



This brochure provides an overview of most costs and fees for TRICARE programs. For a more detailed view of costs and fees, visit [www.tricare.mil/costs](http://www.tricare.mil/costs). To learn more about each TRICARE program option visit [www.tricare.mil/planfinder](http://www.tricare.mil/planfinder).

## TRICARE beneficiaries fall into one of two groups: Group A or Group B

- You are in Group A if your or your military sponsor's initial enlistment or appointment began before Jan. 1, 2018.
- You are in Group B if your or your military sponsor's initial enlistment or appointment began on or after Jan. 1, 2018.

*Note: TRICARE Retired Reserve (TRR), TRICARE Reserve Select (TRS), TRICARE Young Adult (TYA) and Continued Health Care Benefit Program (CHCBP) enrollees have Group B cost-shares.*

### TRICARE PRIME® COSTS (Jan. 1–Dec. 31)

Includes TRICARE Prime, TRICARE Prime Remote, the US Family Health Plan\* (USFHP) and TYA Prime plans.

#### Annual Enrollment Fees (TRICARE Prime, TRICARE Prime Remote and USFHP only)

No yearly enrollment fee for active duty service members (ADSMs), active duty family members (ADFM)s and transitional survivors (surviving spouses during the first three years and surviving dependent children) worldwide.

For retirees, their families and others†:

- **Group A:** \$289.08 per individual/\$578.16 per family
- **Group B:** \$350 per individual/\$700 per family

#### Annual Deductible

There is no annual deductible.

### TRICARE Prime Out-of-Pocket Health Care Costs

ADSMs, ADFMs and transitional survivors		
Covered service	Group A	Group B
All covered services	\$0	\$0

Retirees, their families and all others		
Covered service	Group A	Group B
Preventive Care Visit	\$0	\$0
Primary Care Outpatient Visit	\$20	\$20
Specialty Care Outpatient Visit	\$30	\$30
Urgent Care Center Visit	\$30	\$30
Emergency Room Visit	\$60	\$60
Inpatient Admission (Hospitalization)	\$150/admission	\$150/admission

### TRICARE Prime Point-of-Service Option

When you see a TRICARE-authorized provider other than your primary care manager for any nonemergency services without a referral, you pay:

- A yearly deductible before TRICARE cost-sharing begins: \$300 per individual/\$600 per family
- For services beyond this deductible, you pay 50 percent of the TRICARE-allowable charge
- These costs do not apply to the catastrophic cap

### TRICARE SELECT COSTS (Jan. 1–Dec. 31)

Includes TRICARE Select, TRICARE Overseas Program (TOP) Select, TRS, TRR, TYA Select and CHCBP plans.

#### Annual Enrollment Fees (TRICARE Select and TOP Select only)

No yearly enrollment fee for ADFMs.

For retirees, their families and others:

- **Group A:** No yearly enrollment fee
- **Group B:** \$450 per individual/\$900 per family

#### Annual Deductible

You must meet a deductible before TRICARE cost-sharing begins. Refer to the chart below:

ADFM)s and TRS members			
Pay grades E-4 and below			
Group A		Group B	
Individual	Family	Individual	Family
\$50	\$100	\$50	\$100

Pay grades E-5 and above			
Group A		Group B	
Individual	Family	Individual	Family
\$150	\$300	\$150	\$300

Retirees, their families, TRR members and all others			
Group A		Group B	
Individual	Family	Individual	Family
\$150	\$300	\$150 Network‡	\$300 Network‡
		\$300 Out-of-Network‡	\$600 Out-of-Network‡

(Continued on next page)

\* Active duty service members (ADSMs) are not eligible for USFHP.

† For certain beneficiaries in Group A, their enrollment fee remains frozen at the rate when the survivor or medically-retired member is classified in DEERS in either category and enrolls, as long as there is a continuous TRICARE Prime enrollment. See [www.tricare.mil/plans/enroll/prime/enrollmentfees/annualincrease](http://www.tricare.mil/plans/enroll/prime/enrollmentfees/annualincrease) for more information.

‡ Network means a provider in the TRICARE network. Out-of-network means a TRICARE-authorized provider not in the TRICARE network.

