



TRICARE Prime®

A health care option for active duty service members and their families and other TRICARE®-eligible beneficiaries in Prime Service Areas



TRICARE Prime is a health care option that is available to active duty service members (ADSMs), their family members and certain other TRICARE-eligible beneficiaries in specific areas of the U.S., called Prime Service Areas (PSAs). In overseas locations, TRICARE Overseas Program (TOP) Prime is available only to ADSMs and their command-sponsored family members. When you enroll in TRICARE Prime, you generally get most of your routine care from a primary care manager (PCM) that you select or are assigned. Your PCM may be (1) at a military hospital or clinic; (2) a civilian TRICARE network provider within a TRICARE PSA; or (3) a primary care provider in the US Family Health Plan, depending on your location and sponsor status. Where you live and military hospital or clinic capacity levels determine whether you have a civilian PCM, or one at a military hospital or clinic.

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

ELIGIBILITY

For ADSMs located in areas where TRICARE Prime is available, enrollment in TRICARE Prime is mandatory. Active duty family members (ADFMs) and retirees and their family members may also enroll in TRICARE Prime if they live in a PSA or, with a drive-time waiver, within 100 miles

of an available PCM. A PSA is a geographic area where TRICARE Prime is offered. It is typically an area near a military hospital or clinic.

Within PSAs, TRICARE Prime is available to:

- ADFMs
- Transitional survivors
- Certain former spouses who haven't remarried
- Retirees, retiree family members and survivors
- National Guard and Reserve members who are called or ordered to active service for more than 30 days and their eligible family members
- Medal of Honor recipients and their family members

For more information about these beneficiary categories, visit www.tricare.mil/eligibility. Your DEERS information, including your residential address and, if applicable, a separate mailing address, must be accurate and current. Otherwise, you may not be eligible to enroll in TRICARE Prime. Only sponsors (or a sponsor-appointed individual with valid power of attorney) can add family members to DEERS. Family members age 18 and older may update their own contact information in DEERS.

Note: ADSMs and their families who don't live in PSAs may enroll in a TRICARE Prime Remote option. For more information, visit www.tricare.mil/tpr.

ENROLLING IN TRICARE PRIME

Eligible beneficiaries must be registered in DEERS to enroll in TRICARE Prime online, by phone or by mail. You can enroll in TRICARE Prime by using the Beneficiary Web Enrollment (BWE) website at www.dmdc.osd.mil/appj/bwe, calling your regional contractor or submitting a *TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form* (DD Form 2876) to your regional contractor. For contact information, see the *Looking For More Information?* section of this fact sheet. Enrollment is open year-round. Enrollment forms received by your regional contractor by the 20th of the month become effective at the beginning of the following month (for example, an application received by Dec. 20 becomes effective Jan. 1). If the application is received after the 20th of the month, coverage becomes effective at the start of the second month following the receipt of the enrollment form (for example, an application received Dec. 27 becomes effective Feb. 1). Visit www.tricare.mil/forms to download *DD Form 2876*.

YOUR TRICARE REGIONAL CONTRACTOR

Regional contractors administer the TRICARE medical benefit in each TRICARE region (North, South, West and Overseas). Visit your regional contractor's website for helpful information about topics including how to change your PCM, how to enroll family members, covered services and referral and prior authorization requirements. See the *Looking For More Information?* section of this fact sheet for regional contractor contact information.

MOVING MADE EASY WITH TRICARE PRIME

If you have TRICARE Prime, live stateside and are moving or planning to move, you have the option to transfer your TRICARE Prime enrollment over the phone. If you are an ADSM or ADFM moving to a new location, the easiest way to transfer your enrollment is to call your current regional contractor. Your current regional contractor will send your information to your new regional contractor. Once you arrive at your new location, follow up with your new regional contractor to complete your enrollment transfer and for help getting a new PCM.

You can also call your new regional contractor after you move to transfer your enrollment, use BWE to transfer your enrollment or complete *DD Form 2876* and submit it to your new regional contractor. If you are a non-active duty TRICARE Prime beneficiary and TRICARE Prime is available in your new location, call your new regional contractor upon arrival at the new location for your enrollment transfer.

