



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 for additional plan and benefit information.

	TRICARE Prime	TRICARE Prime Remote	TRICARE Select	TRICARE For Life
What is it?	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.
What are the main features?	<ul style="list-style-type: none"> • Enrollment required • Enhanced vision coverage and preventive services • Most care is received from the primary care manager (PCM) • Time and distance access standards • Fewer out-of-pocket costs • Provider files claims (in most cases) 	<ul style="list-style-type: none"> • Enrollment required • Enhanced vision coverage and preventive services • May or may not have an assigned PCM • Time and distance access standards • Fewer out-of-pocket costs • Provider files claims (in most cases) 	<ul style="list-style-type: none"> • Enrollment required • Beneficiaries can get care from any TRICARE-authorized provider, network or non-network (out-of-pocket costs vary) • Referrals not required, but some care may require prior authorization • Beneficiary may have to pay for services up front and file their own claims for reimbursement 	<ul style="list-style-type: none"> • Medicare Part A & B required • Get care from any TRICARE-authorized provider • Minimal out-of-pocket costs (aside from Medicare Part B premium) • Provider files claims (in most cases)
How do patients receive care?	<ul style="list-style-type: none"> • Receives most care from their assigned PCM (military or network provider) • PCM refers patient to specialist for care they can't provide 	<ul style="list-style-type: none"> • Receives most care from their PCM (network provider, if available) • May have non-network PCM if a network provider isn't available • PCM refers patient to specialist for care they can't provide 	<ul style="list-style-type: none"> • Receives care from any TRICARE-authorized provider, network or non-network • Referrals are not required • Some services may require prior authorization 	Receive care by making an appointment with any authorized provider
Who is responsible for filing claims?	Provider files claims in most cases.	Provider files claims in most cases.	<ul style="list-style-type: none"> • Network providers will file claims. • If care is received from a non-network provider, the beneficiary may have to file their own claims. 	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.
What is the annual deductible?	<ul style="list-style-type: none"> • No annual deductible, except if using the Point of Service option. <p><i>Note: Active duty service members can't use the Point-of-Service option.</i></p>	<ul style="list-style-type: none"> • No annual deductible, except if using the Point of Service option. <p><i>Note: Active duty service members can't use the Point-of-Service option..</i></p>	<p>The annual deductible varies by plan type, beneficiary status and, where applicable, rank. Visit www.tricare-west.com > <i>Provider</i> > <i>Benefits & Copays</i> for current deductible amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis.</p> <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.
Cost for an outpatient visit? *Group A: Sponsor's enlistment or appointment date occurred prior to Jan. 1, 2018 *Group B: Sponsor's enlistment or appointment date occurred on or after Jan. 1, 2018	Visit www.tricare-west.com > <i>Provider</i> > <i>Benefits & Copays</i> for primary and specialty care copayment and cost-share amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis.	Visit www.tricare-west.com > <i>Provider</i> > <i>Benefits & Copays</i> for primary and specialty care copayment and cost-share amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis.	Visit www.tricare-west.com > <i>Provider</i> > <i>Benefits & Copays</i> for primary and specialty care copayment and cost-share amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis.	Nothing for services covered by Medicare and TRICARE

What is the maximum out-of-pocket (also known as the catastrophic cap)?	The catastrophic cap varies depending on the sponsor's military status. Visit www.tricare-west.com > Provider > Benefits & Copays for current catastrophic cap amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis.	The catastrophic cap varies depending on the sponsor's military status. Visit www.tricare-west.com > Provider > Benefits & Copays for current catastrophic cap amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis.	The catastrophic cap varies depending on the sponsor's military status. Visit www.tricare-west.com > Provider > Benefits & Copays for current catastrophic cap amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis.	The catastrophic cap varies depending on the sponsor's military status: Active Duty Family Members: \$1,000 per family, per fiscal year National Guard and Reserve Families: \$1,000 per family, per fiscal year Retirees and Their Family Members (and all others): \$3,000 per family, per fiscal year
Where is the program available?	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.
	TRICARE Young Adult – Prime	TRICARE Young Adult – Select	TRICARE Reserve Select	TRICARE Retired Reserve
What is it?	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.
What are the main features?	<ul style="list-style-type: none"> • Must qualify for and purchase TRICARE Young Adult to participate • Enhanced vision coverage and preventive services • Most care received from an assigned PCM • Time and distance access standards • Fewer out-of-pocket costs • No claims to file (in most cases) 	<ul style="list-style-type: none"> • Must qualify for and purchase the plan to participate • Get care from any TRICARE-authorized provider, network or non-network • Referrals not required, but some care may require prior authorization • Patients may have to pay for services up front and file their own claims for reimbursement 	<ul style="list-style-type: none"> • Must qualify and purchase the plan to participate • Receive care from any TRICARE-authorized provider, network or non-network • Costs vary depending on type of provider seen; fewer out-of-pocket costs from TRICARE network providers • Patients may have to pay for services up front and file their own claims for reimbursement 	<ul style="list-style-type: none"> • Must qualify and purchase the plan to participate • Receive care from any TRICARE-authorized provider, network or non-network • Costs vary depending on type of provider seen; fewer out-of-pocket costs from TRICARE network providers • Patients may have to pay for services up front and file their own claims for reimbursement
How do patients receive care?	<ul style="list-style-type: none"> • Beneficiaries get most care from their assigned PCM (military or network provider) • PCM refers beneficiaries to specialists for care they can't provide 	<ul style="list-style-type: none"> • Get care from any TRICARE-authorized provider, network or non-network • Referrals not required • Some services may require prior authorization 	<ul style="list-style-type: none"> • Beneficiary may get care from any TRICARE-authorized provider, network or non-network, without a referral. • Some services require prior authorization. 	<ul style="list-style-type: none"> • Beneficiary may get care from any TRICARE-authorized provider, network or non-network, without a referral. • Some services require prior authorization.
Who is responsible for filing claims?	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.
What is the annual deductible?	No annual deductible, except if using the Point of Service option .	The annual deductible varies by plan type, beneficiary status and, where applicable, rank. Visit www.tricare-west.com > Provider > Benefits & Copays for current deductible amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis. <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>	The annual deductible varies by rank. Visit www.tricare-west.com > Provider > Benefits & Copays for current deductible amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis.	Visit www.tricare-west.com > Provider > Benefits & Copays for current deductible amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis.
Cost for an outpatient visit?	Visit www.tricare-west.com > Provider > Benefits & Copays for primary and specialty care copayment and cost-share amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis.	Visit www.tricare-west.com > Provider > Benefits & Copays for primary and specialty care copayment and cost-share amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis.	Visit www.tricare-west.com > Provider > Benefits & Copays for primary and specialty care copayment and cost-share amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis.	Visit www.tricare-west.com > Provider > Benefits & Copays for primary and specialty care copayment and cost-share amounts. The Defense Health Agency updates beneficiary out-of-pocket costs on an annual (calendar year) basis.
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Where is the program available?	Prime Service Areas in the United States	Worldwide	Worldwide	Worldwide