## TRICARE Select Out-of-Pocket Health Care Costs—Network and Out-of-Network\*

Covered Services	ADFM's and TRS members		Retirees, their families, TRR members and all others	
	Group A	Group B	Group A	Group B
<b>Preventive Care Visit</b>	\$0	\$0	\$0	\$0
<b>Primary Care Outpatient Visit</b>	\$21 Network	\$15 Network	\$28 Network	\$25 Network
	20% <sup>†</sup> Out-of-Network	20% <sup>†</sup> Out-of-Network	25% <sup>†</sup> Out-of-Network	25% <sup>†</sup> Out-of-Network
<b>Specialty Care Outpatient Visit</b>	\$31 Network	\$25 Network	\$41 Network	\$40 Network
	20% <sup>†</sup> Out-of-Network	20% <sup>†</sup> Out-of-Network	25% <sup>†</sup> Out-of-Network	25% <sup>†</sup> Out-of-Network
<b>Urgent Care Center Visit</b>	\$21 Network	\$20 Network	\$28 Network	\$40 Network
	20% <sup>†</sup> Out-of-Network	20% <sup>†</sup> Out-of-Network	25% <sup>†</sup> Out-of-Network	25% <sup>†</sup> Out-of-Network
<b>Emergency Room Visit</b>	\$81 Network	\$40 Network	\$109 Network	\$80 Network
	20% <sup>†</sup> Out-of-Network	20% <sup>†</sup> Out-of-Network	25% <sup>†</sup> Out-of-Network	25% <sup>†</sup> Out-of-Network
<b>Inpatient Admission (Hospitalization)</b>	\$18.60 per day (subsistence charge) <sup>‡</sup> or \$25 per admission (whichever is more) Network and Out-of-Network	\$60 per admission Network	\$250 per day or up to 25% hospital charge (whichever is less); plus 20% separately billed services Network	\$175 per admission Network
		20% <sup>†</sup> Out-of-Network	DRG <sup>§</sup> per diem or \$250 per day up to 25% hospital charge (whichever is less); plus 25% separately billed services Out-of-Network	25% <sup>†</sup> Out-of-Network
	\$18.60 per day (subsistence charge) <sup>‡</sup> Military Hospital or Clinic			

\* Network means a provider in the TRICARE network. Out-of-network means a TRICARE-authorized provider not in the TRICARE network.

† Percentage of TRICARE maximum-allowable charge after deductible is met.

### TRICARE Prime and TRICARE Select Calendar Year (CY) 2018 Catastrophic Cap (Jan. 1–Dec. 31)

ADFM's and TRS members:  
\$1,000 per family (Groups A and B)

Retirees, their families, TRR members and all others:

\$3,000 per family (Group A)  
\$3,500 per family (Group B)

## Premium-Based Health Plans

### Calendar Year (CY) 2018 Monthly Premiums (Jan. 1–Dec. 31)

#### TRS Monthly Premium

\$46.09 Member only  
\$221.38 Member and family

#### TYA Monthly Premium

\$324 TYA Prime plans  
\$225 TYA Select plans

#### TRR Monthly Premium

\$431.35 Member only  
\$1,038.31 Member and family

### Fiscal Year (FY) 2018 Quarterly Premiums

(Oct. 1, 2017–Sept. 30, 2018)

#### CHCBP Quarterly Premium

\$1,425 Individual  
\$3,210 Family

## TRICARE PHARMACY PROGRAM COSTS (Feb. 1, 2018–Jan. 31, 2019)

ADSMs have no prescription drug costs when using a military pharmacy, TRICARE Pharmacy Home Delivery or a TRICARE retail network pharmacy. Costs for all others are shown below. At TRICARE retail network and non-network pharmacies, you may get up to a 30-day supply of your prescription. With all other pharmacy options, you may get up to a 90-day supply. Your options for filling your prescription depend on the type of drug your provider prescribes. Some drugs are only covered through TRICARE Pharmacy Home Delivery. Overseas, some limitations may apply. To learn more, visit [www.express-scripts.com/TRICARE](http://www.express-scripts.com/TRICARE) or call Express Scripts, Inc., which administers the TRICARE pharmacy benefit, at 1-877-363-1303.

Pharmacy types	Formulary drug costs		Non-formulary (Tier 3) drug costs
	Generic (Tier 1)	Brand-name (Tier 2)	
<b>Military pharmacy</b>	\$0	\$0	Not available
<b>TRICARE Pharmacy Home Delivery</b>	\$7	\$24	\$53
<b>TRICARE retail network pharmacy</b>	\$11	\$28	\$53
<b>Non-network pharmacy</b> (in the U.S. and U.S. territories: American Samoa, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands)	<b>TRICARE Prime options:</b> 50% cost-share applies after the point-of-service (POS) deductible is met <b>All other beneficiaries:</b> \$24 or 20% of the total cost, whichever is greater, after the yearly deductible is met		<b>TRICARE Prime options:</b> 50% cost-share applies after the POS deductible is met <b>All other beneficiaries:</b> \$53 or 20% of the total cost, whichever is greater, after the yearly deductible is met
<b>Overseas pharmacy</b> (outside the U.S. and U.S. territories)  Visit <a href="http://www.tricare.mil/overseas-pharmacy">www.tricare.mil/overseas-pharmacy</a> for more information.	<b>ADSMs and ADFMs using TOP Prime or TOP Prime Remote:</b> \$0 (you may have to pay the full cost up front and file a claim for reimbursement) <b>ADFMs using TOP Select and TRS members:</b> 20% cost-share after yearly deductible is met <b>Retirees, their families, TRR members and all others enrolled in TOP Select:</b> 25% cost-share after the yearly deductible is met		

## TRICARE DENTAL PROGRAM AND TRICARE RETIREE DENTAL PROGRAM COSTS

### TRICARE Dental Program Monthly Premiums (May 1, 2017–April 30, 2018)

Sponsor status	Sponsor-only premium	Single premium (one family member, not the sponsor)	Family premium (more than one family member, not the sponsor)	Sponsor-and-family premium
<b>Active duty</b>	N/A	\$11.10	\$28.87	N/A
<b>Selected Reserve</b>	\$11.10	\$27.76	\$72.18	\$83.28
<b>Individual Ready Reserve</b>	\$27.76	\$27.76	\$72.18	\$99.94

### TRICARE Retiree Dental Program Monthly Premiums (Jan. 1–Dec. 31)

Visit [www.trdp.org](http://www.trdp.org) to view premium rates for your region.