If you are moving overseas, contact the appropriate TOP Regional Call Center before you move to determine TOP Prime eligibility requirements. ADFMs must meet command sponsorship requirements for TOP Prime or TOP Prime Remote coverage. To transfer enrollment, you will need a copy of the sponsor's orders and, for ADFMs, proof of command sponsorship.

Note: If you need care for an existing medical issue before your transfer is processed, contact your PCM or the regional contractor for the region you are moving from for referral and prior authorization information.

GETTING CARE WITH TRICARE PRIME

Emergency Care

If you have an emergency, call 911 or go to the nearest emergency room. You don't need to call your PCM or regional contractor before getting emergency medical care (including overseas care). However, in all emergencies, your PCM must be notified within 24 hours or on the next business day following admission to coordinate ongoing care and to ensure you get proper authorization.

Note: Most dental emergencies, such as going to the emergency room for a severe toothache, are not a covered medical benefit under TRICARE. ADSMs get dental care from military dental clinics and, if necessary, from civilian providers through the TRICARE Active Duty Dental Program. ADFMs and retirees and their family members may be eligible to enroll in either the TRICARE Dental Program or the TRICARE Retiree Dental Program, depending on their status. Former spouses and remarried surviving spouses don't qualify to purchase coverage.

Definitions and Examples of Types of Care

TYPE OF CARE	DEFINITION	EXAMPLES	PRIMARY CARE MANAGER ROLE
Emergency	TRICARE defines an emergency as a serious medical condition that the average person would consider to be a threat to life, limb, sight or safety.	No pulse, severe bleeding, spinal cord or back injury, chest pain, broken bone, inability to breathe	You don't need to call your PCM before getting emergency medical care. Your PCM must be notified within 24 hours or on the next business day following admission.
Urgent	Urgent care services are medically necessary services required for an illness or injury that would not result in further disability or death if not treated immediately, but does require professional attention within 24 hours.	A rash, migraine headache, urinary tract infection, sprain, earache, rising fever	Call your PCM first for appropriate guidance. Most TRICARE Prime beneficiaries can get two urgent primary care visits each fiscal year (Oct. 1–Sept. 30) without a PCM referral, but you should notify your PCM immediately after a visit. For more information, go to www.tricare.mil/urgentcarepilot .
Routine	Routine (primary) care is general health care and includes general office visits. Routine care also includes preventive care to help keep you healthy.	Treatment of symptoms, chronic or acute illnesses and diseases, follow-up care for an ongoing medical condition	You will get most of your routine care from your PCM.
Specialty Care	Specialty care consists of medical services provided by a health care provider specialist. Specialty care providers offer treatment that your PCM cannot provide.	Cardiology, dermatology, gastroenterology, obstetrics	Your PCM will refer you to another health care provider for care he or she can't provide and will coordinate the referral with your regional contractor when necessary.

GETTING CARE WHEN TRAVELING OVERSEAS

With TRICARE Prime, you can get care while traveling overseas from either a military hospital or clinic or a purchased care sector provider, which is a TRICARE-authorized civilian provider in your overseas area. When traveling overseas, plan for possible health care needs in advance of your trip. If you need emergency care, go to the nearest emergency care facility or call the TOP Medical Assistance number for the overseas area where you are traveling. If you are admitted, you must call your PCM and the TOP Regional Call Center within 24 hours or on the next business day after admission or, at the very latest, before leaving the facility. Call the TOP Regional Call Center to coordinate authorization, continued care and payment, if applicable. See the *Looking For More Information?* section of this fact sheet for contact information.

Contact your PCM and the TOP Regional Call Center for urgent care. To locate an overseas provider, contact the TOP Regional Call Center where you are traveling or visit www.tricare-overseas.com.

