$41 Non-network: 25%</p> <p>Group B: Active Duty Family Members Network: \$25 Non-network: 20% Retirees and Their Family Members Network: \$40 Non-network: 25%</p>	Nothing for services covered by Medicare and TRICARE

<b>What is the maximum out-of-pocket (also known as the catastrophic cap)?</b>	The catastrophic cap varies depending on the sponsor's military status: <b>Group A:</b> <i>Active Duty Family Members:</i> \$1,000 per family, per calendar year <i>All Others:</i> \$3,000 per family, per calendar year <b>Group B:</b> <i>Active Duty Family Members:</i> \$1,000 per family, per calendar year <i>All Others:</i> \$3,500 per family, per calendar year	<b>Group A:</b> <i>Active Duty Family Members:</i> \$1,000 per family, per fiscal year <i>All others:</i> \$3,000 <b>Group B:</b> <i>Active Duty Family Members:</i> \$1,000 per family, per fiscal year <i>All Others:</i> \$3,500	The catastrophic cap varies depending on the sponsor's military status: <i>Active Duty Family Members:</i> \$1,000 per family, per calendar year <i>National Guard and Reserve Families:</i> \$1,000 per family, per calendar year <i>Retirees and Their Family Members (and all others):</i> \$3,000 (Group A) or \$3,500 (Group B) per family, per calendar year	The catastrophic cap varies depending on the sponsor's military status: <i>Active Duty Family Members:</i> \$1,000 per family, per fiscal year <i>National Guard and Reserve Families:</i> \$1,000 per family, per fiscal year <i>Retirees and Their Family Members (and all others):</i> \$3,000 per family, per fiscal year
<b>Where is the program available?</b>	In the United States in Prime Service Areas.	In designated remote U.S. locations, usually more than 50 miles or one hour's drive time, from a military hospital or clinic.	United States	Worldwide. In areas where Medicare does not provide coverage, TRICARE is the primary payer.
	<b>TRICARE Young Adult – Prime</b>	<b>TRICARE Young Adult – Select</b>	<b>TRICARE Reserve Select</b>	<b>TRICARE Retired Reserve</b>
<b>What is it?</b>	A premium-based, worldwide health plan that qualified adult children of eligible sponsors may purchase.	A premium-based, worldwide health plan that qualified adult children of eligible sponsors may purchase.	A premium-based health plan that qualified National Guard and Reserve members may purchase.	A premium-based health plan that qualified retired Reserve members and survivors may purchase.
<b>What are the main features?</b>	<ul style="list-style-type: none"> <li>• Must qualify for and purchase TRICARE Young Adult to participate</li> <li>• Enhanced vision coverage and preventive services</li> <li>• Most care received from an assigned PCM</li> <li>• Time and distance access standards</li> <li>• Fewer out-of-pocket costs</li> <li>• No claims to file (in most cases)</li> </ul>	<ul style="list-style-type: none"> <li>• Must qualify for and purchase the plan to participate</li> <li>• Get care from any TRICARE-authorized provider, network or non-network</li> <li>• Referrals not required, but some care may require prior authorization</li> <li>• Patients may have to pay for services up front and file their own claims for reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>• Must qualify and purchase the plan to participate</li> <li>• Receive care from any TRICARE-authorized provider, network or non-network</li> <li>• Costs vary depending on type of provider seen; fewer out-of-pocket costs from TRICARE network providers</li> <li>• Patients may have to pay for services up front and file their own claims for reimbursement</li> </ul>	<ul style="list-style-type: none"> <li>• Must qualify and purchase the plan to participate</li> <li>• Receive care from any TRICARE-authorized provider, network or non-network</li> <li>• Costs vary depending on type of provider seen; fewer out-of-pocket costs from TRICARE network providers</li> <li>• Patients may have to pay for services up front and file their own claims for reimbursement</li> </ul>
<b>How do patients receive care?</b>	<ul style="list-style-type: none"> <li>• Beneficiaries get most care from their assigned PCM (military or network provider)</li> <li>• PCM refers beneficiaries to specialists for care they can't provide</li> </ul>	<ul style="list-style-type: none"> <li>• Get care from any TRICARE-authorized provider, network or non-network</li> <li>• Referrals not required</li> <li>• Some services may require prior authorization</li> </ul>	<ul style="list-style-type: none"> <li>• Beneficiary may get care from any TRICARE-authorized provider, network or non-network, without a referral.</li> <li>• Some services require prior authorization.</li> </ul>	<ul style="list-style-type: none"> <li>• Beneficiary may get care from any TRICARE-authorized provider, network or non-network, without a referral.</li> <li>• Some services require prior authorization.</li> </ul>
<b>Who is responsible for filing claims?</b>	Provider will file claims (in most cases).	Network providers will file claims. If care is provided by a non-network provider, beneficiary may have to file his/her own claims.	If care is provided by a network provider, the provider will submit claims on the beneficiary's behalf. If care is provided by a non-network provider, the beneficiary may be required to submit his/her own health care claims.	If care is provided by a network provider, the provider will submit claims on the beneficiary's behalf. If care is provided by a non-network provider, the beneficiary may be required to submit his/her own health care claims.
<b>What is the annual deductible?</b>	No annual deductible. If using the <b>Point of Service option:</b> \$300/individual	<i>Active Duty Family Members (sponsor rank E-4 and below):</i> \$50/individual <i>Active Duty Family Members (sponsor rank E-5 and above):</i> \$150/individual <i>All others:</i> Network: \$150/individual Non-Network: \$300/individual <i>*Family members whose sponsor is retired are subject to separate network and non-network deductibles. Reaching the deductible level of one does not remove the need to pay for the other.</i>	<i>National Guard or Reserve Member (rank E-4 and below):</i> \$50/individual \$100/family <i>National Guard or Reserve Member (rank E-5 and above):</i> \$150/individual \$300/family	\$150/individual \$300/family
<b>Cost for an outpatient visit?</b>	<b>Primary Care:</b> <i>Active Duty Family Members:</i> \$0 <i>Retiree Family Members:</i> \$20 <b>Specialty Care:</b> <i>Active Duty Family Members:</i> \$0 <i>Retiree Family Members:</i> \$30	<b>Primary Care:</b> <i>Active Duty Family Members:</i> Network: \$15 Non-network: 20% <i>Retiree Family Members:</i> Network: \$25 Non-network: 25% <b>Specialty Care:</b> <i>Active Duty Family Members:</i> Network: \$25 Non-network: 20% <i>Retiree Family Members:</i> Network: \$40 Non-network: 25%	<b>Primary Care:</b> Network Providers: \$15 Non-network Provider: 20% <b>Specialty Care:</b> Network Providers: \$25 Non-network Provider: 20%	<b>Primary Care:</b> Network Providers: \$25 Non-network Provider: 25% <b>Specialty Care:</b> Network Providers: \$40 Non-network Provider: 25%
<b>What is the maximum out-of-pocket (also known as the catastrophic cap)?</b>	<i>Active Duty Family Members:</i> \$1,000 per calendar year <i>All Others:</i> \$3,500 per calendar year	<i>Active Duty Family Members:</i> \$1,000 per calendar year <i>All Others:</i> \$3,500 per calendar year	\$1,000 per family, per calendar year *Monthly premium payments do not apply toward meeting your catastrophic cap.	\$3,500 per family, per calendar year *Monthly premium payments do not apply toward meeting your catastrophic cap.
<b>Where is the program available?</b>	Prime Service Areas in the United States	Worldwide	Worldwide	Worldwide