#### Costs for Dental Care

Services, deductibles and maximums	TRICARE Dental Program (TDP)	TRICARE Retiree Dental Program (TRDP)
<b>Diagnostic, preventive (including sealants)</b>	0%	0% (20% for sealants)
<b>Basic restorative</b>	20%	20%
<b>Endodontic, periodontic, oral surgery</b>	Pay grades E-1 through E-4: 30% All others: 40%	40%
<b>Prosthodontic, implant, orthodontic</b>	50%	50% (100% during your first 12 months of enrollment); Enhanced benefit only
<b>Yearly deductible</b>	\$0	\$50 per person, per enrollment year; \$150 cap per family
<b>Non-orthodontic service maximum*</b>	\$1,500 (per person, per contract year, May 1–April 30)	\$1,300 (per person, per contract year, Jan. 1–Dec. 31) enhanced benefit; \$1,000 (per person, per contract year, Jan. 1–Dec. 31) basic benefit
<b>Orthodontic lifetime maximum</b>	\$1,750 (per person, per lifetime)	\$1,750 (per person, per lifetime); Enhanced benefit only
<b>Dental accident maximum</b>	\$1,200 (per person, per contract year, May 1–April 30)	\$1,200 (per person, per contract year, Jan. 1–Dec. 31); Enhanced benefit only

\* Orthodontic diagnostic service charges are applied towards the non-orthodontic service maximum, but other diagnostic and preventive service charges are not.

# LOOKING FOR More Information?

GO TO [www.tricare.mil/contactus](http://www.tricare.mil/contactus)



### TRICARE East Region

Humana Military  
1-800-444-5445  
HumanaMilitary.com  
www.tricare-east.com



### TRICARE West Region

Health Net Federal Services, LLC  
1-844-866-WEST (1-844-866-9378)  
www.tricare-west.com



### TRICARE Overseas Program (TOP)

International SOS  
Government Services, Inc.  
www.tricare-overseas.com

For toll-free contact information, visit  
[www.tricare-overseas.com/contact-us](http://www.tricare-overseas.com/contact-us)

### TOP Regional Call Centers

**Eurasia-Africa**  
+44-20-8762-8384 (overseas)  
1-877-678-1207 (stateside)  
tricarelon@internationalsos.com

**Latin America and Canada**  
+1-215-942-8393 (overseas)  
1-877-451-8659 (stateside)  
tricarephl@internationalsos.com

**Pacific (Singapore)**  
+65-6339-2676 (overseas)  
1-877-678-1208 (stateside)  
sin.tricare@internationalsos.com

**Pacific (Sydney)**  
+61-2-9273-2710 (overseas)  
1-877-678-1209 (stateside)  
sydtricare@internationalsos.com

### TRICARE Pharmacy Program

1-877-363-1303  
www.tricare.mil/pharmacy  
www.express-scripts.com/TRICARE

### TRICARE Dental Options

**Active Duty Dental Program**  
United Concordia Companies, Inc.  
1-866-984-ADDP (1-866-984-2337)  
www.addp-ucci.com

**TRICARE Dental Program**  
United Concordia Companies, Inc.  
1-844-653-4061 (CONUS)  
1-844-653-4060 or 1-717-888-7400 (OCONUS)  
711 (TDD/TTY)  
www.uccitdp.com

**TRICARE Retiree Dental Program**  
Delta Dental of California  
1-888-838-8737  
www.trdp.org

### Defense Enrollment Eligibility Reporting System (DEERS)

www.tricare.mil/deers

### TRICARE Prime

www.tricare.mil/prime

### TRICARE Select

www.tricare.mil/select

### TRICARE Plus

www.tricare.mil/plus

### TRICARE Retired Reserve

www.tricare.mil/trr

### TRICARE Reserve Select

www.tricare.mil/trs

### TRICARE Young Adult

www.tricare.mil/tya

### TRICARE For Life

www.tricare.mil/tfl  
Wisconsin Physicians  
Service—Military and  
Veterans Health  
1-866-773-0404  
www.tricare4u.com

### US Family Health Plan

1-800-74-USFHP  
(1-800-748-7347)  
www.tricare.mil/usfhp

### Continued Health Care Benefit Program

www.tricare.mil/chcbp

### 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. TRICARE is a registered trademark of the Department of Defense, Defense Health Agency. All rights reserved.

# Upcoming TRICARE Changes: How Can I Prepare?



**IF YOU ARE TRICARE FOR LIFE, YOU WILL NOT BE AFFECTED BY UPCOMING CHANGES.**  
**TRICARE STANDARD & TRICARE EXTRA BECOME TRICARE SELECT ON JANUARY 1<sup>st</sup>, 2018**

Visit: <https://health.mil/TakeCommand> or <https://tricare.mil/changes>

Provides up to date information on upcoming TRICARE and NDAA Changes you need to be aware of.