If you are an ADSM traveling overseas or between duty stations and you are hospitalized, contact your stateside regional contractor or service point of contact. If possible, ADSMs* traveling overseas should contact the local TOP Regional Call Center before seeking care or making a payment. ADSMs must get all nonemergency care, including urgent care, at a military hospital or clinic if one is available. If a military hospital or clinic is not available, prior authorization from your regional contractor is required. For urgent care overseas, ADSMs should contact the TOP Regional Call Center.

When seeking care from a purchased care sector provider, be prepared to pay up front for services and then file a claim with the TOP claims processor. In order for your claims reimbursements to be processed quickly and efficiently, you must submit proof of payment with all overseas claims. For more information, visit www.tricare.mil/claims.

Note: You must use certified providers when getting care in the Philippines. To find a certified provider, visit www.tricare-overseas.com/philippines.htm.

* Includes National Guard and Reserve members called or ordered to active service for more than 30 days, who should follow normal procedures for emergency care and must provide a copy of their orders to the nearest TOP Regional Call Center to verify TRICARE eligibility.

REFERRALS AND PRIOR AUTHORIZATIONS

Referrals

With TRICARE Prime, your PCM will provide referrals for you to get services from specialty care providers and will coordinate referral requests with your regional contractor when necessary. Some services don't require referrals, including clinical preventive services you get from a network provider in your enrolled TRICARE region and the first eight outpatient mental health care visits per fiscal year to a network provider for a medically diagnosed and covered condition.* If you seek care, including clinical preventive services or mental health care, from a non-network TRICARE-authorized provider without a referral from your PCM or prior authorization from your regional contractor, or from a network provider outside your enrolled TRICARE region, you are using the point-of-service (POS) option, resulting in higher out-of-pocket costs. For more information, visit www.tricare.mil/costs.

Note: ADSMs always require referrals for any civilian care, including clinical preventive services, mental health care and specialty care (except for emergency services; for information about how TRICARE defines a medical emergency, see "Emergency Care" in the *Getting Care with TRICARE Prime* section of this fact sheet).

* Certain types of mental health care services are excluded and always require a referral or prior authorization. Contact your regional contractor for more details.

Prior Authorizations

Prior authorization is a review of a requested health care service, done by your regional contractor, to see if the care will be covered by TRICARE. Some providers may contact your regional contractor to obtain prior authorization for you. If you have questions about prior authorization requirements, visit www.tricare.mil/authorization. ADSMs require prior authorization for all inpatient and outpatient specialty services. An additional fitness-for-duty review is required for maternity care, physical therapy, mental health care services and family counseling.

For non-ADSMs, the following services require prior authorization:

- Adjunctive dental services (dental care that is medically necessary in the treatment of an otherwise covered medical—not dental—condition)

- Extended Care Health Option services (ADFM only)
- Home health care services
- Home infusion therapy
- Hospice care
- Transplants—all solid organ and stem cell
- Some prescription medications (brand-name medications or those with quantity limitations)

This list is **not** all-inclusive.

Each regional contractor has additional prior authorization requirements. Visit your regional contractor's website or call the toll-free number to learn about your region's requirements, as they may change periodically. See the *Looking For More Information?* section of this fact sheet for contact information.

FILING CLAIMS

In most cases, you don't need to file claims for health care services. However, there may be times when you will need to pay for care up front and then file a claim to get money back. You will be reimbursed for TRICARE-covered services at the TRICARE-allowable charge, less any copayments, cost-shares or deductibles. For example, nonparticipating non-network providers may require that you pay up front for some services.

In the U.S. 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 either the date of service or the date of inpatient discharge. Outside the U.S. and U.S. territories, claims must be filed within three years of either the date of service or the date of inpatient discharge. You must submit proof of payment with all overseas claims.

To file a claim, complete a *TRICARE DoD/CHAMPUS Medical Claim—Patient's Request for Medical Payment* form (DD Form 2642). You can download *DD Form 2642* from the TRICARE website at www.tricare.mil/forms or from your regional contractor's website.