## Upcoming TRICARE Improvements include:

- Consolidation to two TRICARE Regions (West & East)
- TRICARE Standard and TRICARE Extra combining to **TRICARE SELECT**
- Increased access to mental health and substance use disorder (SUD) programs (for family members/retirees)
- Lower Out-of-Pocket Costs- see enrollment fees, co-pays at [Tricare.mil/changes](http://Tricare.mil/changes) or the website above
- 2018 is an open enrollment year to select TRICARE Benefit
- Enrollment Periods beginning in 2019
- Fiscal Year Calendar changing to Calendar Year

There will be an enrollment freeze in December 2017 for TRICARE Prime enrollments, and Primary Care Manager (PCM) changes will be delayed during the transfer of files to new regional contractors.

## How can I prepare for upcoming changes?

• **Sign up for a DS Log-on.** Having a DS Log-on lets you log in to a number of important TRICARE secure sites. To register go to: <https://myaccess.dmdc.osd.mil/identitymanagement/>

### • You can use your DS LOGON to get to some IMPORTANT WEB SITES:

- View **eligibility and enrollment status**, read correspondence, get proof of coverage – via milConnect at <https://www.dmdc.osd.mil/milconnect/>
- View **healthcare authorizations, as well as TRICARE claims and Explanation of Benefits (EOBs)** on the regional contractors' web sites. Starting 1 January 2018, the regional contractor will no longer send you paper copies of authorizations or EOBs. **You have to go online to view these documents on the regional contractors secure portal at:**  
**West Region:** <http://www.tricare-west.com> (register on or after 1 January 2018)
- **Manage pharmacy home delivery**, with prescription email notices at <https://www.express-scripts.com/TRICARE/index.shtml>

### • MilConnect

- Register for a [milConnect](#) account. Sponsors have to register their family members  
Users can see their Primary Care Manager's name, obtain proof of coverage, update personal contact information, and view enrollment and disenrollment letters.
- milConnect shows what's in the Defense Enrollment Eligibility Reporting System (DEERS).

**\*\*Confirm all your information before January 1st, 2018!\*\***

- **Make sure each person's enrollment status in DEERS is correct.**
- **Make sure addresses are correct.** Where you live affects your TRICARE plan options (Select versus Prime versus Prime Remote).
- **Make sure email addresses are correct.** DEERS sends emails telling you to check milConnect for IMPORTANT notices, for example PCM changes, disenrollment letters.

To learn how to check DEERS records or update contact information, visit the nearest uniformed services ID card facility ([www.dmdc.osd.mil/rsl/milConnect](http://www.dmdc.osd.mil/rsl/milConnect)), go to or call the Defense Manpower Data Center Support Office (DSO) at 1-800-538-9552.

# Upcoming TRICARE Changes: How Can I Prepare?

## Are authorization rules changing with TRICARE changes starting 1 January 2018?

The following captures some of changes in preauthorization requirements. On or after 1 January 2018, call your regional contractor for questions about referrals and preauthorization. ([www.tricare.mil/contactus](http://www.tricare.mil/contactus)). Always check to make sure you have an authorization before you set up an appointment.

- TRICARE has certain services that require preauthorization, regardless of what program you are in (Prime/Prime Remote, Select, TRICARE Reserve Select, TRICARE Retired Reserve, TRICARE Young Adult, CHCBP)
- The contractor may identify other services that require preauthorization. These may differ between regions. Contact the regional contractor or visit their website starting 1 January to get a listing of regional authorization requirements. (For contact and web site information go to [www.TRICARE.mil/contactus](http://www.TRICARE.mil/contactus))
- Your authorization tells you the provider's name, the types of service, the number of visits, and the start and end dates. If you want to change your provider, you have to contact your regional contractor.
- **As of 1 January 2018, you have to go online to check on the status of your authorization determination.** You won't be getting authorization notices in the mail. You have to register for a secure account through your regional contractor.

## How do I transfer enrollment/premium payments to the new West Region Contractor?

You **MUST** update your payment information with the new regional contractor! This applies if you pay Prime enrollment fees, or TRICARE Reserve Select, TRICARE Retired Reserve, or TRICARE Young Adult premiums by credit card, or electronic funds transfer (EFT) from your checking or savings account. If you pay by allotment, you don't need to do anything. The contractor will work with Defense Finance and Accounting Services (DFAS) to transfer your payment.

## On or after 21 November 2017:

Visit: <http://www.tricare-west.com>

Call: 1-844-866-WEST (9378)

## Before 20 November 2017

For **West Region** enrollment help **before 20 November 2017** and region-specific support and information **before 1 January 2018**:

- ❖ Visit [www.uhcmilitarywest.com](http://www.uhcmilitarywest.com)
- ❖ Call 1-877-988-WEST (9378)

## Are you Ready? Take Command!



TRICARE Changes Wallet Card (Front and Back).



### TRICARE is changing.

On Jan. 1, 2018, historic reform will roll out in the Military Health System (MHS). As a beneficiary, you will take on a new role in your health care – **this is your benefit.**

**Are you ready?** The Defense Health Agency (DHA) is here to help! Visit [TRICARE.mil/changes](http://TRICARE.mil/changes) and follow us on social media to learn how to **take command of your health.**

#takecommand

**"Medically Ready Force...Ready Medical Force"**



Plan Comparison Chart

TRICARE Prime vs TRICARE Select

#takecommand

	TRICARE Prime			TRICARE Select		
	Current Plan	Starting January 1, 2018		Current Plan	Starting January 1, 2018	
		Group A	Group B		Group A	Group B
<b>What is it?</b>	A managed care option offering the most affordable and comprehensive coverage.			A fee-for-service plan available to all non-active duty beneficiaries. <ul style="list-style-type: none"> <li>■ Most freedom of choice of providers</li> <li>■ High satisfaction rate among users</li> </ul>		
<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 received from your primary care manager (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> <p>*You do not need to re-enroll for January 1, 2018. If you are enrolled in TRICARE Prime on December 31, 2017, you will remain in TRICARE Prime.</p>			<ul style="list-style-type: none"> <li>■ Enrollment not required</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>■ You may have to pay for services up front and file your own claims for reimbursement</li> </ul>		<ul style="list-style-type: none"> <li>■ Enrollment Required*</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>■ You may have to pay for services up front and file your own claims for reimbursement</li> </ul> <p>*You do not need to enroll for January 1, 2018. If you are eligible for TRICARE on December 31, 2017 and not enrolled in TRICARE Prime, you will be converted to TRICARE Select. Once enrolled, you will not need to re-enroll each year. You will remain enrolled until you change your plan to Prime, disenroll, stop paying your enrollment fees, or lose eligibility.</p>
<b>How do I get care?</b>	Get most care from your assigned PCM. <ul style="list-style-type: none"> <li>■ Military or network provider.</li> <li>■ Refers you to specialists for care he or she can't provide</li> </ul>			Get care from any TRICARE-authorized provider, network or non-network. <ul style="list-style-type: none"> <li>■ Referrals not required.</li> <li>■ Some services may require prior authorization.</li> </ul>		
<b>Will I have to file my own claims?</b>	Your provider will file claims for you (in most cases).			Network providers will file claims for you. If you get care from a non-network provider, you may have to file your own claims.		



Plan Comparison Chart

TRICARE Prime vs TRICARE Select

#takecommand

	TRICARE Prime			TRICARE Select		
	Current Plan	Starting January 1, 2018		Current Plan	Starting January 1, 2018	
		Group A	Group B		Group A	Group B
<b>Do I have to enroll? What is the annual fee?</b>	<p>Enrollment is required</p> <ul style="list-style-type: none"> <li>■ Active Duty Service Members: \$0</li> <li>■ Active Duty Family Members: \$0</li> <li>■ All Others:               <ul style="list-style-type: none"> <li>□ \$282.60 Individual</li> <li>□ \$565.20 Family</li> </ul> </li> </ul>	<p>Enrollment is required*</p> <ul style="list-style-type: none"> <li>■ Active Duty Service Members: \$0</li> <li>■ Active Duty Family Members: \$0</li> <li>■ All Others:               <ul style="list-style-type: none"> <li>□ \$289.08 Individual</li> <li>□ \$578.16 Family</li> </ul> </li> </ul> <p>*You do not need to re-enroll for January 1, 2018. If you are enrolled in TRICARE Prime on December 31, 2017, you will remain in TRICARE Prime.</p>	<p>Enrollment is required*</p> <ul style="list-style-type: none"> <li>■ Active Duty Service Members: \$0</li> <li>■ Active Duty Family Members: \$0</li> <li>■ All Others:               <ul style="list-style-type: none"> <li>□ \$350 Individual</li> <li>□ \$700 Family</li> </ul> </li> </ul> <p>*You do not need to re-enroll for January 1, 2018. If you are enrolled in TRICARE Prime on December 31, 2017, you will remain in TRICARE Prime.