When filing a claim, attach a readable copy of the provider's bill to the claim form, making sure it contains the following information:

- Patient's name
- Sponsor's Social Security number (SSN) or Department of Defense Benefits Number (DBN) (eligible former spouses should use their own SSN or DBN, not the sponsor's)
- Provider's name and address (if more than one provider's name is on the bill, circle the name of the provider who delivered the service for which reimbursement is requested)
- Date and place of each service
- Description of each service or supply furnished
- Charge for each service
- Diagnosis (if the diagnosis is not on the bill, complete block 8a on the form)

If you get care while traveling in the U.S., you must file your TRICARE claims in the region where you live, not the region where you got care. If you get care while traveling overseas (including U.S. territories), you must file your TRICARE claims with the TOP claims processor. For overseas claims information, including online claims filing and mailing addresses, visit www.tricare-overseas.com/contactus.

COORDINATING CLAIMS WITH OTHER HEALTH INSURANCE

If you have other health insurance (OHI), fill out the *TRICARE Other Health Insurance Questionnaire*, available at www.tricare.mil/forms, to keep your regional contractor informed about your OHI so they can coordinate your benefits and help ensure that your claims are not delayed or denied. Follow your OHI's rules for filing claims and file the claim with your OHI first. If there is an amount your OHI does not cover, you or your provider can file the claim with TRICARE to get money back. It is important to meet your OHI's requirements. If your OHI denies a claim for failure to follow its rules, such as getting care without prior authorization or using a non-network provider, TRICARE may also deny your claim. Overseas, if you have OHI, including traveler's and overseas national health insurance programs, your OHI must pay first.

TRICARE PRIME COSTS

Enrollment Fees

There are no enrollment fees for ADSMs and their family members. Retired service members and their eligible family members, surviving spouses after the first three years, eligible former spouses and others pay TRICARE Prime enrollment fees, which are applied to the yearly catastrophic cap.

These fees are subject to change each FY. Survivors of deceased active duty sponsors and medically retired uniformed service members and their dependents enrolled in TRICARE Prime are exempt from future enrollment fee increases. The fees for the survivors and medically retired uniformed service members and their dependents remain frozen at the rate in effect when they were classified and enrolled, as long as the policy remains active. FY 2017 yearly enrollment fees are as follows:

- \$282.60 per individual
- \$565.20 per family

For more information, visit www.tricare.mil/costs.

NETWORK COPAYMENTS

ADSMs don't pay any out-of-pocket costs for care. ADFMs generally don't pay out-of-pocket for their care except when using the POS option. For more information, see "Point-of-Service Option" later in this section.

Retired service members, their families and all others pay copayments for care from TRICARE network providers.

These costs are for care from civilian providers or for care received with a PCM referral when required. All copayments paid are applied to the yearly catastrophic cap, which is \$1,000 per year for active duty families and \$3,000 per year for all other families covered by TRICARE Prime. For cost details, visit www.tricare.mil/costs.

Point-of-Service Option

The POS option allows people with TRICARE Prime to see any TRICARE-authorized provider without a referral, but you will pay more when doing so. For cost details, visit www.tricare.mil/costs.

You are responsible for any additional charges from non-network providers (up to 15 percent above the allowable charge is permitted by law in the U.S. and U.S. territories). POS fees don't apply toward the yearly catastrophic cap.

TRICARE-AUTHORIZED PROVIDER TYPES

TRICARE defines a provider as a person, business or institution that provides health care. For example, doctors, hospitals and ambulance companies are providers. Providers must be authorized under TRICARE regulations and have their status certified by the regional contractors to provide services to TRICARE beneficiaries.

TRICARE-Authorized Providers

- TRICARE-authorized providers are providers that TRICARE has approved to give health care services to its beneficiaries. TRICARE-authorized providers may include doctors, hospitals, ancillary providers (for example, laboratories and radiology centers) and pharmacies that meet TRICARE requirements. A provider must be TRICARE-authorized in order for TRICARE to pay any part of your claim. If you see a provider who is not TRICARE-authorized, you are responsible for the full cost of care. To find a list of TRICARE-authorized providers, visit www.tricare.mil/findaprovider.
- There are two types of TRICARE-authorized providers: **network** and **non-network**.