</p>	<p>Enrollment is not required</p>	<p>Enrollment is required*</p> <ul style="list-style-type: none"> <li>■ Active Duty Family Members: \$0</li> <li>■ All Others: \$0</li> </ul> <p>*You do not need to enroll for January 1, 2018. If you are eligible for TRICARE on December 31, 2017 and not enrolled in TRICARE Prime, you will be converted to TRICARE Select. Once enrolled, you will not need to re-enroll each year. You will remain enrolled until you change your plan to Prime, disenroll, stop paying your enrollment fees, or lose eligibility.</p>	<p>Enrollment is required*</p> <ul style="list-style-type: none"> <li>■ Active Duty Family Members: \$0</li> <li>■ All Others:               <ul style="list-style-type: none"> <li>□ \$450 Individual</li> <li>□ \$900 Families</li> </ul> </li> </ul> <p>*You do not need to enroll for January 1, 2018. If you are eligible for TRICARE on December 31, 2017 and not enrolled in TRICARE Prime, you will be converted to TRICARE Select. Once enrolled, you will not need to re-enroll each year. You will remain enrolled until you change your plan to Prime, disenroll, stop paying your enrollment fees, or lose eligibility.</p>
<b>What is the annual deductible?</b>	<p>No annual deductible unless you are using the point-of-service option*:</p> <ul style="list-style-type: none"> <li>■ \$300/Individual</li> <li>■ \$600/Family</li> </ul> <p>Note: Active duty service members can't use the point-of-service option.</p> <p>*The point-of-service option allows TRICARE Prime beneficiaries to see any TRICARE-authorized provider for routine or urgent care without a referral. See "What are the Point of Service Option fees?" question for more details.</p>			<ul style="list-style-type: none"> <li>■ Active Duty Family Members (sponsor rank E-4 and below):               <ul style="list-style-type: none"> <li>□ \$50 Individual</li> <li>□ \$100 Family</li> </ul> </li> <li>■ Active Duty Family Members (sponsor rank E-5 and above):               <ul style="list-style-type: none"> <li>□ \$150 Individual</li> <li>□ \$300 Family</li> </ul> </li> <li>■ All Others:               <ul style="list-style-type: none"> <li>□ \$150 Individual</li> <li>□ \$300 Family</li> </ul> </li> </ul> <p>Note: The annual deductible is waived for Guard/Reserve family members whose sponsor was activated in support of a contingency operation.</p>	<ul style="list-style-type: none"> <li>■ Active Duty Family Members (sponsor rank E-4 and below):               <ul style="list-style-type: none"> <li>□ \$50 Individual</li> <li>□ \$100/Family</li> </ul> </li> <li>■ Active Duty Family Members (sponsor rank E-5 and above):               <ul style="list-style-type: none"> <li>□ \$150 Individual</li> <li>□ \$300 Family</li> </ul> </li> <li>■ All Others:               <ul style="list-style-type: none"> <li>□ \$150 Individual</li> <li>□ \$300 Family</li> </ul> </li> </ul> <p>Note: The annual deductible is waived for Guard/Reserve family members whose sponsor was activated in support of a contingency operation.</p>	<ul style="list-style-type: none"> <li>■ Active Duty Family Members (sponsor rank E-4 and below):               <ul style="list-style-type: none"> <li>□ \$50 Individual</li> <li>□ \$100 Family</li> </ul> </li> <li>■ Active Duty Family Members (sponsor rank E-5 and above):               <ul style="list-style-type: none"> <li>□ \$150 Individual</li> <li>□ \$300 Family</li> </ul> </li> <li>■ All Others*:               <ul style="list-style-type: none"> <li>□ Network:                   <ul style="list-style-type: none"> <li>- \$150 Individual</li> <li>- \$300 Family</li> </ul> </li> <li>□ Out-of-Network:                   <ul style="list-style-type: none"> <li>- \$300 Individual</li> <li>- \$600 Family</li> </ul> </li> </ul> </li> </ul> <p>*Non-active duty family members are subject to separate in-network and out-of-network deductibles. Reaching the deductible level of one does not remove the need to pay for the other.</p> <p>Note: The annual deductible is waived for Guard/Reserve family members whose sponsor was activated in support of a contingency operation.</p>





Plan Comparison Chart

TRICARE Prime vs TRICARE Select

#takecommand

	TRICARE Prime			TRICARE Select		
	Current Plan	Starting January 1, 2018		Current Plan	Starting January 1, 2018	
		Group A	Group B		Group A	Group B
<b>How much do I pay for an outpatient visit?</b>	<p><b>Network Provider:</b></p> <ul style="list-style-type: none"> <li>■ Active Duty Service Members: \$0</li> <li>■ Active Duty Family Members: \$0</li> <li>■ All Others: \$12</li> </ul> <p><b>Non-network Provider:</b></p> <ul style="list-style-type: none"> <li>■ With PCM referral: Same as network provider costs</li> <li>■ Without PCM referral: Point-of-service fees apply</li> </ul> <p>Note: Active duty service members may not use the point-of-service option.</p>	<p><b>Network Provider:</b></p> <ul style="list-style-type: none"> <li>■ Active Duty Service Members               <ul style="list-style-type: none"> <li>□ Primary Care Manager: \$0</li> <li>□ Specialty Provider: \$0</li> </ul> </li> <li>■ Active Duty Family Members               <ul style="list-style-type: none"> <li>□ Primary Care Manager: \$0</li> <li>□ Specialty Provider: \$0</li> </ul> </li> <li>■ All Others:               <ul style="list-style-type: none"> <li>□ Primary Care Manager: \$20</li> <li>□ Specialty Provider: \$30</li> </ul> </li> </ul> <p><b>Non-network Provider:</b></p> <ul style="list-style-type: none"> <li>■ With PCM Referral: Same as above</li> <li>■ Without PCM Referral: Point-of-service fees apply</li> </ul> <p>Note: Active duty service members may not use the point-of-service option.</p>	<p><b>Network Provider:</b></p> <ul style="list-style-type: none"> <li>■ Active Duty Service Members:               <ul style="list-style-type: none"> <li>□ Primary Care Manager: \$0</li> <li>□ Specialty Provider: \$0</li> </ul> </li> <li>■ Active Duty Family Members:               <ul style="list-style-type: none"> <li>□ Primary Care Manager: \$0</li> <li>□ Specialty Provider: \$0</li> </ul> </li> <li>■ All Others:               <ul style="list-style-type: none"> <li>□ Primary Care Manager: \$20</li> <li>□ Specialty Provider: \$30</li> </ul> </li> </ul> <p><b>Non-network Provider:</b></p> <ul style="list-style-type: none"> <li>■ With PCM Referral: Same as above</li> <li>■ Without PCM Referral: Point-of-service fees apply</li> </ul> <p>Note: Active duty service members may not use the point-of-service option.</p>	<p><b>Network Provider:</b></p> <ul style="list-style-type: none"> <li>■ Active duty family members: 15% of negotiated fee*</li> <li>■ All others: 20% of negotiated fee*</li> </ul> <p><b>Non-network Provider:</b></p> <ul style="list-style-type: none"> <li>■ Active duty family members: 20% of allowable charge*</li> <li>■ All others: 25% of allowable charge*</li> </ul> <p>*After annual deductible is met</p>	<p><b>Network Provider:</b></p> <ul style="list-style-type: none"> <li>■ Active Duty Family Members:               <ul style="list-style-type: none"> <li>□ Primary Care: \$27*</li> <li>□ Specialty Provider: \$34*</li> </ul> </li> <li>■ All Others:               <ul style="list-style-type: none"> <li>□ Primary Care Manager: \$35*</li> <li>□ Specialty Provider: \$45*</li> </ul> </li> </ul> <p><b>Non-network Provider:</b></p> <ul style="list-style-type: none"> <li>■ Active Duty Family Members:               <ul style="list-style-type: none"> <li>□ Primary Care: 20% of allowable charge*</li> <li>□ Specialty Provider: 20% of allowable charge*</li> </ul> </li> <li>■ All Others:               <ul style="list-style-type: none"> <li>□ Primary Care Manager: 25% of allowable charge*</li> <li>□ Specialty Provider: 25% of allowable charge*</li> </ul> </li> </ul> <p>*After annual deductible is met</p>	<p><b>Network Provider:</b></p> <ul style="list-style-type: none"> <li>■ Active Duty Family Members:               <ul style="list-style-type: none"> <li>□ Primary Care: \$15*</li> <li>□ Specialty Provider: \$25*</li> </ul> </li> <li>■ All Others:               <ul style="list-style-type: none"> <li>□ Primary Care Manager: \$25*</li> <li>□ Specialty Provider: \$40*</li> </ul> </li> </ul> <p><b>Non-network Provider:</b></p> <ul style="list-style-type: none"> <li>■ Active Duty Family Members:               <ul style="list-style-type: none"> <li>□ Primary Care: 20% of allowable charge*</li> <li>□ Specialty Provider: 20% of allowable charge*</li> </ul> </li> <li>■ All Others:               <ul style="list-style-type: none"> <li>□ Primary Care Manager: 25% of allowable charge*</li> <li>□ Specialty Provider: 25% of allowable charge*</li> </ul> </li> </ul> <p>*After annual deductible is met</p>



Plan Comparison Chart

TRICARE Prime vs TRICARE Select

#takecommand

	TRICARE Prime			TRICARE Select		
	Current Plan	Starting January 1, 2018		Current Plan	Starting January 1, 2018	
		Group A	Group B		Group A	Group B
<b>What are the Point-Of-Service Option fees?</b>	<p>The point-of-service option allows TRICARE Prime beneficiaries to see any TRICARE-authorized provider for routine or urgent care without a referral.</p> <ul style="list-style-type: none"> <li>■ Outpatient Services: 50% of allowable charge*</li> <li>■ Hospitalization: 50% of allowable charge*</li> </ul> <p>*After annual deductible for the Point-Of-Service Option is met. See "What is the Annual Deductible?" question for more details.</p>			<p>None. You do not need a referral, so there are no Point-Of-Service Option fees.</p>		
<b>What's the maximum I'll pay out-of-pocket? (Also known as the Catastrophic Cap.)</b>	<ul style="list-style-type: none"> <li>■ Active Duty Families: \$1000*</li> <li>■ All Others: \$3000*</li> </ul> <p>*Per Calendar Year Note: Enrollment Fees do not count towards the out-of-pocket maximum</p>	<ul style="list-style-type: none"> <li>■ Active Duty Families: \$1000*</li> <li>■ All Others: \$3000*</li> </ul> <p>*Per Calendar Year Note: Enrollment Fees do not count towards the out-of-pocket maximum</p>	<ul style="list-style-type: none"> <li>■ Active Duty Families: \$1000*</li> <li>■ All Others: \$3500*</li> </ul> <p>*Per Calendar Year Note: Enrollment Fees do not count towards the out-of-pocket maximum</p>	<ul style="list-style-type: none"> <li>■ Active Duty Families: \$1000*</li> <li>■ All Others: \$3000*</li> </ul> <p>*Per Calendar Year Note: Enrollment Fees do not count towards the out-of-pocket maximum</p>	<ul style="list-style-type: none"> <li>■ Active Duty Families: \$1000*</li> <li>■ All Others: \$3000*</li> </ul> <p>*Per Calendar Year Note: Enrollment Fees do not count towards the out-of-pocket maximum</p>	<ul style="list-style-type: none"> <li>■ Active Duty Families: \$1000*</li> <li>■ All Others: \$3500*</li> </ul> <p>*Per Calendar Year Note: Enrollment Fees do not count towards the out-of-pocket maximum</p>
<b>Where is the program available?</b>	<p>In the United States in Prime Service Areas, as well as eligible active duty service members and families in remote locations in the United States and overseas.</p>			<p>Worldwide</p>		
<b>How can I learn more?</b>	<p>Go to <a href="https://www.tricare.mil/changes/prime">https://www.tricare.mil/changes/prime</a> to learn more.</p>			<p>Go to <a href="https://www.tricare.mil/changes/select">https://www.tricare.mil/changes/select</a> to learn more.</p>		