Network Providers

- Regional contractors have established networks and you may be assigned a primary care manager (PCM) who is part of the TRICARE network.
- When specialty care is needed, your best option is for your PCM to coordinate the referral with your regional contractor.
- TRICARE network providers:
 - Have a signed agreement with your regional contractor to provide care
 - Accept TRICARE's payment as the full payment for any covered health care services you get
 - Agree to file claims for you

Non-Network Providers

- Non-network providers don't have a signed agreement with your regional contractor and are considered "out of network." In most cases, you won't get care from non-network providers unless authorized by your regional contractor. You may seek care from a non-network provider in an emergency or if you are using the point-of-service (POS) option (using the POS option results in higher out-of-pocket costs).
- There are two types of non-network providers: **participating** and **nonparticipating**.

Participating

- Using a participating provider is your best option if you are seeing a non-network provider.
- Participating providers:
 - Accept TRICARE's payment as the full payment for any covered health care services you get
 - File claims for you on a case-by-case basis

Nonparticipating

- If you visit a nonparticipating provider, you may have to pay the provider first and later file a claim with TRICARE for reimbursement.
- Nonparticipating providers:
 - Don't accept TRICARE's payment as the full payment for covered health care services or file claims for you
 - Have the legal right to charge you up to 15 percent above the TRICARE-allowable charge for services (you are responsible for paying this amount in addition to any applicable patient costs)¹

1. Outside the U.S. and U.S. territories, there may be no limit to the amount that nonparticipating non-network providers may bill, and you may be responsible for paying any amount that exceeds the TRICARE-allowable charge. Visit www.tricare.mil/overseas for more information.

LOOKING FOR **More Information?**GO TO **www.tricare.mil/contactus**

N

TRICARE North Region

Health Net Federal Services, LLC
1-877-TRICARE (1-877-874-2273)
www.hnfs.com

Send enrollment forms to:

Health Net Federal Services, LLC
P.O. Box 2637
Virginia Beach, VA 23450

Send claims to:

Health Net Federal Services, LLC
c/o PGBA, LLC/TRICARE
P.O. Box 870141
Surfside Beach, SC 29587

Check the status of your claim
at www.myTRICARE.com or
www.hnfs.com

S

TRICARE South Region

Humana Military
1-800-444-5445
HumanaMilitary.com

Send enrollment forms to:

Humana Military
Attn: PNC Bank
P.O. Box 105838
Atlanta, GA 30348

Send claims to:

TRICARE South Region
Claims Department
P.O. Box 7031
Camden, SC 29021

Check the status of your claim
at www.myTRICARE.com or
HumanaMilitary.com

W

TRICARE West Region

UnitedHealthcare
Military & Veterans
1-877-988-WEST (1-877-988-9378)
www.uhcmilitarywest.com

Send enrollment forms to:

UnitedHealthcare Military & Veterans
TRICARE West Region
Enrollment Department
P.O. Box 105492
Atlanta, GA 30348

Send claims to:

TRICARE West Region
Claims Department
P.O. Box 7064
Camden, SC 29021

Check the status of your claim
at www.myTRICARE.com or
www.uhcmilitarywest.com

O

TRICARE Overseas Program (TOP)

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

For toll-free contact information,
visit this website. Only call Medical
Assistance numbers to coordinate
overseas emergency care.

TOP Regional Call Centers**Eurasia-Africa**

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

Medical Assistance
+44-20-8762-8133

Latin America and Canada

+1-215-942-8393 (overseas)
1-877-451-8659 (stateside)
tricarephl@internationalsos.com

Medical Assistance
+1-215-942-8320

Pacific (Singapore)

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

Medical Assistance
+65-6338-9277

Pacific (Sydney)

+61-2-9273-2710 (overseas)
1-877-678-1209 (stateside)
sydticare@internationalsos.com

Medical Assistance
+61-2-9273-2760

TRICARE News and Benefit Updates

You can sign up to get TRICARE news and benefit updates via email. Go to www.tricare.mil/subscriptions, enter your email address and follow the prompts.

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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