## TRICARE Contracts & Regional Alignment Coming Soon

TRICARE Communications sent this bulletin at 01/09/2017 11:40 AM EST

TRICARE®



# HEALTH MATTERS Update

## New TRICARE Contracts & Regional Alignment Coming Soon

At the end of 2017, stateside beneficiaries will see a change to TRICARE regions and to the contractor that administers your TRICARE benefit outside of military hospitals and clinics. This new generation of contracts awarded by the Department of Defense will improve how we manage quality of care, provider networks, referrals, enrollment, claims processing and customer service for beneficiaries who receive care in the civilian sector.



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Under the new contracts, which are scheduled to take effect at the end of 2017, the North and South regions will combine into a single "East" region, while the West region will remain the same. This consolidation from three to two regional contracts will improve continuity of care, reduce administrative burdens on beneficiaries, and reduce unnecessary variation among contractors.

What does this mean for you? Right now, there is no change to your provider network. You may continue using your primary care doctors and specialists you use now, and you will continue to use the same contact numbers, billing addresses and websites.

Once the new contracts take effect at the end of 2017, a new contractor will administer your health plan based on the [region](#) in which you reside.

- If you live in or move to the West Region, Health Net Federal Services, LLC will administer your health plan and provide TRICARE coverage.
- If you live in or move to the North or South region, you will be in the new East Region, and Humana Government Business, Inc. will administer your health plan.

In the coming months, we will pass on valuable information about changes including:

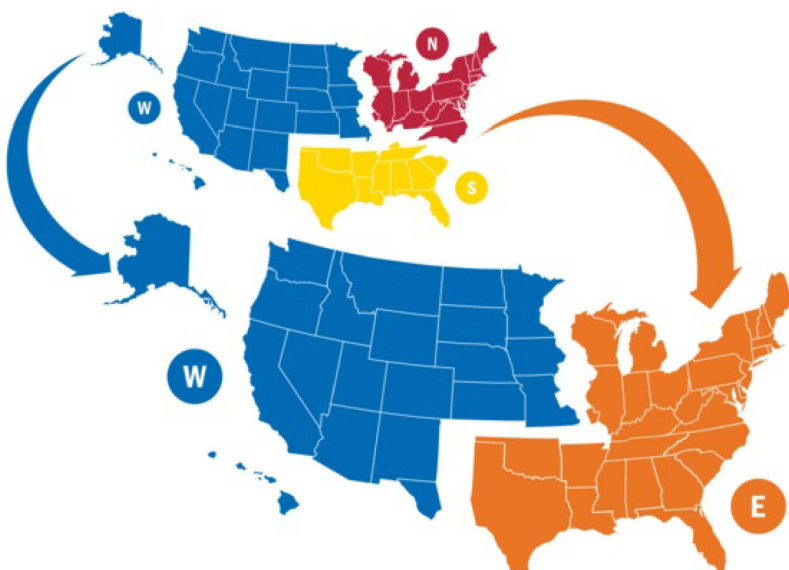
- Contact information, addresses and websites of new contractors
- Information about changes in network providers
- What you can expect under the new regional alignment
- Much more!

Thanks for reading!

### More Information

For details on how the Department of Defense made its contract award decision, go [here](#). You can get information on the changes [here](#).

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## TRICARE Health Matters Update Issue #2

TRICARE Communications sent this bulletin at 02/27/2017 02:00 PM EST



# HEALTH MATTERS Update

### FROM TRANSITION TO DELIVERY OF CARE

As you know, TRICARE will have two new managed care contractors starting October 1: Humana Military in the East Region and Health Net Federal Services in the West Region. To make sure the move to the new managed care support contracts is smooth, the Department of Defense is guiding the process with greater visibility of the new contractors' transition schedule.

To guarantee TRICARE beneficiaries receive quality health care during this transition, DoD will continuously monitor seven critical performance areas: provider networks, enrollment, customer service, management, referral management, claims processing, and medical management. Through these quality assurance measures, the DoD will know that the managed care support contractors are performing to the standard we expect and you deserve.

### What You Can Do Now

First, make sure you and all your family members are enrolled in the Defense Eligibility Enrollment System (DEERS), and review the information in DEERS for accuracy, especially your contact information (address, phone and email address). Your primary care manager – either a new one or the same one you currently have - will need to be able to reach you. If you don't already have a milConnect account, register for one at <https://www.dmdc.osd.mil/identitymanagement>. If you have an account, log in to check that your information in milConnect is correct. While you used to get some materials mailed to you, such as claim forms and your Explanation of Benefits (EOB) statements, under the new contract you will only be able to access that information on line. Maintaining an active milConnect account will be more important than ever.

Thanks for reading!



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### More Information

For details on how the Department of Defense made its contract award decision, go [here](#). You can get information on the changes [here](#).

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